


Standard Work

Job Name	WRH Standardized Care Rounds - During Rounds · Page 2 of 3 ·	Objective:	To support proactive discharge planning through identifying barriers to discharge and creating action plans to address patients' barriers and plan of care.	Date:	March 8, 2018
				Owner:	Mental Health

Process Steps	Freq	Visual Aid
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<p>Operations Manager (OM) or designate:</p> <ol style="list-style-type: none"> 1) Access the corresponding unit-specific care round file on the shared network and begin care rounds promptly at the standard start time with staff gathered at board 2) Ask staff to: <ul style="list-style-type: none"> Ensure mobile phone(s) are on silent mode or vibrate Avoid taking calls during rounds unless emergent Allow only emergent or stat issues to interrupt rounds Monitor that no side bar discussions take place during rounds 	daily	<table border="1" style="width: 100%; border-collapse: collapse; font-size: 8px;"> <thead> <tr> <th>Patient Room</th> <th>Admit Date</th> <th>Health w/in MU</th> <th>Age</th> <th>Days in Hospital</th> <th>EDD</th> <th>Nurse</th> <th>MRP</th> <th>Working Diagnosis</th> <th>Comorbidities</th> <th>MH Act Form</th> </tr> </thead> <tbody> <tr> <td>303 A</td> <td>Wed, Mar 14</td> <td>F</td> <td>73</td> <td>7</td> <td></td> <td>Nancy</td> <td>MORAN</td> <td>BIPOLAR DISORDER/SCHIZOPHRENIA</td> <td>radiation 2x/yr ago for breast CA</td> <td>F3 S30</td> </tr> <tr> <td>303 B</td> <td>Fri, Mar 16</td> <td>F</td> <td>79</td> <td>5</td> <td></td> <td>Nancy</td> <td>MORAN</td> <td>MDD</td> <td></td> <td>VCL</td> </tr> <tr> <td>304 A</td> <td>Wed, Mar 14</td> <td>F</td> <td>43</td> <td>7</td> <td></td> <td>Nancy</td> <td>BOSKER</td> <td>PARANOID W/ HALLUCINATIONS</td> <td></td> <td>F3 S30</td> </tr> <tr> <td>304 B</td> <td>Sun, Mar 18</td> <td>M</td> <td>42</td> <td>3</td> <td>Thu, Mar 22</td> <td>Nancy</td> <td>AKHTAR</td> <td>SCHIZOPHRENIA</td> <td></td> <td>VCL</td> </tr> <tr> <td>305 A</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>305 B</td> <td>Wed, Mar 14</td> <td>F</td> <td>29</td> <td>7</td> <td></td> <td>Ken</td> <td>AKHTAR</td> <td>DEPRESSIVE DISORDER</td> <td>Learning Disability</td> <td>VCL</td> </tr> <tr> <td>306 A</td> <td>Mon, Mar 12</td> <td>M</td> <td>62</td> <td>9</td> <td></td> <td>Ken</td> <td>MORAN</td> <td>SCHIZOPHRENIA</td> <td></td> <td>F3 S30</td> </tr> <tr> <td>306 B</td> <td>Mon, Mar 12</td> <td>M</td> <td>57</td> <td>9</td> <td></td> <td>Ken</td> <td>AKHTAR</td> <td>BIPOLAR DISORDER</td> <td></td> <td>VCL</td> </tr> <tr> <td>307 A</td> <td>Thu, Mar 8</td> <td>M</td> <td>43</td> <td>13</td> <td></td> <td>Ken</td> <td>BOSKER</td> <td>ACUTE PSYCHOSIS</td> <td></td> <td>F3 S23</td> </tr> </tbody> </table> 	Patient Room	Admit Date	Health w/in MU	Age	Days in Hospital	EDD	Nurse	MRP	Working Diagnosis	Comorbidities	MH Act Form	303 A	Wed, Mar 14	F	73	7		Nancy	MORAN	BIPOLAR DISORDER/SCHIZOPHRENIA	radiation 2x/yr ago for breast CA	F3 S30	303 B	Fri, Mar 16	F	79	5		Nancy	MORAN	MDD		VCL	304 A	Wed, Mar 14	F	43	7		Nancy	BOSKER	PARANOID W/ HALLUCINATIONS		F3 S30	304 B	Sun, Mar 18	M	42	3	Thu, Mar 22	Nancy	AKHTAR	SCHIZOPHRENIA		VCL	305 A											305 B	Wed, Mar 14	F	29	7		Ken	AKHTAR	DEPRESSIVE DISORDER	Learning Disability	VCL	306 A	Mon, Mar 12	M	62	9		Ken	MORAN	SCHIZOPHRENIA		F3 S30	306 B	Mon, Mar 12	M	57	9		Ken	AKHTAR	BIPOLAR DISORDER		VCL	307 A	Thu, Mar 8	M	43	13		Ken	BOSKER	ACUTE PSYCHOSIS		F3 S23
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<p>Operations Manager (OM) or designate:</p> <ol style="list-style-type: none"> 1) Lead the rounds based upon the attendance of care team members available to provide report, moving across the top of the care round board from left to right, moving through each column by patient. 2) Read the patient information, starting with room number, name, MRP, diagnosis, safety concerns, yesterday's nursing report, yesterday's plan of care, today's plan of care and request that staff provide update as required 3) Update information on the board using wireless keyboard and mouse 4) Keep within the average time of one minute per patient 5) Defer patients with complex discharge and/or care plans to post-round discussions as necessary <p>Script: Upon start of rounds begin with room number: Room _____, patient _____, MRP is _____, the diagnosis is _____, Mental Health Act status _____ Are there any safety issues? Cue: Nurse/SW/MRP Yesterday's plan of care was _____ Upon completion of Nurse/SW/MRP update on past 24 hours Ask Team:</p>	daily																																																																																																															
<p>OPS Manager/CPM/Social Work Staff</p> <ol style="list-style-type: none"> 1) Provide update on the EDD, and barriers to discharge e.g. environmental, resources, family not available for pick up, delay in scheduled tests, equipment to go home with 2) Focus on issues regarding barriers to discharge 3) Be prepared to provide update on behalf of allied health in the event that they are unable to attend rounds 4) Use leading questions to guide discussion (e.g., Are we on track for the patient to leave by their EDD? What needs to occur today to support the patient's discharge?) 5) Identify which patient is a priority during the rounds for SW, PT, OT, CCAC 6) If destination is potentially rejected (e.g. rehab, TNI, rest home,) OM/CPM/SW to trigger escalation to UM Manager as required <p>Script: After OM/CPM/SW identifies patient The EDD is _____ Here are the non-clinical barriers to discharge _____ (including placement/housing issues, follow up appointments, mobility/ADLs, outstanding consults & tests, family issues/social support, transportation & health teaching, placement issue) The action plans to address the non-clinical barriers to discharge are _____</p>	daily																																																																																																															
<p>Clinical Practice Manager:</p> <ol style="list-style-type: none"> 1) Promptly attend rounds as required 2) Lead rounds as needed per OM direction 3) Monitor/evaluate educational needs of staff, safety issues of patients and follow-up appropriately after rounds 4) Plan the sequence of team attendance 	daily																																																																																																															
<p>Care Team members</p> <ol style="list-style-type: none"> 1) Promptly attend rounds as required 2) Provide an update on patient status, safety concerns, patient goals, today's plan of care, barriers to discharge 	daily																																																																																																															
<p>Nursing staff:</p> <ol style="list-style-type: none"> 1) Attend rounds at your allotted time, confirmed by RP 2) Verify information and provide update as necessary in the following areas: MRP, diagnosis, safety concerns, clinical and discharge barriers, with yesterday's plan of care, today's plan of care 3) Be prepared to provide information within the allotted average time of one minute per patient in sequential order of the columns on the care round board <p>Script: When prompted by the OM or designate: Today's plan of care is _____ The PCNA BEHAVIOURAL NEWS scores are _____ When prompted by the OM or designate: Safety issue is _____ or there is no safety issue Past 24 hour report _____</p>	daily																																																																																																															
<p>Operations Manager (OM) or designate:</p> <ol style="list-style-type: none"> 1) Once rounds are complete, the OM will hit save, and the archive the document by hitting "save as" with today's date and saving the file in the "Archive" folder in unit specific sub-folder (X:Drive>>Unit Rounds>>Care Round Boards>>____ (site i.e., MET or Ouellette). 2) When the file has been archived, close the archived file and display the "live" file, and ensure the 5 minute auto refresh is enabled (North and South only) 3) PICU, archive the file as above save and close board 	daily																																																																																																															

B	C	T	U	V	W	X
Room	Patient Name	Safety	Edm. Fall Risk	IPAC	Consults	Events Last 24 Hours
	First Name	Specify safety concerns (Wound, Restraints, High Risk Falls)	Elder Year 1	Enter IPAC Status	Enter names of other consults	Enter primary or secondary care consult (i.e. Clinic, Rehab, etc.) Right: Restraint assessment, No interaction with restreints, van to unit, Inveiga due Friday, keeping to call, waiting for restreints assessment, missed alone, not compliant, missed
350 A						
350 B						
352 A		AOB			ECT consult to be sent	ECT treatment this morning, PH feels that of blood, calorie counting, questioning if

	Revision Date:
	Review Date: