

Wheelchair Transport Benefits Patients

Movement matters! Keeping patients as mobile as possible is important to ensure that our patient's physical condition doesn't deteriorate while in hospital. It is for this reason that a patient's mobility matters from the time that they are admitted, through to the day that they are discharged.

By examining the processes during a patient's care journey the transfer out of the Emergency Department (ED) offers an opportunity to emphasize patient mobility. Many patients who come into the ED and are admitted are able to walk either independently or with assistance. The use of a wheelchair to facilitate their transport allows the patient to stand and to sit twice during the transportation process – once when getting into the wheelchair, and again when getting out. Furthermore, the patient remains seated upright during the transport process.



The emphasis on patient mobility starts in the ED with a mobility assessment, continues with transport to the destination unit in a wheelchair, and daily mobilization while in hospital. Keeping our patients as mobile as possible avoids the many dangers associated with physical deconditioning.

Quality Based Procedures Wave 4 Update



The Wave 4 Quality Based Procedure (QBP) teams have been meeting to make improvements to their respective QBPs for the past few months. These Wave 4 QBPs include:

- Colorectal Surgeries (Cancer Related)
- Neuro Surgeries (Cancer Related)
- GI Endoscopy Procedures
- Aortic Aneurism Repair & Repair of Lower Extremity Occlusive Disease

These multidisciplinary teams have been working on bundles including Physician Order Sets, Standardized Care Plans, called Clinical Pathways, and day by day guides called Patient Experience Pathways. In the next couple of weeks you may see drafts of these documents in your area. Please review these documents in detail and provide all feedback to your OM or CPM. Your feedback is very important as you are the subject matter experts!

“Scrubs Thursdays” Rewards and Recognizes Staff!

Throughout the month of May, which included Nurses Week, experiential support leaders continued their “Scrubs Thursday” visits to standard units with a focus on reviewing Performance Boards with frontline staff. During those visits, various tokens of appreciation were distributed as a way to acknowledge the commitment and tremendous work done by staff to impact patient safety and patient flow.

Special thanks to Gisele Seguin and the Public Affairs & Communications team for their creativity and work to support Scrubs Thursdays this month!



WRH “Measures Up!” tape measures

Patient Flow Metric Report-Medicine Only

Targets are set at 20% improvement since Oct 23 launch, exceptions include: ALC, DC by 11 & 14 where corporate targets already existed



Reporting for the week of May 17, 2018 - May 23, 2019

Metric	Lead	FY 16/17	Goal	Target	Met Campus			Ouellette Campus			Results YTD Apr 1-30th
					This Week	Last 4 Weeks	Since Launch (Oct. 23/17)	This Week	Last 4 Weeks	Since Launch (Oct. 23/17)	Improvement Since Launch for April
Avg. Admit to Bed Times (in hours)*	A - Janice N.	11.0	0	M:3 O:5	2.4	2.5	2.3	3.5	4.1	4.2	Admitted patients wait 7.75 hours less for an inpatient bed
Daily Avg. # of Patients Beyond EDD by 5 Days or More†	D - Kathleen M. / Marie C./Kristi C.	N/A	0	24%	42 out of 122 (34%)	37 out of 122 (30%)	39 out of 122 (32%)	63 out of 126 (50%)	51 out of 126 (41%)	46 out of 126 (37%)	Met: 3 less patients beyond EDD >5 avg/day Due: 5 more patients beyond EDD >5 avg/day *4 week average - since Oct 23, 2017
Weekly Total # of Patients Admitted Off Service***	A - Theresa M.	38	0	M:3 O:4	2	3	4	6	8	6	33 less patients admitted off service
Daily Avg. # of ALC patients	D - Kathleen M. / Marie C.	M:18 O:30	0	M:18 O:26	9	8	12	13	15	21	M: 6 less alternate level of care patients/wk O: 9 less alternate level of care patients/wk
Daily Avg. # of Admit No Bed Patients at 07:00	A - Janice N.	M:8 O:16	0	M:2 O:3	0	0	1	2	2	3	M: 7 less admitted pts without a bed at 700 O: 13 less admitted pts without a bed at 700
Weekly % of Patients Discharged by 11:00					31%	34%	33%	17%	20%	17%	
Weekly % of Patients Discharged by 11:00 per Service	D - Monica S. / Kristi C.	M:31% O:16%	32%	32%	TEL/MED - 38% ONC - 10% HOS/SSM/UNA - 35%			CTT/TEL - 8% CTU - 23% HOS - 28% ASU - 27%			D/C 11:Met 1% increase, Due 1% increase
Weekly % of Patients Discharged by 14:00					72%	72%	71%	57%	60%	57%	
Weekly % of Patients Discharged by 14:00 per Service	D - Monica S. / Kristi C.	M:72% O:54%	70%	70%	TEL/MED: 63% ONC: 55% HOS/SSM/UNA: 86%			CTT/TEL - 52% CTU - 31% HOS - 86% ASU - 36%			D/C 14:Met 1% decrease, Due 3% increase
Daily # of Patients Discharged on Weekends (Weekday Daily Avg. [Sat. Sun.])	D - Dr. Seski	M:13/7/6 O:13/8/6	TBD	TBD	14.4 16 Z	14.0 10.3 9.5	14.0 7.6 7.5	15.2 13.0 10.0	15.1 9.0 7.3	16.1 9.5 7.4	M: Sat 1 / Sun 1 increase patient in discharges O: Sat 2 / Sun 2 increase in patient discharges *Improvement since FY16/17
Weekly Total # of Patients Admitted to Units with Assessment Bays	A - Emily C.	N/A	100%	90%	73 out of 75 (97%)	292 out of 310 (94%)	5811 out of 6175 (94%)	29 out of 35 (83%)	156 out of 189 (83%)	3612 out of 4205 (86%)	M:94% of pts in assessment bays (since launch) O: 86% of pts in assessment bays (since launch)
Weekly Total # of Grey Patients**	D - Kristi C.	NA	0	M:0 O:0	16	6	3	20	21	16	
Weekly Total # of Patients Waiting Greater Than 3 Hours for a Bed††	A - Kristi C.	N/A	0	M:0 O:0	7	13	9	9	9	14	

* Data source changed from Care Round Boards to Medsurv on July 20th, 2018
 ** This metric measures how long a patient waits from the time the decision to admit is made in the Emergency Dept. to the time the patient leaves the Emergency Dept.
 *** Total # of Grey patients for current week displayed, 4 week weekly avg. and weekly avg. since start of data collection also displayed.
 **** As of March 2017, this metric does not include overflow areas 524 & 7
 †† Total # of ANB>3hrs patients for current week displayed, 4 week weekly avg. and weekly avg. since start of data collection also displayed.