

Hospital: Grey Bruce Health Services

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High Performance: Client Perspectives, Financial Performance & Condition

High performance in these areas can be attributed to both specific initiatives as well as several organizational quality factors.

Leadership

active, visible administration

- Implemented position of Corporate Risk Management & Quality Improvement, who then established various activities that inform decisions across all departments
- ER Nurse Manager established at Owen Sound site
- Addressed several corporate goals and objectives for 2003-04:
 - Nursing practice study funded by Ontario College of Nurses
 - ER quick response team for mental health
 - 24-hour mental health holding beds
 - Celebration of staff education
 - Framework for reporting of clinical team indicator data
 - New position for risk management
- Clarified roles across the organization including program directors and corporate managers

Culture

quality is a strategic priority; promotion of learning and personal growth; quality is linked with human resource management; resources are allocated to quality improvement

- Implemented position of Corporate Risk Management & Quality Improvement, who then established various activities
- Nurse Practitioner position left part-way through 2003-04; replaced with second ER physician from 1100 – 1800 hours
- This second ER physician was able to run a Minor Emergency Clinic that could fast-track lower acuity cases
- Additional nursing FTEs were added to support this clinic and the increased acuity of patients in the ER
- Resulted in lower waiting times for patients in the ER
- Staff education recognition program – special event to which staff and family are invited to formally celebrate excellence in education
- Hospital underwent review by Institute for Safe Medication Practice – recommendations are being implemented
- With additional funding from Cancer Care Ontario a nurse educator for oncology was hired

Processes

processes are standardized where appropriate; clinicians and front-line staff are engaged

- Capital funding used for centralized patient monitoring system at nursing station of Owen Sound site – this tracks cardiac monitors regardless of patient location in hospital
- Grey Bruce Health Services part of a network that includes Hanover & District Hospital and South Bruce Grey Health Centre, which collaboratively developed clinical pathways for total hip replacement and community acquired pneumonia
- They piloted pathways for fractured hip and angina with input from ER physicians
- Streamlined process for triaging mental health patients – implemented quick response team including a crisis worker and psychiatrist, as well as ER nurses and physicians, and established outpatient 24-hour holding beds to avoid mental health admissions when possible
- Southampton/Saugeen Shores implemented a family practice clinic which has reduced the volume of triage level 4 and 5 cases
- Corporate bed management policy to guide transfer of patients between hospitals – goal of 85% occupancy at all sites – has reduced incidence of opening non budgeted flex beds
- Accreditation preparation activities resulted in development of a standardized reporting form for sharing indicator data by clinical service teams
- Formal patient complaints process was implemented through position of Corporate Risk Management & Quality Improvement
- Infection control developed new policies and procedures and community education
- Formalized the patient complaints process to ensure opportunities for improvement are understood and addressed.
- Daily bed rounds conducted at the Owen Sound site to resolve issues in bed access. In 2004, Daily Bed Rounds were expanded to include all corporate inpatient sites.

Information

targets and measures communicated through organization; systems in place for monitoring improvement; internal and external systems or stakeholders are linked

- Call back process at Owen Sound site – patients identified by the nurse or physician upon discharge as being high risk are called by phone 24 – 48 hours following discharge from ER
- Patient pamphlets in ER waiting area at Markdale site were not being used – those of a sensitive nature were moved to treatments rooms, and this has increased volume of use
- Worked hours were benchmarked against those in southern Ontario hospitals and found to be lower – this information was used to request additional nursing FTEs in Owen Sound, Markdale and Wiarton – these positions enable the running of the Minor Emergency Clinic at Owen Sound site
- Patient satisfaction data is regularly reviewed – responses regarding waiting time was used as the basis of implementing the ER Minor Emergency Clinic at Owen Sound site
- Data on level of acuity of ER visits revealed high levels of more acute cases, which was used to rationalize the need for more ER nurse FTEs
- Accreditation preparation activities resulted in development of a standardized clinical reporting form for sharing indicator data by clinical service teams
- Wiarton and Lion's Head sites established a process with community pharmacists to assist patients to arrive at the emergency department with accurate information about medications.
- Partnered with other hospitals and ambulance services in the region Non Emergency Patient Transfer Project to improve access to non-emergency services such as angiography

- Utilization manager provides annual education sessions to managers on utilization data and how to access and use benchmark data
- Developed a public web site