



# connections

A newsletter for the staff, physicians, volunteers, residents and students of St. Joseph's Health Centre

JULY 19, 2010

## Putting Patients First by Providing the Safest Care

### Emergency and Critical Care Program Collaborates to Improve Quality and Patient Safety

The preparation and brainstorming for the Big Aim gave the Emergency and Critical Care Program a chance to review and improve the Access and Flow strategy, looking at every aspect of a patient's journey that begins in the Emergency Department.

Improving wait times for patients in the ED is a Ministry of Health and Long-Term Care and LHIN priority. Patients who visit the ED are either discharged home (88%) or admitted to hospital (12%). Wait time targets have been set for both of these groups and quality improvement initiatives to reduce wait times and improve the patient experience has been the focus of the ED's Big Aim and "Just Do It" projects.

The wait time target for non-admitted patients, those who are discharged home, is four and six hours depending on the acuity their your condition. The ED has made exceptional progress on achieving and exceeding the targets. Improvements that have affected this outcome include reducing ED physician reassessment times to 30 minutes, increasing ED physician hours, reorganizing the ambulatory area work flow,

and implementing the flow clerk position in the ambulatory area. The ED has introduced the Passport for Care which guides patients on what to expect during their stay in ED and engages patients and staff in the management of their wait time. Although new, this has great potential to improve patient and staff satisfaction and coordination of care.

The target for an admitted patient from triage time to leaving the ED is eight hours. The Bed Ready Pull initiative aims to improve the transfer time for a patient in ED to a clean and ready bed on an inpatient unit. Once a bed on an inpatient unit is ready the goal is to prepare the patient, give report, and transfer the patient within 45 minutes. This process is a collaborative effort between the ED and all units and patient transport and is reliant on the technology, such as Teletracking, MediTech and EDIS, that we have in place at the hospital.

"Bed Ready Pull began as a pilot project that ran in the summer of 2009," explains Silvana Biscaro, Administrative Program Director, Emergency and

Critical Care. "The Big Aim planning really gave us a chance to focus on the sustainability and spread of this initiative to all units in the Health Centre."

The Emergency Department touches so many other programs and services within the organization that it is imperative that the right collaborations are incorporated into the team's Big Aim initiatives. The ED sees an average of 250 patients per day and is one of the busiest EDs in the province. One of the initiatives that is underway is a collaboration between the ED and DI that focuses on improving the coordination and communication for DI testing between the two departments.

...continued on page 4

#### INSIDE

##### Quality Insert: Diagnostic Imaging

Emergency and Critical Care Program Collaborates to Improve Quality and Patient Safety 1

Tour of Our Lady of Mercy Patient Care Wing 2

OLM Takes Shape 3

# Tour of Our Lady of Mercy Patient Care Wing



Beginning the tour out front of the new Our Lady of Mercy wing entrance.



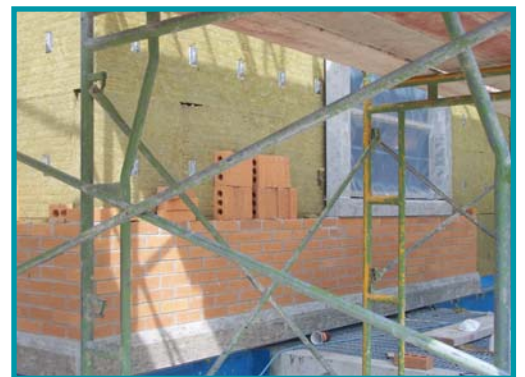
The new wing and entrance to the underground parking garage.



The first floor foyer and main elevator shaft of the new wing.



The large poles in the centre will hold the stained glass from the original building.



Brick work on the exterior of the building.



*The new Neonatal Intensive Care Unit on the first floor of the OLM wing.*



*The fifth floor mechanical room looking out over our catchment area.*



*Windows on the third floor over looking Sunnyside Avenue.*

## **Our Lady of Mercy patient care wing Takes Shape**

David Capannelli, Project Manager, Vanbots; Eric Chomitz, Project Coordinator, Vanbots; and Joe Chimenti, Project Manager, SJHC; took the Corporate Communications and Public Affairs Department on a tour of the new Our Lady of Mercy patient care wing on July 13th.

Over the next several months a lot of work will be taking place both on the interior and exterior of the new building. The new ceiling will be installed in the covered parking area, brick and stonework will be completed on the exterior of the building, while walls, ceilings, floors, elevators, electrical and mechanical will also continue towards completion on the interior of the building.

Based on the contractor's current schedule, the new wing is scheduled for completion in mid 2011. Upon completion of the new wing, the fifth floor of the Glendale/Morrow wing will be decanted and renovations will commence.

SJHC is holding our semi-annual Community Redevelopment Meeting on Monday, July 19 from 7:00 p.m. to 8:00 p.m. in our Education Centre A and B (located at the back of the cafeteria) and all are welcome to attend.

For more information, please contact the Corporate Communications & Public Affairs Department via email at [pubaff@stjoe.on.ca](mailto:pubaff@stjoe.on.ca) or by phone at 416-530-6387.

**Quality...** continued from page 1

Donna Hess, Patient Care Manager, Emergency Department, explains that this is an area to capitalize on to reduce wait times because up to 60% of the patients in Emergency will require some kind of diagnostic testing. Reducing any delays in the process will significantly improve the wait times for those patients that are waiting for a diagnosis and decision to go home or be admitted.

The Tracheostomy Team is a new team that is being developed to provide specialized care and monitoring for patients who have a tracheotomy. This initiative is an interprofessional collaboration made up of Respiratory Therapists, Speech Language Pathologists and Intensivists. The Team will round weekly to establish a plan of care to help ensure that tracheotomy-related needs are addressed in a standardized and progressive fashion.

"The Tracheostomy Team is a wonderful opportunity to improve the care that we provide to our patients who have tracheotomies," said Ginny Martins, Charge Respiratory Therapist and co-lead. "It is an exciting interprofessional initiative long overdue that is expected to positively impact staff satisfaction and improve the quality of life for this complex patient population."

The aim of the Tracheostomy Team is to expedite weaning, improve communication, facilitate eating, and assist with discharge planning co-ordination. All this is hoped to translate into improved patient outcomes and reduced length of stay for these high risk and medically complex patients.

"Critical Care has been working hard to build capacity in the units to free up beds for those in need that come through our ED," said Julie Ann Ninnis, Patient Care Manager, ICU and CCU. "Providing the safest care for our patients is a priority for St. Joe's and that means getting the right patient into the right care environment at the right time."

The ICU and CCU work with the ED to transfer admitted patients up to their unit as soon as possible. This is done by

early identification of critical care patients in the ED and timely communication between units to arrange for transfer. In addition, when a patient is ready for discharge out of ICU or CCU a target of one hour has been set to transfer the patient to a clean and ready bed on the ward. A comprehensive discharge planning strategy that includes discharge flow maps, visual management (red/yellow/green) and bullet rounds has been put in place to begin discharge planning for patients at the time of admission.

Facilitating the right care at the right time, the Nursing Resource Team (NRT), developed in 2009, helps the organization to safely fill the unit staffing needs in order to reduce the number of agency and over time hours across the Health Centre. The NRT provides flexible, cost effective relief to meet the changing demands of the Health Centre. Right now the team is working to develop the Critical Care nursing cluster with ongoing recruitment to ensure that the NRT is the right size to meet the staffing needs for all units.

"Having a pool of our own nurses who know the organization, the policies and procedures and the staff and physicians is the most efficient use of our resources and will help us to reduce the agency use in the Health Centre to less than two per cent by March 31, 2011," said Sandra Lenarduzzi, Manager, Nursing Resource Team.

"Everything we're doing in the program is to improve patient safety, quality of care, patient and staff satisfaction," said Biscaro. "The ED and Critical Care team are committed to working collaboratively with all units and departments to achieve the best results for our patients."

Read on to learn more about what our Diagnostic Imaging Department is doing to support quality care and patient safety at St. Joseph's Health Centre in the Quality Insert.

Clinical Engineering, Patient Registration and the Labs will be featured in the August 3rd Issue of Connections and the Quality Insert.