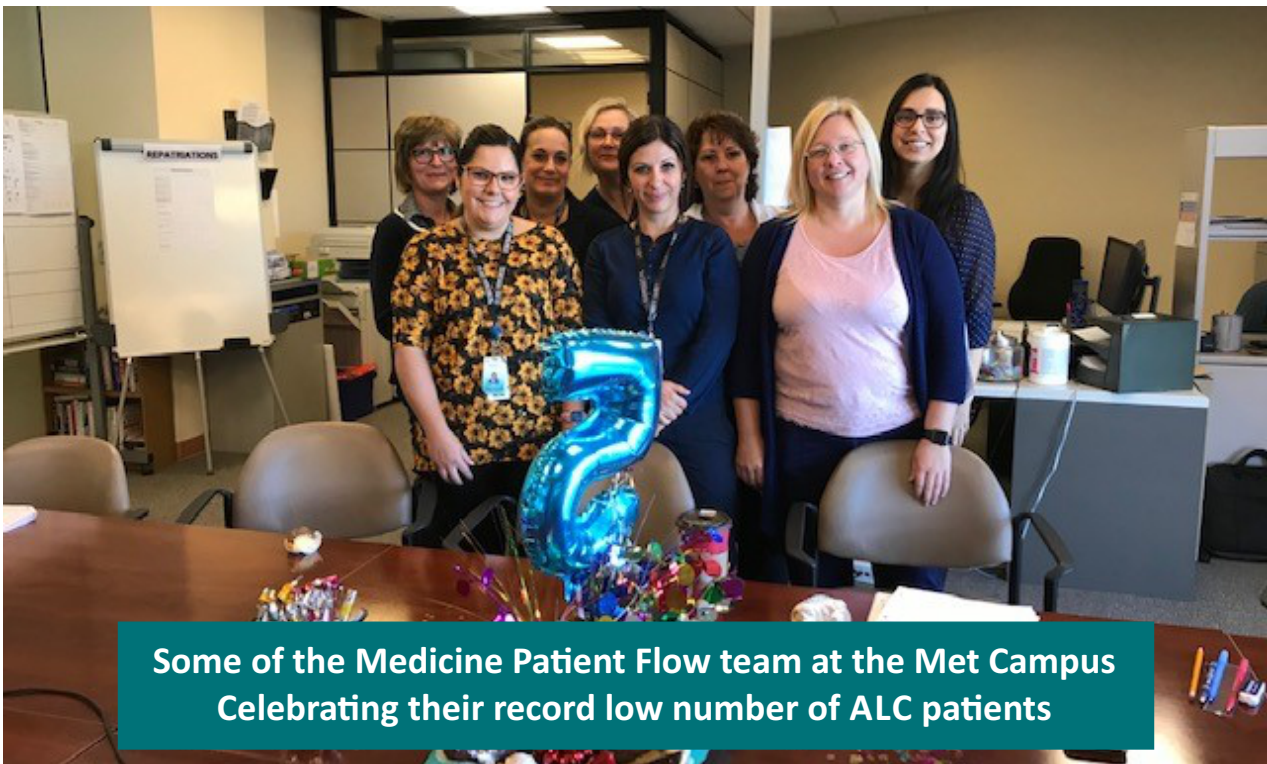


Thursday, April 18, 2019

## Celebrating a Record Low Number of ALC Patients

April began with great news for our patients as the number of Alternate Level of Care (ALC) patients in the Medicine Program hit a record low at Windsor Regional Hospital! Through the commitment and hard work of the teams, the Met campus recorded 5 ALC patients in the entire Medicine Program! Similarly at the Ouellette campus, in the very same week, the number of ALC patients fell to 15 patients throughout the Medicine Program - almost 50% better than target! In comparison this time last year there was a weekly average of 11 ALC patients at the Met campus and 26 ALC patients at the Ouellette campus. Supported by the success of the Intensive Home from Hospital for Rehab Services (IHH) Initiative along with proactive discharge planning, ALC patients are able to be discharged in a timely manner to a destination where they can receive the most appropriate care for their needs after having completed their acute medical treatment in hospital. Results as good as this mean that more beds are readily available in the Medicine Program and admitted medicine patients in the Emergency Department spend less time waiting for a bed on an inpatient unit. Not only do they spend less time waiting, but their inpatient treatment will begin that much sooner. Congratulations to all those involved as we continue to demonstrate our commitment of “*Outstanding Care – No Exceptions*” to our patients.



## Revised Standard Unit Documents Coming Your Way Soon

Updated Transfer of Accountability tools will be in circulation on Monday April 22. The revised tools will support the transporter’s role with the transfer of patients, ensuring the right patient is transferred to the right unit.

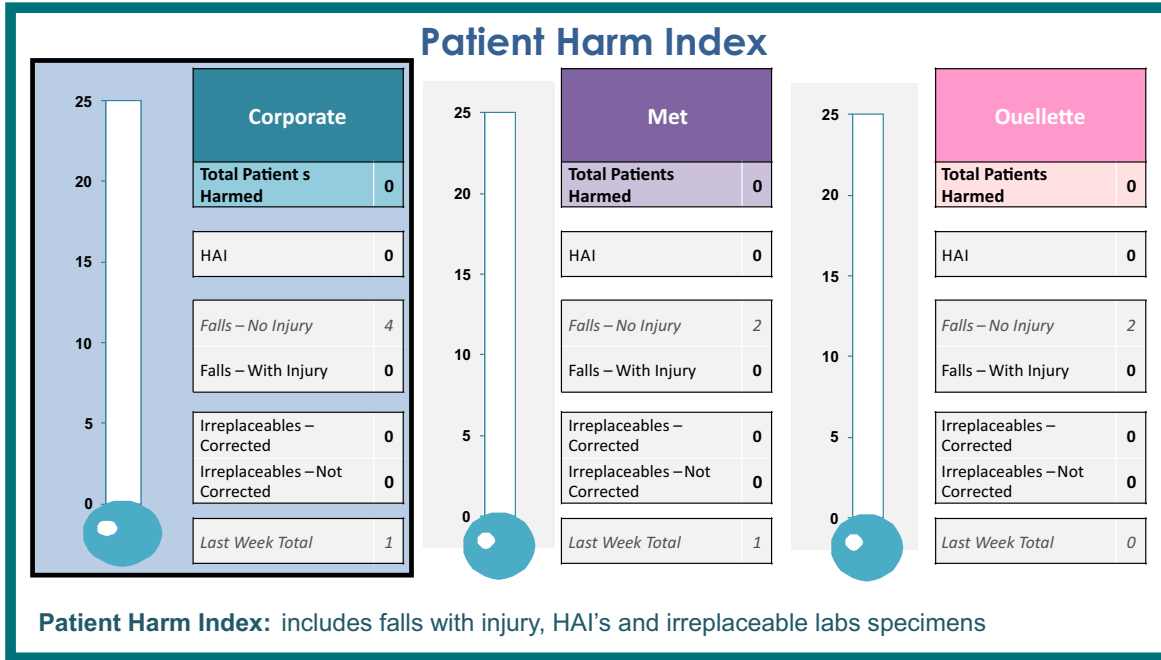
An updated Medicine Patient Summary tool will be in circulation on Monday April 29. The updates were made to improve the flow of shift to shift report and to capture required information that was missing from the tool that needs to be shared across shifts.

Please see your Clinical Practice Managers for more information.

## When “Zero” is a Beautiful Thing

Each week, Windsor Regional Hospital reports the Patient Harm Index. This measures the number of preventable harm incidents that occur in our organization, specifically Falls with Injury, Hospital Acquired Infections and Irreplaceable Lab Specimens. A Zero Harm Index means that none of these incidents occurred during the previous week. This remarkable achievement occurred four times in 2018 and has occurred five times in 2019 already!

**This week for the first time BOTH campuses achieved zero harm! Well done!**



## 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 April 06, 2018 - April 12, 2019

Metric	Lead	FY 16/17	Goal	Target	Met Campus			Ouellette Campus			Results YTD Mar 1-29th
					This Week	Last 4 Weeks	Since Launch (Oct. 23/17)	This Week	Last 4 Weeks	Since Launch (Oct. 23/17)	
Admit to Bed Times (in hours)*	A - Janice N.	11.0	0	M: 3 O: 5	1.8	2.0	2.8	3.7	3.8	4.7	Admitted patients wait 6.9 hours less for an inpatient bed
# of Patients Beyond EDD by 5 Days or More (avg. per day)†	D - Kathleen M. / Marie C.	N/A	0	24%	34 out of 122 (28%)	39 out of 122 (32%)	39 out of 122 (32%)	50 out of 126 (40%)	48 out of 126 (38%)	46 out of 126 (37%)	Met: 4 more patients beyond EDD >5 avg./day Ouellette: 8 more patients beyond EDD >5 avg./day 4 week average - since Oct 23, 2017
# of Patients Admitted Off Service (total for the week)***	N/A	38	0	M: 3 O: 4	2	3	4	21	20	6	33 less patients admitted off service
# of ALC patients (avg. per day)	D - Kathleen M. / Marie C.	M: 18 O: 30	0	M: 18 O: 26	5	7	12	17	17	21	M: 6 less alternate level of care patients/wk O: 8 less alternate level of care patients/wk
# of Admit No Beds (avg. per day at 7am)	A - Janice N.	M: 8 O: 16	0	M: 2 O: 3	0	0	1	1	2	3	M: 7 less admitted pts without a bed at 7am O: 13 less admitted pts without a bed at 7am
Discharge by 11:00	D - Monica S. / Kristi C.	M: 31% O: 16%	32%	32%	49%	35%	32%	19%	22%	17%	D/C 11: Met 2% increase, Ouellette 1% increase D/C 14: Met 1% increase, Ouellette 2% increase
Discharge by 14:00	D - Monica S. / Kristi C.	M: 72% O: 54%	70%	70%	83%	75%	71%	58%	60%	57%	
Weekend Discharges (daily avg. # discharged on: Weekdays/Sat./Sun.) (% discharged Weekday/Sat/Sun)	D - Dr. Seski	M: 13/7/6 O: 13/8/6	7BD	7BD	13.2/11.0/3.0 100%/83%/23%	14.2/7.8/7.3 100%/55%/51%	14.0/7.5/7.3 100%/53%/52%	15.8/7.0/4.0 100%/44%/25%	16.8/8.0/8.0 100%/48%/48%	16.2/9.4/7.4 100%/58%/46%	M: Sat 1 / Sun 1 increase patient in discharges O: Sat 2 / Sun 1 increase in patient discharges Improvement since FY16/17
# of Patients to Assessment Bays (medicine only)	A - Emily C.	N/A	100%	100%	70 out of 75 (93%)	256 out of 276 (93%)	5349 out of 5688 (94%)	27 out of 32 (84%)	132 out of 154 (86%)	3381 out of 3844 (88%)	M: 94% of pts in assessment bays (since launch) O: 86% of pts in assessment bays (since launch)
# of Grey Patients	D - Kristi C.	NA	0	M: 0 O: 0	2	3	2	17	18	14	

\*Data source changed from Care Round Boards to Medicines 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 reaches the bed. This includes bed cleaning and availability.

\*\*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 324 & 7