

CORPORATE PATIENT FLOW

“CHANGING A CULTURE THROUGH STRATEGIC PLANNING AND ACCREDITATION CANADA”



Editor’s Summary: *In Changing a culture through strategic planning and Accreditation Canada*, St. Joseph’s Healthcare in Hamilton Ontario describes how the organization used the opportunity of preparing for hospital accreditation to also prime different parts of the organization for a shift in thinking about patient flow. As a result of accreditation planning, strategic areas were identified for which expected length of stay coordinators were hired. The organization asked for feedback from the team of individuals who conducted the accreditation, utilized the methodology and tools through the Institute of Healthcare Improvement (IHI), and reviewed the existing literature to identify strategies and benchmarks. Led at the executive level with the support of the Board as well as patient and family groups, the organization succeeded in implementing a number of changes in the hospital that resulted in improved patient flow. The case provides numerous examples of strategies and tools that were implemented across the hospital.

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Purpose:	Early in the year prior to our accreditation the organization was aware of pressures facing the Emergency department and emerging trends that were placing pressures on the system as a whole. We began to focus our attention in a purposeful direction to flow within the ED and within the organization. Our Accreditation visit affirmed the need to direct further attention into process improvement in this area.
Context:	SJHH had strategically focused with the Quality realm in preparation for the changes in Accreditation processes and also within the context of changes in the larger healthcare system. During Strategic Planning sessions for Compass 2012 destination areas were identified. Within these areas Expected Length of Stay coordinators were hired in the Medicine and Mental Health Programs to address changes in care delivery to ensure benchmark length of stay was achieved and changes in processes were undertaken to improve organizational patient flow.

	<p>Mental Health has lead work in the organization on Patient flow using the IHI methodology and has developed a comprehensive team to respond to the patient flow challenges within a large Mental Health Facility.</p> <p>Accreditation Canada team had an opportunity to review our patient flow processes and indicated opportunities for improvement in this area. Winnie Doyle VP structured a team with co-leaders to build a strong internal process. The co-leadership model was developed with the Clinical Director team and the Quality Planning and Improvement team. Our current processes for bed management and patient flow was limited. It was an individual focused process rather than a process which was automatic with guidelines and triggers to assist in decision making by the teams throughout the hospital.</p> <p>A review of the literature indicated a great deal of information and processes that had been tested. As well, we looked to our benchmark hospitals and to hospitals in the surrounding areas that had undergone significant changes in their patient flow management approach. We were able to utilize a number of tools to build a comprehensive plan for SJHH which fit our culture.</p> <p>The organization through leadership of Dr. Kevin Smith began an ER/ALC working group linking with our internal and external partners. This working group was co-chaired by Dr. Smith and Leadership at CCAC. This group was established to bring further insight to the organization and to inform the process improvement we were making within SJHH and CCAC. We arranged a visit with Dr. Allan Hudson to present the work to date to ensure that we were maximizing our opportunities for change. Dr. Hudson was impressed with the ability of the SJHH team to pull together interdisciplinary team to address this issue and emphasized the importance of the evidence of the commitment of SJHH board involvement to improve the processes for patients and families in our community.</p>
Resources:	<p>This initiative was undertaken with the collective work of the organization linking the VP clinical services portfolio and the VP Quality, Complex Continuing Care, Rehab and LTC to ensure a beginning framework to develop a comprehensive plan to support Corporate Patient Flow enhancement. A team member was designated by Quality Planning Improvement as a co-lead with a Clinical Director co-lead. Structure was placed with internal resources and then acquisition of 1FTE for Corporate Patient Flow manager was secured.</p>
Source of the Resources:	<p>Initially the resources were drawn from the MOH-LTC Pay-for-results provided to SJHH for their Emergency Department. This decision was made as a comprehensive team. Further along, application was made to Strategic Planning Steering Committee to add a goal to Performance Measurement of Corporate Patient Flow.</p>
Population Group:	<p>The focus of the Flow review really had a three pronged approach, focus on populations within care in ED both outpatient and inpatient, the Alternate Level of Care patient population and then comprehensively across the organization all patients with Mental Health, Medicine, Surgery and Maternal Newborn Child being key areas of focus.</p>

Patient Flow Entry and End Points:	<p>The initiatives began in the organization with a focus on the Emergency Department looking at Patient flow. Some process mapping was undertaken to determine pressure points. The admitted patients within the ED were a focus and their endpoint to discharge from the organization. At the same time another group was focused on improvement of the patient flow process for patients engaged in Alternate Level of Care assessment to the point of their disposition from the organization.</p>
Description/ approach:	<p>The work began with four identified subgroups working in parallel to one another; the ER/ALC Committee, Emergency Department working team, ALC working group, and Corporate Patient Flow working group. As time progressed the organization structured itself to improve communication and productivity from these groups. The ER/ALC group is the guiding, visioning and monitoring group, a steering committee of Chairs of the Corporate Patient Flow, ALC and ED working groups was formed to develop a dashboard to monitor initiatives across these three areas and a quarterly scorecard was produced with focus in these three areas. The co-leads of Corporate Patient Flow introduced a Failure Modes Effect Analysis(FMEA) to review the Policy and Procedure that had been developed to support improved patient flow. This included a meeting period from June 2008- December 2008 and the focus was on building a process flow map and testing the barriers within the model. Extensive work was done in development of adequate triggers in the area of ED, Critical Care, Surgery, Maternal Newborn Child and Mental Health. Individuals from across the organization participated in the FMEA exercise and were responsible for follow up on issues and also bringing back to the group potential solutions for our red flagged items. Members of the FMEA work group included Nurse Managers, managers of services, Infection control, Emergency preparedness, Environmental Services, Quality etc. Most recently, we have moved forward with work defining our bed map and identifying over-census beds in the organization that are outfitted with the care needs for patients i.e. O2 etc. In the morning we express admitted patients to these beds and empty the beds by 1900hrs. We have also identified overcapacity beds which would require additional staffing to support them.</p>
Tools and Tactics:	<p>A number of tools have been developed in this project including the Corporate Dashboard for Patient Flow, Corporate Patient Flow scorecard, Daily bed Management tool, Charge RN bed management monthly tool; Policy and Procedure in Draft for release in March 2009, Trigger tools, and guidelines for medical off-service were also developed. We utilized the IHI methodology in development of tools and have taken concepts from surrounding hospitals across the province to work on a Trigger report. The dashboard contains our goals with focused measurement time and our data elements that we are tracking with benchmarks when these could be determined. This includes the information in the MOH-LTC Pay for results work. As well, the organization has developed an ALC monitor called the ALC trigger report which provides the organization with information on the pressures and outcomes related to the management of ALC patients within acute beds.</p>
Measurement approach:	<p>We have used the CIHI data and ENACRS data to monitor progress on patient flow length of stay. We have used our bed tracking board in the Ed to monitor internal patient flow of non admitted patients. As well, we have used Teletracking system to track bed cleaning times lead by the Director of</p>

	<p>Environmental services. We have developed a dashboard which includes the Pay for Results indicators identified provincially and we track these quarterly and are working on track week by week. We track through our ALC Tracking tool, number of OR cancellations, total Medicine occupancy (including off-service), total LOS for patients in the ED. As well, we have incorporated in our evening supervisor report a bed status report at each handover including admit to no beds, service and our over-census bed availability. We are tracking our express times to beds that are over-census and will have data available about this in the near future.</p>
<p>Impact/ Evaluation:</p>	<p>We continue in the process of evaluation. We have identified that working relationships between the clinical areas have improved. The role of the bed allocator has become more consistent and the expectations for team members more clear. Feedback from the managers identifies a more comprehensive and rapid decision-making process. The journey in improvements continues as creative ideas are generated by the teams.</p>
<p>Observation/ Discussion:</p>	<p>The team has responded with receptivity to the changes being made. The physician team has been engaged and worked closely on ensuring that they understand the issues. The Chief of Staff has ensured that the team members are taking leading roles in changing the culture and aspects of patient flow which are physician dominant.</p>
<p>Critical Success Factors:</p>	<p>The time spent moving through the Failure Modes Effect Analysis was crucial to team development and to understanding perspectives of patient flow across the organization. The investment of the senior Leadership team, Directors, Nurse managers, services managers, and charge RN's have been crucial in beginning to shift the culture across the organization.</p>