

the Standard



Supporting the sustainment of quality improvement

As part of the hospital's efforts to continue to drive improvement for patients, WRH leadership is spending time on the frontline.

Scrubs Thursday began earlier this year as a way to give VPs, Directors and Managers an opportunity to work alongside staff who are involved in direct-patient care. The leaders dress in scrubs and spend two to three hours a week on a unit. While there, they select nurses to "support" and shadow while the nurses conduct their regular duties and activities. *Continued on pg. 2*



SCRUBS THURSDAY: Jonathan Foster, Director of Mental Health and Renal program, shadowing Annie Winkler RN, 6W Ouellette Campus

Experiential support continued from pg. 1

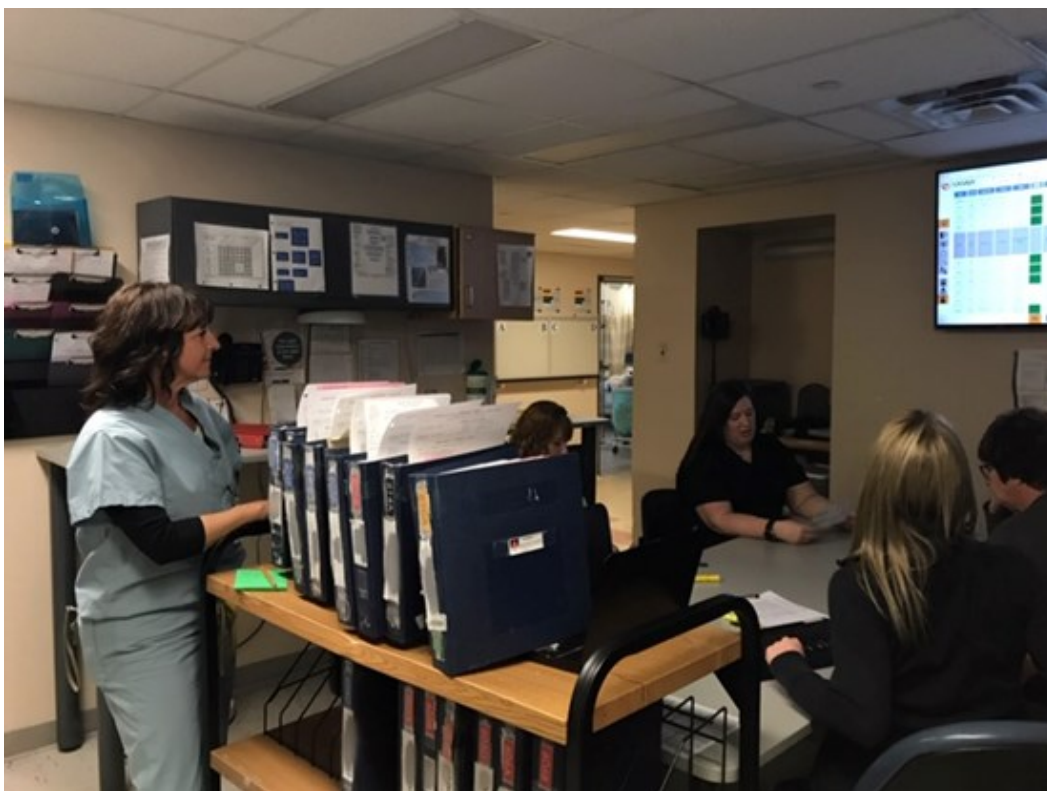
Scrubs Thursday is part of a larger plan to ensure positive results achieved through quality improvement initiatives can be sustained over the long-term and further improvements can be made. With leadership working more closely with primary care staff, they have an opportunity to see how process improvements are working and identify any limitations and barriers staff face. Staff members have an opportunity to share feedback and highlight successes.

These shadow opportunities can lead to further conversations and improvements. They also allow leadership to demonstrate their commitment to patients and staff, and develop a stronger relationship while they gain valuable feedback.

Every month the shadowing leaders are encouraged to observe a different aspect of the changes made to enhance the patient experience. For example, last month's theme was transfer of accountability where leadership participated in the handoff of patients from the Emergency Department to inpatient units.

The strategy is known as **Experiential Support** and was inspired by National Health System (NHS) in the United Kingdom where they take a similar approach to sustainment.

LEFT: Karen Riddell, VP of Critical Care, Cardiology, Stroke, Trauma and Clinical Support Services attending Care Rounds on 6E, Ouellette Campus.



Scrubs Thursday Feedback from Rosemary Petrakos, VP Surgery, Critical Care and Family Services

"I would like to thank the Met Campus Emergency Department (ED) and the Ouellette Campus Intensive Care Unit for such great experiences on their units last month. The staff have really been amazing and so open. In the ED the two patients/families I spoke with felt that the nurses communicated the plan of care well and that they were receiving great care. In the ICU while speaking with a family member, I referenced and explained the whiteboards which they found to always be up to date and a great communication tool. Both units work very well together as a team and try very hard to accomplish everything in a way that we hoped."

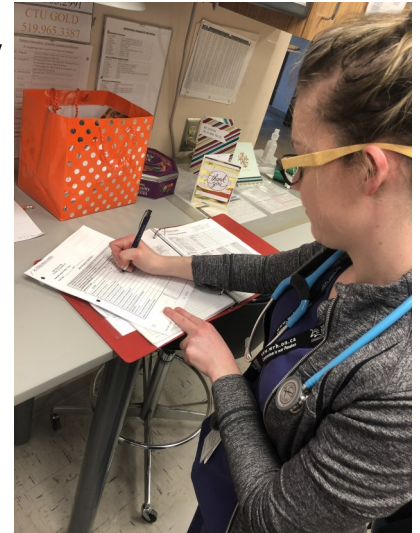
Orthopaedic patients benefit from Standardized Care

Surgical patients at Windsor Regional Hospital are experiencing fewer complications and being readmitted after surgery less often, thanks to the work of the QBP Pathway teams. Approximately 2,843 surgical patients have treatments that follow QBP Pathway Bundles each year.

One of the goals of the QBP program is to ensure that patients are prepared to leave and know what to expect and how to care for themselves after discharge. We measure this by analyzing readmission rates within 30 days of hospital discharge.

Since the project started, hip fracture readmission rates have decreased by 33.7% compared to the previous year. For knee replacements, the readmission rates have decreased by 30%.

The WRH My Care Journey is also proving to be a useful tool for patients who have hip and knee replacements and their families. To date, there have been 4,220 app views for these treatments.



Home for Lunch: The benefits of an 11 am discharge

At WRH, we aim to discharge patients and get them home before 11 am, in time for lunch.

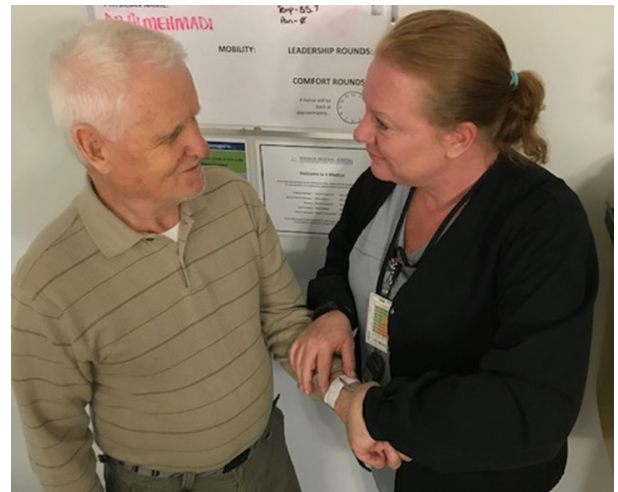
Why should patients be discharged from hospital by 11 am?

- 1) It allows time to arrange for proper post-discharge services like transportation, home support and make sure patients have everything in place for a safe transition from hospital.
- 2) It helps free up inpatient beds so admitted patients in the Emergency Department are waiting less time to be transferred.

The discharge process is complex and requires the coordination of multiple individuals including physicians, nurses, social workers, therapists, patients and families.

Having a good plan of care in place early on in a patient's stay can eliminate the potential barriers to discharge such as outstanding tests and consults. Daily Care Rounds on the unit provide a forum to discuss plan of care with everyone involved in a patient's care, including physicians on the medical units. These conversations help ensure everyone is on the same page and has the opportunity to ask questions, if necessary.

Over the past several weeks, 4 North at Met has changed the timing of Care Rounds from afternoon to morning. This allows the Nurse Practitioners, Physician Assistant and Allied Health teams to attend. Since the change, they are having more success in meeting the discharge target of 32% by 11 am and 70% by 2 pm.



Nurse Tanya Wynott discharging patient Trajco Trajkovski from 4 Medical

WRH Patient Flow work is being noticed across the country

The hard work and results of our patient flow work is being noticed by other hospitals and health care systems in the country. In February, several leaders from London Health Sciences Centre came to WRH for a two day visit to learn more about our patient flow processes and improvements. The same month, WRH patient flow team members participated in a two hour videoconference with leaders from the Nova Scotia Health System. The word is spreading about our positive results for our patients.



Leadership from London Health Sciences Centre tour the ED at Met to see first hand our processes for transferring admitted medicine patients from the ED to in-patient units quickly and efficiently.



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