

the Standard

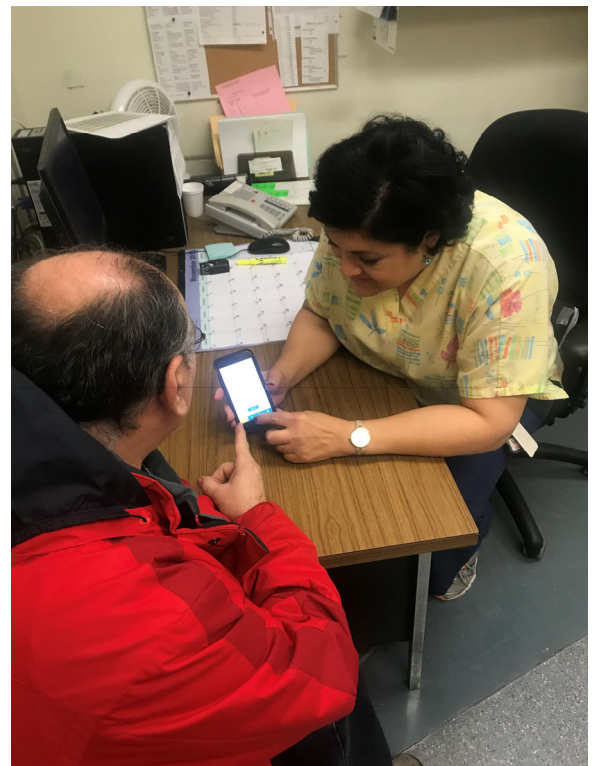
More patients benefit from condition-specific standardized care as part of the QBP Program

This month, the SOP Quality Based Procedure (QBP) Team launched a new round of QBP bundles to help standardize patient care and improve communication between hospital staff, patients and families. The QBP Pathway Program focuses on providing best practice care and communications for patients with specific conditions. Patients at WRH for Breast Surgery (Lumpectomy, Mastectomy & Breast Reconstruction), Hysterectomy, and Prostatectomy are now benefitting from this program.

Using Order Sets, Clinical Pathways, Patient Experience Pathways and the WRH My Care Journey App, the program drives standardized care, improves communication and empowers patients and family members to play a greater role in their care by giving them the right information, when they need it. The new QBP bundles contain the same elements as the other 10 launched thus far (Ischemic Stroke, Hemorrhagic Stroke, TIA, Heart Failure, COPD, Pneumonia, Hip Fracture, Hip Replacement, Knee Replacement, Knee Arthroscopy).

We have received positive feedback from patients and families about the patient experience pathway including the WRH My Care Journey mobile app. A recent Hip Fracture patient told the team the app was most helpful. "I had never been in hospital before so not only was the surgery intimidating but the hospital stay as well. The information giving step by step instructions leading up to the hospital stay was not only informative but reassuring. The app became a very important part of my WRH experience."

Both hospital readmission rates and length of stay have decreased. Last fiscal year, 14 Hip Fracture patients were re-admitted to hospital within 7 days of being discharged. This fiscal year, since implementation of the QBP bundle, there have been no Hip Fracture patients readmitted within 7 day of being discharged. QBP conditions like COPD and Community Acquired Pneumonia have seen a reduction in length of stay from 6.7 and 7.3 days, to 6.3 days, very close to the target of 6 days.



Lucy, a Nurse in the Pre-Admission Clinic at the Ouellette Campus, introduces a surgical patient to the WRH My Care Journey mobile app.

Improving the flow of patients at Windsor Regional Hospital

It's been one year since the Patient Flow program was introduced at WHR. To mark the milestone, a media conference was held to showcase the excellent work that has been done, and the positive impact it is making for patients.

The goal of the Medicine Patient Flow Program is to create efficient and effective processes for getting patients through the system—from admission to discharge. Recognizing the opportunity for positive impact on both patients and the organization, many teams worked together to achieve success in this first year.

Frontline staff have been instrumental in this effort to improve and refine the process, and their work is paying off.

For example, medicine patients admitted in the Emergency Department (ED) used to wait an average of 11 hours to get an inpatient bed before the launch. That average has been reduced to 5.3 post launch.

Better patient flow also means fewer admitted patients are waiting for inpatient beds because none are available. When reviewing the impact to patients without a bed before the launch we had an average of 8 patients at Met Campus and 16 at Ouellette Campus each week, compared to 1 patient without a bed at Met Campus and 4 patients without a bed at Ouellette Campus post launch.

The ability to provide better patient flow is possible because of the development of some key components: Assessment Bays, Command Centre, and Standard Work.

Assessment Bays are designated rooms located on Medical units that enable staff to transfer patients more quickly out of the ED to a location on the appropriate inpatient unit. For the patients who have been admitted and transferred to an Assessment Bay, prioritization of their diagnostic testing enables their medical plan of care to be developed and their treatment to be started much sooner.

Command Centres were established at both campuses to help track and manage the movement of medicine patients. The Command Centres are central hubs of real-time information related to capacity, occupancy and flow. Staffed with a nurse and a clerk, patient moves can be planned and coordinated using real-time data about the capacity of each unit, and the

appropriateness of the receiving unit for patients. Systems and patient flow huddles are held daily to discuss patient flow and address any barriers or escalations. As a result, more patients are receiving care in the most appropriate service area. During the past year the number of patients admitted to an off service unit has decreased by an average of 34 patients each week across both sites.

The Command Centres began as paper-based environments before moving to electronic, data-driven environments earlier this year. Through a partnership with the software company Occlulus, the Command Centres now use multiple digital technologies which help staff make decisions about what is best for the patient. Windsor Regional Hospital is one of a few hospitals in Canada to use Command Centres in daily operations.

Standard work is the final piece of the Patient Flow puzzle. This involves the development of processes and work procedures that reflect the most reliable, safest, most efficient method, based on best practice. The use of standard work for processes and various roles are threaded throughout the entire medicine patient flow program.



Dr. Elaine Stresman, Hospitalist and Utilization Physician Advisor, presenting at recent Patient Flow Media Event

Transfer of Accountability - improving the patient experience with thorough communication

There is always potential for miscommunicating important patient information during the transfer of care or “handover” of a patient to another unit or care provider. To minimize this risk, each time care is transferred nurses must communicate patient specific information that is clear, patient focused, and comprehensive. At Windsor Regional Hospital this standard work process is called the Transfer of Accountability (TOA). It is used to keep the patient safe and also ensure continuity of care.

The TOA process provides an opportunity to pause and ensure a safe and efficient transition for the patient. Transfer of accountability or providing “report” or “handover” is a crucial component of the care transition process from one team of caregivers to another, to ensure continuity of care and client safety.



Nurses review the TOA Documentation during transfer of care.

Nurses reflect on the value of the TOA

“Using the TOA helps make sure you cover all of the essential information prior to sending the patient. Prior to the formal TOA, nurses would just report what they felt was important and a lot of information was missing. The TOA helps in arranging your thought and critical information.” (8 East- Ouellette Campus)

“Since the opening of the District Acute Stroke Unit for Windsor Essex County, we have been receiving patients from different hospitals more frequently than we used to. Although the other hospitals do not use our same TOA, I always fill it out and ask questions from our TOA to make sure I don’t miss anything before the patient arrives.” (8 West/Acute Stroke Unit)

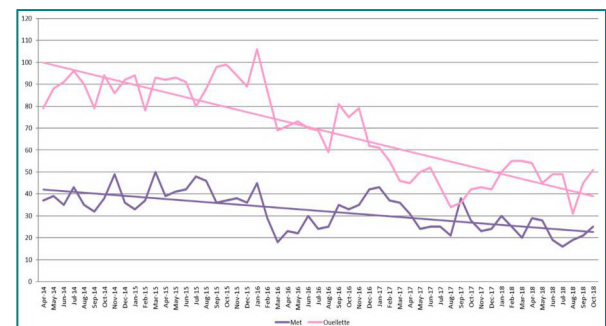
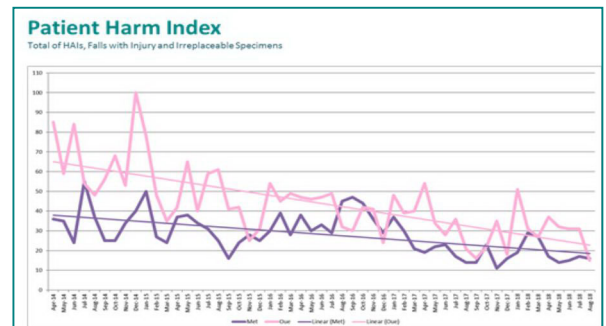
Journey to Zero/Sustainability/Harm Index

Each month, leaders at all levels in the organization meet to discuss strategies to improve patient safety and effective patient flow. *Journey to Zero* is our commitment to zero patient harm incidents and zero delays for care.

The Patient Harm Index provides a detailed look at three major indicators: the total number of hospital acquired infections each month, the number of patients with injuries from falls, and the number of collected specimens that are unusable and cannot be replaced. The downward slope in this graph shows the reduction in patient harm with the ultimate goal to reach zero patients harmed.

The Patient Flow Index provides an overview of how well patients flow throughout the hospital. These results include the number of admitted patients waiting in the Emergency Department with no available beds on a suitable inpatient unit, the number of patients discharged by 11:00am, and the number of patients that remain in the hospital despite having an identified alternate level of care. The Patient Flow Index also shows a downward trend which means these three indicators are improving .

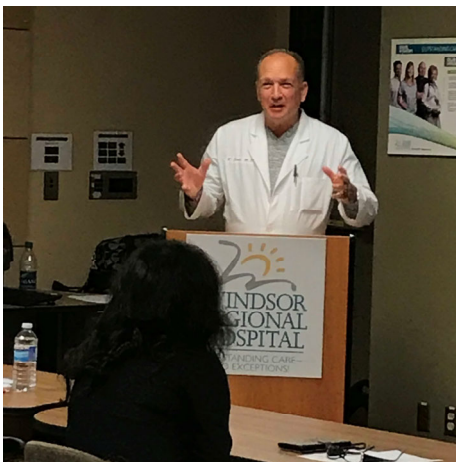
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Journey to Zero/Sustainability/Harm Index cont'd

In an effort to reach zero harm and provide our patients with the best experience, we will continue to review our Patient Harm and Flow indices, as well as focus on strategies for sustainment across all units and teams. Reviewing key sustainment principles reinforces the importance of linking our improvements and project outcomes to our patients bringing us closer to our goal in our “Journey to Zero”.

Interview with Dr. Robert Seski-Family Medicine Physician, Utilization-Physician Advisor



How things are run are best known by those working day in and day out to accomplish these tasks. It is the integration of ideas from all areas of the healthcare team that makes the entire process come alive.

Q3. What process improvements have taken place at WRH recently that are positively affecting patient care?

Perhaps our largest project over the past few years has been the patient flow initiative. Engaging everyone involved in the implementation of a patient’s care plan was first studied. Then changes were planned and implemented to allow the patient’s journey through their hospital stay to be streamlined, minimizing waste in their valuable time and in the resources used to complete their journey. I recently admitted a young woman with a chronic medical condition who, unfortunately requires admission fairly frequently. She commented to me recently that she was delighted with the speed with which she was moved through the admission process spending just a fraction of the time usually spent in the emergency room before being moved quickly to her room on the inpatient medical unit. By all measures, a success for her.

Q1. What do you think about the importance of continuous process improvement and its impact on patient care?

Continuous process improvement means that we are constantly studying the way we do things so that we can learn to do them better. It’s a scientific way to implement change in a way that progressively improves the care we deliver to patients. It is an essential tool used to improve many aspects of a patient’s care in the hospital.

Q2. What are some of the ways that staff, including physicians, can become part of the change?

Process improvement in healthcare actually requires the direct input of all members of the hospital team.



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