

## Patient Flow Lessons Learned

As we continue to try new ways of improving patient flow in our health system, we're learning more about which methods are most effective in reducing hospital congestion and anticipating when, where and how patients need care.

### ALTERNATE LEVEL OF CARE

#### More ALC opportunities

As more hospitals in Saskatchewan collect data on the number of inpatients who no longer require a hospital's intensity of care, the number of such patients appears to be greater than initially anticipated.

Some acute hospital units report **as few as 10 per cent** of patients, but that rate can be **as high as 70 per cent** in other units. These patients are classified as Alternate Level of Care, or ALC.

The fact that many ALC patients are receiving care in hospital settings is a major reason why we have long waits in emergency departments.

"Identifying and meeting the needs of ALC patients is a key strategy for improving

patient flow across the health system," says Graham Fast, Team Lead for the Emergency Department Waits and Patient Flow Initiative.

Helping them **receive care in a more appropriate setting** is an objective of the Initiative.

The form that health regions are using to collect data on ALC patients was developed collaboratively by eHealth Saskatchewan, the Ministry of Health, the Canadian Institute for Health Information, health



See next page →

## ALC Numbers - *from previous page*

region representatives, ED Waits Initiative staff and the Health Quality Council.

We are **well on our way** toward achieving our goal of having all hospitals in Saskatchewan collecting ALC data using a common definition and form by March 2017. An electronic version of the form, developed by eHealth, launched in April 2016 and was updated in October based on feedback from health regions.

Data being collected will soon be available to health regions and other system stakeholders through a provincial dashboard (also created by eHealth Saskatchewan). This online tool will provide **next-to-real-time information**

about ALC patients and their care needs, at a provincial, regional and individual hospital level.

**Watch for more on:** the results of monitoring; the development of consistent processes to ensure data is complete and of high quality; and strategies to better meet the needs of those patients identified as Alternate Level of Care.

## INTERDISCIPLINARY ROUNDING

### Some units already seeing benefits

Some hospital units in the province are already starting to see the benefits of adopting a new evidence-based approach to bedside rounds called interdisciplinary rounding (IDR).

This best practice form of rounding **puts patients and families at the centre** of all care discussions and decisions, and ensures care teams are working collaboratively to carry out a common care plan based on the goals of the patient.

*See next page →*

## Resources for hospital unit staff

### HQC website:

<http://hqc.sk.ca/improve-health-care-quality/emergency-department-waits-and-patient-flow-initiative/>

### Short educational video for region staff and physicians:

<https://youtu.be/sWa7RipvzIg>



*A team holds rounds with a patient at Victoria Hospital.*

### **IDR** - from previous page

Health regions are reporting positive response to the new approach from patients, families, and staff, improved discharged planning, and **early signs that lengths of stay may be shortening** as a result of the change. Patients have commented that IDR makes them feel more supported, better informed about their care plan, and more involved in their care decisions.

Interdisciplinary rounding is a key improvement strategy being led by the ED Waits and Patient Flow Initiative.

A total of **53 medical, surgical and critical care units** in tertiary and regional hospitals have begun incorporating key elements of IDR, as have many rural sites as well. The provincial target is to have all medical, surgical and critical care units in Saskatchewan's regional and tertiary hospitals doing daily bedside interdisciplinary rounds by March 31, 2017.

Health regions have set their own aggressive targets to meet the provincial goal.

Many units are starting to include discussion about options for alternate level of care patients as part of these bedside meetings. This is giving providers from a variety of disciplines **the opportunity to identify barriers to meeting care goals and any gaps in services**. Involving patients and their families in these discussions also aligns with the patient-centred philosophy of **'nothing about me, without me.'**

While some teams are experiencing challenges in ensuring that this new form of rounding is valuable for all participants, they're finding creative solutions, and sharing these with other regions. To help the learning process, staff of the ED Waits Initiative are:

- updating IDR resources;
- developing a short educational video;
- evaluating progress to date and impact on lengths of stay;
- continuing to share successes; and
- fostering learning and sharing among health regions.

## INTERDISCIPLINARY ROUNDS

### Collaborative Innovation Development Grant

The University of Saskatchewan, in partnership with the ED Waits and Patient Flow Initiative, has received a Collaborative Innovation Development Grant from the Saskatchewan Health Research Foundation. A team of researchers, patient/family advisors, and clinicians will be studying **the impact of interdisciplinary bedside rounding** on patient experience and team collaboration.

Their findings will supplement an evaluation to be completed by the Initiative by April 2017, which will measure the impact of IDR on the care experience of patients, families, and staff, and on team collaboration and communication.



#### ELECTRONIC DASHBOARD

Helping to optimize service  
in emergency departments

A new electronic dashboard that displays information about the province's emergency departments will help administrative leaders and emergency department (ED) operational leaders and physicians **make decisions based on data that is almost real time**.

The dashboard, developed by eHealth Saskatchewan, features visual representations of key measures of performance, allowing ED managers and others to benchmark an ED against performance targets. The dashboard, and other information captured by facilities using the Sunrise Clinical Manager database, will allow hospital staff to monitor service levels and volumes, generate provincial, regional or facility-level reports and monitor provincial ED waits and patient flow progress **using accurate performance metrics**.

Over the past several months, a working group of the ED Waits and Patient Flow Initiative has taken steps to ensure that the statistics displayed on the dashboard are accurate and comparable.

The first phase of this work included a survey validating that Saskatoon, Regina Qu'Appelle and Prince Albert Parkland health regions are all using standard

**DASHBOARD** - from previous page

definitions for wait time measures to capture ED data, as determined by the Canadian Institute for Health Information (CIHI).

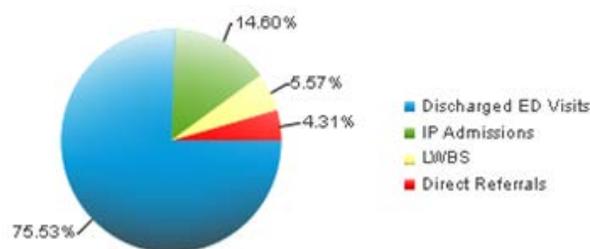
The working group also wanted to validate the method of tracking the timing of the physician initial assessment (PIA) of patients by an ED physician, to ensure there weren't large discrepancies in how the information is recorded. Observers noted the precise time an emergency physician assigned himself or herself to a patient in the Sunrise system and the time the patient was actually seen by the physician. They found no significant variation between physicians, regardless of the health region where they worked.

Over the next several months, the ED Optimization working group will: continue refining the dashboard; and promote the benefits of the dashboard. It will also look at conducting a survey that asks patients why they chose to visit an ED (particularly patients with less acute illnesses). This information will help the ED Waits Initiative refine its plans.

**Some ED wait time measures**

- Time of patient registration
- Time of patient triage
- Time patient is seen by a physician
- Length of stay (for admitted and discharged patients)
- Time waiting until admission to inpatient ward

**ED Volumes Breakdown**



The dashboard will help teams see the situation at a glance. Above, 14.60 per cent of patients were admitted and 5.57 per cent left without being seen by a physician. Below, maximum length of ED visit for nine out of 10 patients.

**ED Length of Stay at 90th Percentile (hours)**



Admitted

Not Admitted CTA's 1,2,3

Not Admitted CTA's 4,5

## CROSS-FUNCTIONAL PLANNING

### Measurement methods validated

Achieving and sustaining a 60 per cent reduction in Saskatchewan ED wait times by 2019 will take a coordinated, strategic effort across the entire health system.

Past improvement efforts in our system have tended to be planned and implemented in small teams, to keep the work targeted and easily managed. This approach has also worked well to improve ED work practices and the management of hospital intake and discharge.

But these focused improvement efforts need to be expanded to address the more comprehensive changes needed throughout the health system in order to overcome our mounting patient flow challenges.

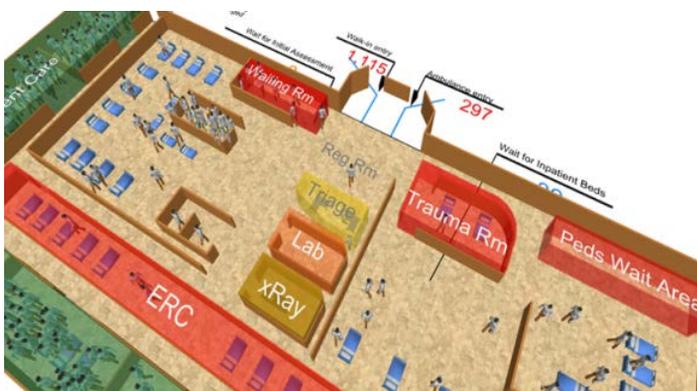
In the same way that urban planners must apply coordinated, multi-pronged solutions to transportation challenges facing commuters and businesses, **our health system needs to plan collaboratively** across the continuum of care.



*Modelling is a valuable planning tool.*

The ED Waits and Patient Flow Initiative has developed an integrated approach to planning across organizations, health regions, service lines and branches of the health system. Cross-functional planning **has the potential to ensure that services are organized and delivered so that patients are supported to stay healthy in the community and experience seamless care** as they move into or out of hospital.

*See next page →*



*Using a computer model to demonstrate the results of various changes in service delivery helps identify the positive and negative consequences across the health system.*

## PLANNING - *from previous page*

This approach incorporates: data on the current state of the health system; a literature review of the best evidence on strategies to improve patient flow; and input from stakeholders across the system.

These components are all incorporated into a health system model, which provides valuable analysis for cross-functional planning. The model allows us to test various possible evidence-based solutions without actually implementing them, to determine which are likely to be most effective in shortening wait times and improving patient flow in Saskatchewan. The result will be a unified set of recommendations on how best to reduce ED wait times.

We know that **our EDs and hospitals are often the default location for patient care**. We also know there are many opportunities for patients to be cared for in alternative settings in the community. Our modelling work to-date has demonstrated that **the interventions that most significantly affect wait times** are those that:

- reduce hospital occupancy by reducing length of stay;
- avoid preventable admissions and readmissions; and
- ensure patients are safely transferred to – and cared for in – the community, once they no longer require the intensity of services provided in hospitals.

Through cross-functional planning and health system modelling, we have identified some promising methods of ensuring the safest and highest quality of hospital care, and innovative approaches to meeting care needs in the community **so people can stay at home or in their community** as long as possible.

This work has also confirmed the importance of robust care planning, to safely transition patients from hospital back to the community with the necessary supports in place.

The ED Waits Initiative team is sharing this analysis with partners in the health system to encourage discussion and planning about ways to enhance community-based care, in close coordination with hospital teams.

### Questions?

### Looking for info?

### Want to share your story ?

#### Contact:

Kelsey Kevinsen  
306-668-8810 ext. 107  
Email: [edwaits@hqc.sk.ca](mailto:edwaits@hqc.sk.ca)

#### Subscribe!

Send a request to:  
[edwaits@hqc.sk.ca](mailto:edwaits@hqc.sk.ca)