

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:	25-Apr-16
		Owner:	Karen McCullough		

Process Steps	Freq	Visual Aid
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1	<p>Operations Manager (OM) or designate:</p> <ol style="list-style-type: none"> 1) Access the corresponding Oculys Stay track board through citrix 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 / Ascom (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
2	<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 2) Read the patient information, starting with room number, name, MRP, diagnosis 3) Physician attended rounds; prompt physician to address (Questions???) <ul style="list-style-type: none"> • Diagnosis • Estimated LOS/EDD • Plan of Care • Any Barriers - Discuss and escalate to the multidisciplinary team any outstanding test/interventions needed to progress the patient through their stay 4) Prompt nurse to provide <ul style="list-style-type: none"> • PCNA/NEWS • Mobility • Safety • Pathway • Plan of care 5) Prompt UN, allied team for input on the above bullets as necessary 6) Update information on the board using wireless keyboard and mouse 7) Keep within the average time of one minute per patient 8) Defer patients with complex discharge and/or care plans to post-round discussions as necessary 	daily
4	<p>Utilization Nurse (UN) (Is this too vague)</p> <ol style="list-style-type: none"> 1) Be prepared to provide update on behalf of allied health in the event that they are unable to attend rounds 	daily
5	<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 in their absence 3) Monitor/evaluate educational needs of staff, safety issues of patients and follow-up appropriately after rounds 4) Plan the sequence of team attendance 5) Monitor compliance with NEWS, PCNA, PST, and QBP bundles, as applicable. 	daily
6	<p>Care Team members:</p> <ol style="list-style-type: none"> 1) Promptly attend rounds as required 2) Provide an update on patient status as prompted by the OM 	daily
7	<p>Nursing staff:</p> <ol style="list-style-type: none"> 1) Attend Care Rounds as scheduled, supported by CPM 2) Verify information and provide update as prompted by the OM as necessary 3) Be prepared to provide information within the allotted average time of one minute per patient 	daily
8	<p>Operations Manager (OM) or designate: At the end of rounds</p> <ol style="list-style-type: none"> 1) Capture the number of grey patients to escalate to the director 2) Note discharges for today and tomorrow (Discussion with the Utilization Nurse) 3) Once rounds are complete, close out the stay track board 	daily

The screenshot shows the Oculys Discharge Planning interface for Ouellette Medicine 4 Medical. It displays a table of patients with columns for Patient ID, Physician, Medication, EDD, PCT, Discharge, Pathway, and various status indicators. The interface is dated Thursday April 11, 2019, at 3:04:16 PM.

Physician Actions	Patient Centered Outcome
<p>New Admissions:</p> <ol style="list-style-type: none"> 1. Identify an overall plan based on admission diagnosis and associated comorbidities. 2. Determine an "expected" length of stay. 	<ul style="list-style-type: none"> • Care team is made aware of expectations regarding the patient • Operations Manager and Utilization Nurses have an EDD and accurate diagnosis
<p>Ongoing Throughout Admissions:</p> <ol style="list-style-type: none"> 1. Confirm/Update working diagnosis 2. What is the plan of care for today? Are there any tests/procedures that need to be escalated? 3. Was the patient mobilized yesterday? Are there any mobility concerns that could impact discharge? 4. Are there any clinical barriers to discharge? 	<ul style="list-style-type: none"> • Care team is aware of daily interventions and expectations of them • Care team supports physician care plan by ensuring interventions occur with minimal delay • Care team ensures patients does not decondition • Utilization Manager/Utilization Nurse/LHIN(CCAC) beings planning discharge alternatives
<ol style="list-style-type: none"> 5. What is the plan of care to address these barriers? 6. What actions are required by the care team to assist in removing these barriers? 7. Is anything being done today in preparation for discharge, e.g. scripts? 	<ul style="list-style-type: none"> • Care team initiates actions to remove discharge barriers • Utilization Nurse begins early planning for patient discharge

 	Revision Date : April 25, 2019
	Review Date:

Standard Work

Job Name	WRH Standardized Care Rounds (Pre-Rounds) · Page 1 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: 25-Apr-16 Owner: Karen McCullough
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	Process Steps	Freq	Visual Aid
1	Operations Manager (OM): Determine which Care Team members will be provided permissions to access the unit's care round board for the purpose of OM coverage and updating their respective information on the board during rounds. Contact learning resources for assistance for training.	as required	
2	Operations Manager (OM): 1) Establish a standard start time for care rounds to take place 5 days/week at the care round board and communicate any changes in start time to the appropriate care team members 2) Designate when nursing staff are to attend rounds in order to efficiently utilize resources (e.g., rotating buddy system) 3) Ensure proper coverage in the event that the OM is not available (by exception i.e. vacation, illness, meetings) to lead rounds, arrangements will be made with either the CPM, covering OM or director	as required	
3	Physician,(Nurse Practitioner, Physician Assistant) Preferably in the Assessment bay 1) Discuss and establish a diagnosis, expected length of stay and identify an overall plan of care with the patient	new admission and if condition changes	
4	Utilization Nurse: (to be supported by bedside nurse and in conjunction with the completion of the complex discharge screener on admission or as close to admission as possible) Discuss with patient their expected discharge date once confirmed	upon admitting patient	
5	IPAC: Complete the patient IPAC status	daily	
6	Care Team: 1) Come prepared with an understanding of the plan of care 2) Be prepared to provide an update on patient status, patient goals, today's plan of care, barriers to discharge 3) If unable to attend rounds ensure updates completed and follow up with Utilization Nurse or Primary Care Nurse	daily	
7	Utilization Nurse (UN) Staff: 1) Access the unit-specific Stay track board on citrix and populate the following boxes: Discharge Screener, EDD, comments if barriers to discharge exist, where applicable for each admitted patient 2) Be prepared to provide update on behalf of allied health in the event that they are unable to attend rounds	daily	
8	Nursing staff: Come prepared to update for patient status using the Patient Summary Tool, Clinical Pathway (as applicable), and other available resources to discuss barriers to discharge.	daily	



Revision Date : April 25, 2019
Review Date:

Standard Work

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		Owner:	Karen McCullough		

Process Steps	Freq	Visual Aid
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1	<p>Operations Manager (OM) or designate:</p> <ol style="list-style-type: none"> 1) Access the corresponding Oculys Stay track board through citrix 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 / Ascom (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
2	<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 2) Read the patient information, starting with room number, name, MRP, diagnosis 3) Physician attended rounds; prompt physician to address (Questions???) <ul style="list-style-type: none"> • Diagnosis • Estimated LOS/EDD • Plan of Care • Any Barriers - Discuss and escalate to the multidisciplinary team any outstanding test/interventions needed to progress the patient through their stay 4) Prompt nurse to provide <ul style="list-style-type: none"> • PCNA/NEWS • Mobility • Safety • Pathway • Plan of care 5) Prompt UN, allied team for input on the above bullets as necessary 5) Update information on the board using wireless keyboard and mouse 6) Keep within the average time of one minute per patient 7) Defer patients with complex discharge and/or care plans to post-round discussions as necessary 	daily
4	<p>Utilization Nurse (UN) (Is this too vague)</p> <ol style="list-style-type: none"> 1) Be prepared to provide update on behalf of allied health in the event that they are unable to attend rounds 	daily
5	<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 in their absence 3) Monitor/evaluate educational needs of staff, safety issues of patients and follow-up appropriately after rounds 4) Plan the sequence of team attendance 5) Monitor compliance with NEWS, PCNA, PST, and QBP bundles, as applicable. 	daily
6	<p>Care Team members:</p> <ol style="list-style-type: none"> 1) Promptly attend rounds as required 2) Provide an update on patient status as prompted by the OM 	daily
7	<p>Nursing staff:</p> <ol style="list-style-type: none"> 1) Attend Care Rounds as scheduled, supported by CPM 2) Verify information and provide update as prompted by the OM as necessary 3) Be prepared to provide information within the allotted average time of one minute per patient 	daily
8	<p>Operations Manager (OM) or designate: At the end of rounds</p> <ol style="list-style-type: none"> 1) Capture the number of grey patients to escalate to the director 2) Note discharges for today and tomorrow (Discussion with the Utilization Nurse) 3) Once rounds are complete, close out the stay track board 	daily

The screenshot shows the Oculys Discharge Planning interface for 'Ouellette Medicine 4 Medical'. It features a grid with columns for Patient ID, Physician, Diagnosis, and Discharge Status. The interface includes various icons for patient management and navigation.

Physician Actions	Patient Centered Outcome
<p>New Admissions:</p> <ol style="list-style-type: none"> 1. Identify an overall plan based on admission diagnosis and associated comorbidities. 2. Determine an "expected" length of stay. 	<ul style="list-style-type: none"> • Care team is made aware of expectations regarding the patient • Operations Manager and Utilization Nurses have an EDD and accurate diagnosis
<p>Ongoing Throughout Admissions:</p> <ol style="list-style-type: none"> 1. Confirm/Update working diagnosis 2. What is the plan of care for today? Are there any tests/procedures that need to be escalated? 3. Was the patient mobilized yesterday? Are there any mobility concerns that could impact discharge? 4. Are there any clinical barriers to discharge? 	<ul style="list-style-type: none"> • Care team is aware of daily interventions and expectations of them • Care team supports physician care plan by ensuring interventions occur with minimal delay • Care team ensures patients does not decondition • Utilization Manager/Utilization Nurse/LHIN(CCAC) beings planning discharge alternatives
<ol style="list-style-type: none"> 5. What is the plan of care to address these barriers? 6. What actions are required by the care team to assist in removing these barriers? 	<ul style="list-style-type: none"> • Care team initiates actions to remove discharge barriers
<ol style="list-style-type: none"> 7. Is anything being done today in preparation for discharge, e.g. scripts? 	<ul style="list-style-type: none"> • Utilization Nurse begins early planning for patient discharge

Revision Date : April 25,2019

Review Date:



Standard Work

Job Name	WRH Standardized Care Rounds - Post Rounds · Page 3 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: 25-Apr-16 Owner: Karen McCullough
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Process Steps	Freq	Visual Aid
<p>1 Utilization Nurse (UN)</p> <p>1) Ensure follow-up actions related to discharge barriers and/or plan of care are addressed by all care team members (including nursing staff)</p> <p>2) Conduct a post-round discussion with applicable care team members to address patients with complex discharge and/or care plans as required (e.g. ALC patients)</p> <p>3) Follow-up with outstanding consults and report back to most appropriate team member and/or escalate as necessary to the director</p>	every admission	
<p>2 Nursing Staff:</p> <p>1) Ensure that the discharge status, expected discharge date and time on the patient's in-room whiteboard reflects the patient's discharge plan as discussed at care rounds</p> <p>2) Will ensure that follow-up of discharge and plan of care are addressed and those not completed are escalated as appropriate. Nurse will chart and communicate actions accordingly</p> <p>3) If patient is being discharged within 24-48 hours, confirm ride is available at appropriate time for the following day</p>	daily	
<p>3 Care Team:</p> <p>1) Responsible for removing barriers to discharge according to their standardized roles and responsibilities. This may involve future planning with the other interdisciplinary team members.</p> <p>2) Care team members will escalate any challenges to removing barriers (e.g. missing orders, order clarification etc.)</p>	daily	

	Revision Date : April 25, 2019 Review Date:
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WRH Standard Work

Title:
Medicine Patient Flow Standardized Work - Physician Participation at Unit Care Rounds

Objective:
Standardization of Physician/NP participation at Medicine Unit Care Rounds

Creation Date:

Owner:

CARE ROUNDS				VISUAL AID	
STEP	ROLE	ACTION	FREQUENCY		
1	Physician / NP	Attend unit Care Round at predetermined time.	Daily	<div style="border: 1px solid black; padding: 5px;"> <p style="text-align: center; margin: 0;">Physician Actions</p> <p>New Admissions:</p> <ol style="list-style-type: none"> 1. Identify an overall plan based on admission diagnosis and associated comorbidities. 2. Determine an "expected" length of stay. <p>Ongoing Throughout Admissions:</p> <ol style="list-style-type: none"> 1. Confirm/Update working diagnosis 2. What is the plan of care for today? Are there any tests/procedures that need to be escalated? 3. Was the patient mobilized yesterday? Are there any mobility concerns that could impact discharge? 4. Are there any clinical barriers to discharge? 5. What is the plan of care to address these barriers? 6. What actions are required by the care team to assist in removing these barriers? 7. Is anything being done today in preparation for discharge, e.g. scripts? </div>	<div style="border: 1px solid black; padding: 5px;"> <p style="text-align: center; margin: 0;">Patient Centered Outcome</p> <ul style="list-style-type: none"> • Care team is made aware of expectations regarding the patient • Operations Manager and Utilization Nurses have an EDD and accurate diagnosis • Care team is aware of daily interventions and expectations of them • Care team supports physician care plan by ensuring interventions occur with minimal delay • Care team ensures patients does not decondition • Utilization Manager/Utilization Nurse/LHIN(CCAC) beings planning discharge alternatives • Care team initiates actions to remove discharge barriers • Utilization Nurse begins early planning for patient discharge </div>
2	Physician / NP	Utilize the standardized question set when reviewing each patient. <i>(See sample in visual aid A)</i>	Daily		
3	Physician / NP	Confirm the patient's diagnosis	Daily		
4	Physician / NP	Confirm the patient's EDD and plan of care to meet the target Length of Stay	Daily		
5	Physician / NP	Confirm the patient's diagnosis is a QBP. If so, place the patient on a designated pathway	Daily		
6	Physician / NP	Discuss and escalate to the multidisciplinary team any outstanding test/interventions needed to progress the patient through their stay	Daily		
7	Physician / NP	Predict discharge dates using 24, 48, 72 hour intervals to ensure that the patient's plan of care is on track, and ensure patients/families are aware	Daily		



Revision Date: N/A

Review Date:
April 8, 2019