

EXPEDITING AMBULATORY SERVICES ACCESS TO REDUCE EMERGENCY DEPARTMENT VISITS AND HOSPITAL ADMISSIONS



Editor's Summary: In *Expediting Ambulatory Services Access to Reduce Emergency Department Visits and Hospital Admissions*, the Calgary Stroke Program at Foothills Medical Centre encourages referrals to the Stroke Prevention Clinic from General Practitioners, the Emergency Department, and even from within the hospital. The Stroke Prevention Clinic has developed and streamlined the process through which patients are identified and referred so that more patients can access its services. It increased capacity by re-examining internal clinic processes. Finally, they empowered patients and families to take an active role in the care process. The improvement initiative resulted in the ability to meet a two day wait time for 88% of patients referred where previously it was about 50%.

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Purpose:	The overall objective was to address patient flow; in particular to improve outflow from the Emergency Department by addressing throughput in inpatient care or access to ambulatory care.
Context:	Referrals for this clinic originate from inpatient units, as well as directly from the ED and community Family Physicians. In some cases, a rapid response to a referral from ED or Family Physicians can prevent another ED visit or hospital admission.
Resources:	FTEs: 1.0 x 38 weeks (includes time of all project team members, facilitators, and sponsors)
Source of resource:	<input checked="" type="checkbox"/> <i>In kind</i> contributions from the organization <input checked="" type="checkbox"/> Dedicated internal funding <input checked="" type="checkbox"/> External funding (example grant, Ministry etc.)
Population group:	Patients referred to the Stroke Prevention Clinic of the Calgary Stroke Program at Foothills Medical Centre.
Patient flow entry and end points:	From identification of the need to refer a patient to the Stroke Prevention Clinic, through appointment visits, to discharge.
Description/ approach:	The Lean quality improvement methodology was leveraged in the form of a one-day "value stream map" event followed by a four-day "kaizen" rapid improvement event.
Tools and tactics:	<p>Process improvements implemented:</p> <ul style="list-style-type: none"> - Redesigning and streamlining the initial referral and triage processes for both ED and Family Physician referrals to improve access to the Stroke Prevention Clinic. - Streamlining internal clinic processes to create a continuous flow and improve patient throughput. - Improving patient and family member engagement in their care and communication about their plan of care by redesigning patient education and information resources for pre-visit, clinic visit, and post-clinic visit phases of care. - Improving efficiency of the patient examination and treatment phase of the patient's clinic visit by performing a "5S" of examination rooms.
Measurement approach:	Wait times for new patients are tracked by frontline staff members using electronic production or process control board spreadsheets, which produce charts. These charts are displayed in the clinic offices and present the summary of the percentage of A, B and C triaged patients meeting wait time targets (e.g. 2 days for a category A patient), and also the median wait times in days for each category of patient.

Impact/ evaluation:	From a baseline of meeting a maximum wait time target of two days in about 50% of patients, we have subsequently met the target 88% of the time. Median wait time for this category of patients has been 2 days or less since kaizen. The percentage of category B patients meeting a wait time target of 7 days has improved from a baseline of 34% to a post-kaizen rate of 48%. There has been a decrease in the total percentage of patients triaged as category A patients (from 25% to 11%) as a result of more clearly defining patients requiring urgent triage.
Observation/ Discussion:	"The clerical and clinical staff that make up the Stroke Prevention Clinic team really rose to the challenge and made a number of important improvements right across the clinic process," compliments M Suddes, Stroke Program Manager. "I haven't seen a better approach than kaizen to balance the needs of staff with the expectations and aspirations of patients and families." The overall experience of learning and implementing Lean methodologies to effect positive change has been overwhelmingly positive for the Clinical Neurosciences department.
Critical success factors/lessons:	Frontline staff tracked performance of the new process in an electronic spreadsheet "production control" or "andon" board. Partnering a quality improvement consultant with an operational co-lead (clinician) was advantageous. Sponsors and managers played a vital role in supporting the kaizen work and implementation of the new process.
Limiting factors:	Access to more space, clinic examination rooms, and staffing resources.