Patient Flow

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Glen Stinson

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Access and Flow Lead, Northern Zone
Health Services Manager, Inpatient Surgery, SW, Resource Facilitators, After Hours Clinical Leads, Staffing, RN and LPN Float teams

Registered Nurse:

- St. Clare's Mercy Hospital School of Nursing, 1995
- Memorial University, 1992-1995
- Graduate of Critical Care Nursing Program, 2004

Clinical experience

- Emergency and Coronary/Critical Care, Ortho Surgery, Gen Surgery, CV Surgery, Medicine, Rehab, LTC.

Leadership Experience: 10 years

- Bed Utilization Manager
- Health Service Manager, Women and Children's Health/Inpatient Surgery etc…
- Access and Flow Lead, Northern Zone

Service Area/Scope of Responsibilities

Overall accountability for access and flow across all facilities within Northern Zone:

- 9 Acute Care Facilities:
  - 2 Regional Hospitals
  - 3 Community Hospitals
  - 4 Rural Hospitals/LTC
- Close to 400 Staffed & Funded Beds:

Responsible for liaising with other programs within the zone, other zones, and across community sectors and agencies to facilitate the effective use of system resources and the smooth transfer of patients, clients, and residents between sites, organizations, and community programs.

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A day in the Life at Colchester East Hants Health Center

- Over 12 admitted patients in ED with more admissions expected.
- Between 2 and 5 same day surgeries scheduled for inpatient beds.
- Cardiac catheter patients returning from QEII.
- 2-3 patients to repatriate from across the province (closer to home).
- Patient to transfer out of palliative care unit to medical bed to accommodate new admission to palliative care from community.
- Call from renal dialysis with a need to admit a patient who presented poorly for dialysis.
- Call from community hospital to transfer patient for Internal Medicine consult and possible admission.
- Call from AP to advise that client from community needs to be taken to ED as can no longer be cared for safely at home.
- Call from nursing home to advise that client with responsive behaviors needs to be taken to ED as can no longer be cared for safely in facility.

AND

- Only 2 predicted medical/surgical discharges to start the day along with no labor beds and the ask to move 2 off-service patients off the unit and overflow areas are full and there have been 6 nursing sick calls that were not all replaced….

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Information Sources

Patient Flow System:
- Appropriate for Service (MET/NOT-MET)
- Readiness for Discharge (RFD)
- Reasons preventing discharge (Organization / Community / Physician)

Emergency Department Indicators:
- Time to an Inpatient Bed (Target Within 8 Hours for 90% of Admitted Patients)
- ED Length of Stay (1,2,3 VS 4,5)

Patient Length of Stay in Hospital:
- Actual Length of Stay (ALOS)
- Expected Length of Stay (ELOS)

Clients Awaiting LTC Placement from Hospital

Number of SDAS Cases Cancelled due to Bed Availability

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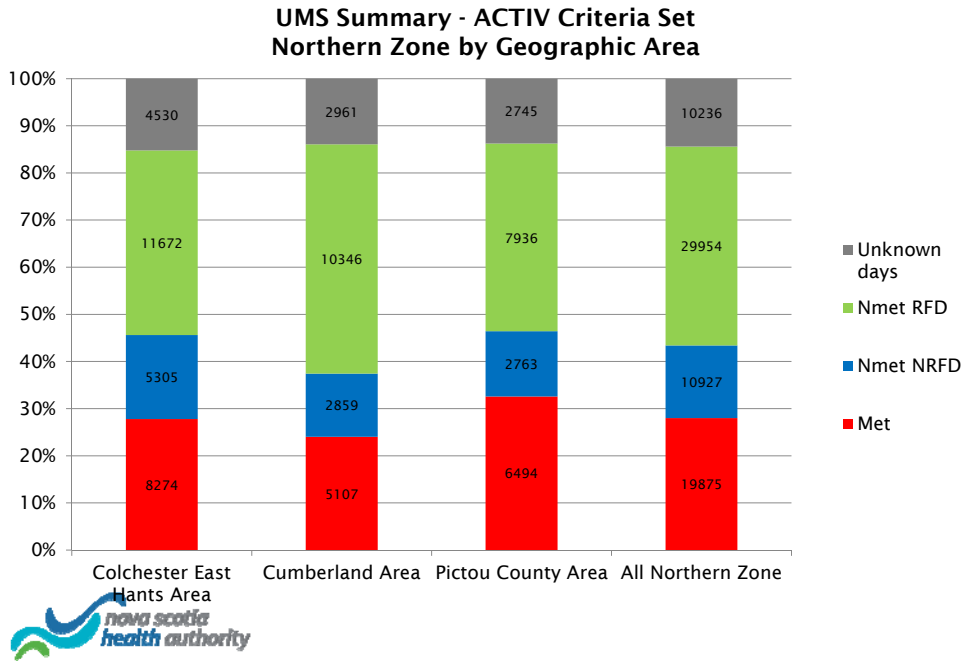

Common Myths

- Hospitals are the best place to get better
- Our built environment are appropriate for wandering patients or people with responsive behaviors
- People with dementia and responsive behaviors are appropriately cared for in mental health units
- Flow is a 'Monday-Friday 08:00-16:00' a day job
- Hospitals are well resourced to care for those who need sitters, need assistance with mobility and help with activities of daily living.
- Everyday spent in hospital is productive for the care of patients

Our Realities

- Demand out ways capacity and resources especially in regional/ tertiary centres.
- One additional bed space can make a huge difference.
- Delayed discharge at the smallest site can have a significant impact across the system of care in maintaining flow (flow in/ flow out (e.g.)Emergency Room overcapacity, EHS, Surgeries, patient outcomes.
- Delays with inter-hospital transfers impacting access to critical and specialty care
- Concern about provider burnout, high pressured workplace.
- Patient experience is challenged (palliative experience in emergency, multiple moves for frail patients)

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The Challenges

- Complex system/ continuum of care- communication, joint planning etc.
- Population receiving care with increased aging, behavior challenge, complexity due to chronic illness, decreasing social supports
- Hospitals serve as a social safety net
- Absence of appropriate settings for care; expensive care setting that is not built or staffed appropriate. Cost of an Inpatient acute care bed at a Regional site $1450.00/day and at a Community site $835.00/day.
- Ability to give right care to right patient at right time
- Mobility-mobility-mobility….deconditioning
- Utilization Management four main barriers for discharge: Processing placement; Hospital Activation; Waiting Community and Social Issues

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Our Ask

- Frailty informed care planning- work together so care happens in the right setting, circle of care
- Earlier communication and intervention; perhaps transfers can be avoided
- Who to call in other sectors
- Explore 7 days/week re-admissions to LTC
- Admissions within provincial policy timelines
- Consistent paper work/processes
- Common language e.g. placement process/ data reporting
- Elimination of home support waitlists
- Elimination of nursing capacity alerts

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The Opportunities

- Improved care experience for individuals with better outcomes
- Reductions in missed care, critical incidents and near misses
- Reductions in the time admitted patients spend in the Emergency Department
- Reductions in acute length of stay and Alternate Level of Care rates
- Reductions in transfers/moves of frail seniors; timely access to appropriate care setting
- Improved access to services across the health system
- Improved collaborative transitions in care and discharge planning

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Top Priorities for Collaboration & Change

- Collaborative person-centred care planning for individuals with responsive behaviors
- Home First Philosophy –home with supports explored before LTC
- Improve access to primary care for LTC residents
- Understand each others realities

When, how & where care is provided is often as important as what care is provided.

Timely access to appropriate care is fundamental to high quality care.

Key Contacts

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