Solving the Patient Flow Challenge

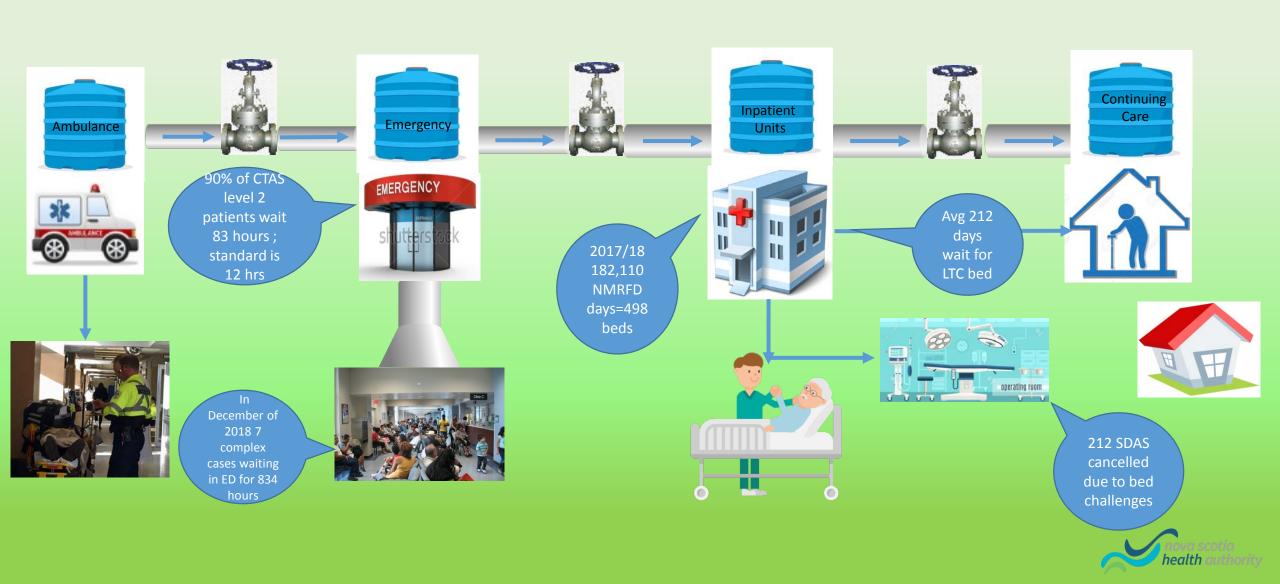
A systems approach to a systems problem

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The Problem

Significant challenges throughout the entire system cause inefficient patient flow.

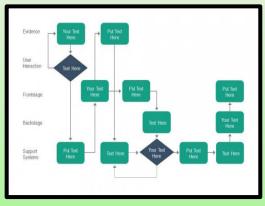


The Approach

Stakeholder Engagement



Process



Analytics



Recommendations



Patients & Families
Physicians
Employees
Continuing Care
Providers
DHW

Current state
Gap analysis
Change Management
Team Approach
Long term effort

LOS
Patient experience
Occupancy
Ambulance offload times
ED wait times

Full implementation of Patient Flow Strategy Committed team Change in culture Continuous Quality Improvement

NSHA Access and Flow Governance and Accountability



Partners



Progress so far...

Through engagement with internal and external partners, we have had success in working together to identify problems but more importantly, in also identifying solutions for the future.

Acute Care to Continuing Care System >> Flow **Emergency Department** Admitting Service Continuing Care Throughput Output Throughput Output Input Throughput Output Input Input Referral Received Admitted to Emergency Care Patient arrives to ED Ambulatory Admitted Patient arrives in acute Discharged Referral for home care Care System Hiring additional hospital from ED medicine service home home care Seriously ill and injured patients Triage driven care coordinators from the community protocols ➤ EDD - 1st day Referral of patients with Discharged Admitted to Transition Team Home Care emergency conditions Goals of Care with home care Referral for Admitted from Discharged long term Protocoled EHS SAFER Bundle off service long term Implementing Home First with home processes Daily huddles Discharged care communication strategy care Increased space Unscheduled urgent care Bed rounds Performance managing home Admitted to Increased Leadership review agencies in waitlists Referral to > Lack of capacity for unscheduled Discharged DCS Repatriation resources >> Flow Admitted to care in the ambulatory/primary to LTC DCS Long Term care Streaming care system inpatient unit Early identification of Desire for immediate care (i.e. Rapid Assessment Addressing refusals difficult discharges Discharged convenience, time conflicts, lack Zones Implementing process Vulnerable Admitted from Frailty assessment to DCS of usual source) Time to consult population family practice improvements Mobility Exploring bed utilization enforced homelessness. Complex Care Criteria Discharged software addictions. Social Safety Net care to ALC, no Developing complex case criminality UMS – ACTIV criteria > Vulnerable patient populations protocols with DCS options Access barriers (financial) Implemented weekly Complex patients transportation, insurance, lack Discharged with no options vacant bed reports of usual source of care) to VAC

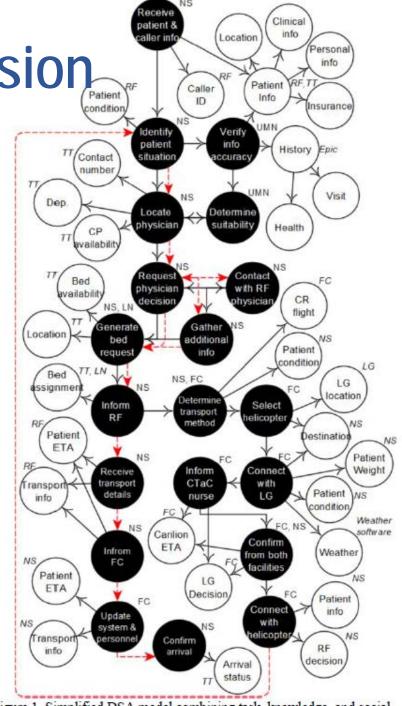
Patient Flow Coordination

- Multiple steps throughout the patient's journey
- Current patient flow system is manual, relying on paper processes, multiple telephone calls and processes across a diverse workforce
- Currently, multiple roles across province involved in work, managing patient flow in a variety of processes.
- Very people dependent, and as such multiple delays occur for each patient's episode of care
- Minutes and hours add up and cause unnecessary delays which add a burden to the healthcare system both in financial and human costs
- Standardization of people and processes will increase efficiencies in patient flow



Example: Patient Admission

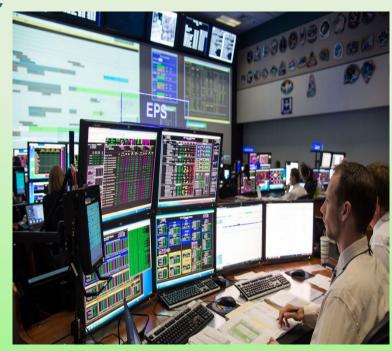
- First step of hospitalization
- Many transfer points throughout
- All complicated and require multiple processes to occur
- Manual processes and people dependent cause inefficiencies and delays
- Multiple telephone calls and paper based communication
- 4 Different Zones-30+ different ways!





Patient Flow Coordination Centre

- Patient Flow Coordination Centre's significantly decrease delay in patient flow, improving patient care, decreasing costs related to overcrowding
- Having stakeholders working together in the same space allows for more seamless patient flow
- A Patient Flow Coordination Centre will provide a foundation that would sustain patient flow well into the future and allow us to address access to care differently, bringing care closer to the patient using technology, instead of having to bring the patient far away from their home



Patient Flow Coordination Centre



Where we are...

Access and Flow Governance

Provincial

NSHA

Zone

- DHW Directive Steering Committee
- Overcrowding and Site Overcapacity Policy
- Provincial Standardization of Access and Flow work, roles and responsibilities
- Zone specific process improvement initiatives
- KPI Dashboards being developed (provincial, zone and site specific measures)
- Collaboration with DHW
- Future planning

Where we are going...

- 1.Zone Patient Access and Flow Coordination Centres
- 2. Ongoing Policy Evaluation
- 3.Remaining Work (bed footprint, transition processes for patients transitioning from acute care to continuing care, etc., improvements to placement process)
- 4.Physician Engagement
- 5. Patient and Family Engagement
- 6.Communication Strategy

Overcrowding and Overcapacity Response Levels

Level 5 Response

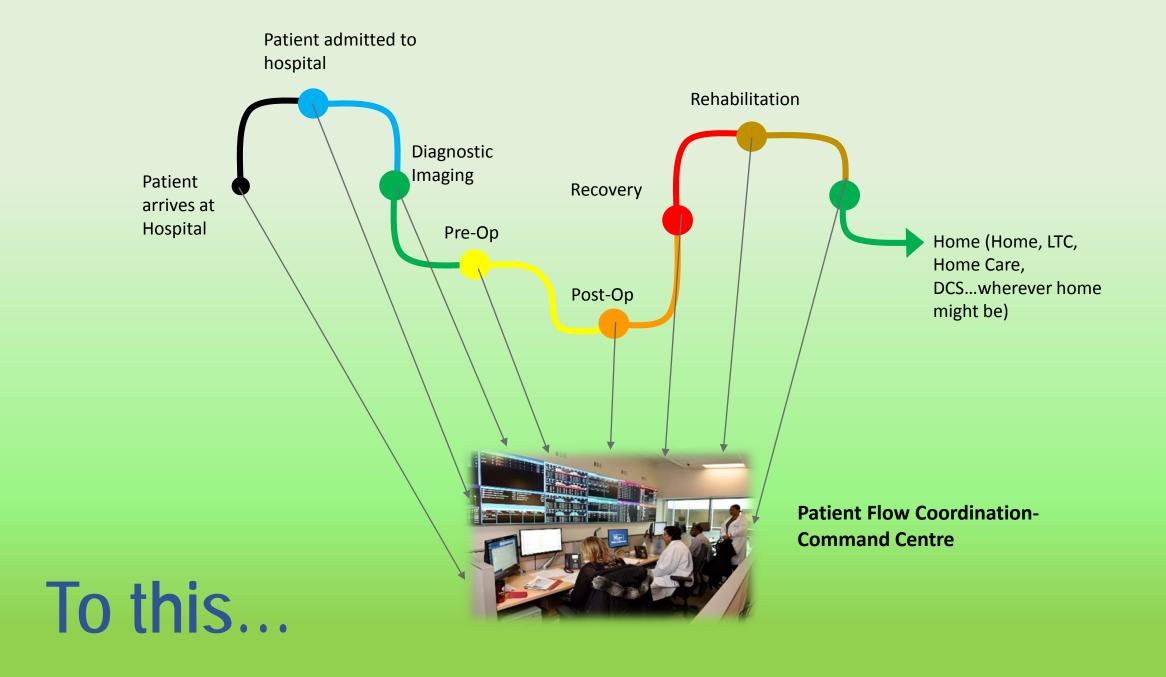


Level 6 Response



From this...





Questions



