SUMMER 2017

Update

Emergency Department Waits and Patient Flow Initiative
putting the Patient First

Length of stay is key

In 2012, the Saskatchewan government challenged our health system to help provide better health, better care, and better value to patients by cutting wait times in Emergency Departments. The provincial Emergency Department Waits and Patient Flow Initiative was created to address the problem.

It seems logical that if there are long waits in the Emergency Department, the answer is to improve processes in that department. As it turns out, however, this approach is not the solution.

Wait times in Emergency are a symptom of a clogged health system. Put simply, **there are sometimes spikes in demand** when new patients are entering our major hospitals faster than existing patients are leaving. This frequently causes hospitals to be over-capacity, with side effects that include patients being treated in hallways or waiting needlessly long for care.

The logjam is affected by the number of patients moving from the community into hospitals, and the number of patients flowing from hospital back home or to residential care.

Saskatchewan's **Health Quality Council** developed a computer simulation model that shows how patients move within our health care system. Using this model, the team plugged in Saskatchewan data and ran scenarios to predict what would most likely happen to Emergency wait times if we implemented different interventions.

OVERVIEW

Modelling demonstrated that **the key to reducing Emergency Department waits is to shorten patients' length of stay in hospital**.

Many patients remain in hospital after they're ready to be discharged, because the services or supports they need are not readily available in the community. These community supports could include home visits by nurses, nurse practitioners, community paramedics, pharmacists, and therapists, or connection to programs to support some chronic conditions.

To improve how patients flow between hospital and the community, Saskatchewan has begun to adopt a collaborative, team-based approach called **Connected Care**.

INSIDE

CONNECTED CARE

Better communication and coordination of care

Connected Care involves lining up the right services so patients:

- are supported to manage their care in the community;
- are admitted to hospital only when they need this level of service; and,
- can transition back into the community with all the supports they need in place.

For patients, the move from one stage of care to the next will appear seamless. The patient is connected to a care team that knows his or her medical history and current care plan, with team members working together to keep the patient healthy in the most appropriate care setting.

High hospital occupancy is primarily caused by **delays on the inpatient unit** (e.g., waiting for tests, procedures or specialist consults) **and poor coordination with community care services**, preventing early discharge from hospital.

In Saskatchewan hospitals with the longest Emergency waits, **30-70% of admitted patients face delays** in being discharged or transferred to a more appropriate care setting.

We can significantly reduce the time patients are waiting in the Emergency Department to be admitted and improve quality of care by:

- shortening length-of-stay in hospital; and
- reducing readmission rates.

Evidence suggests that the best way to achieve better patient flow and minimize readmission rates is by enhancing team-based care in hospital and in the community, and by ensuring consistent, coordinated transitions between care settings.

Health Minister Jim Reiter described new funding at the March 28 launch of the Accountable Care Unit on Pasqua 4A.

Improved transitions to community services help patients regain independence and reduce the number of hospital readmissions.

These three elements – **Connected Hospital Care**, **Connected Community Care**, and **High-Quality Care Transitions** – are the key components of the province's new Connected Care strategy. Several hospital **accountable care units** are in place or in development, improving teamwork, communication and patient outcomes.

The provincial government is investing $12 million this year to reduce hospital congestion and improve access to health care. The new funding primarily supports work on Connected Care.

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Connected

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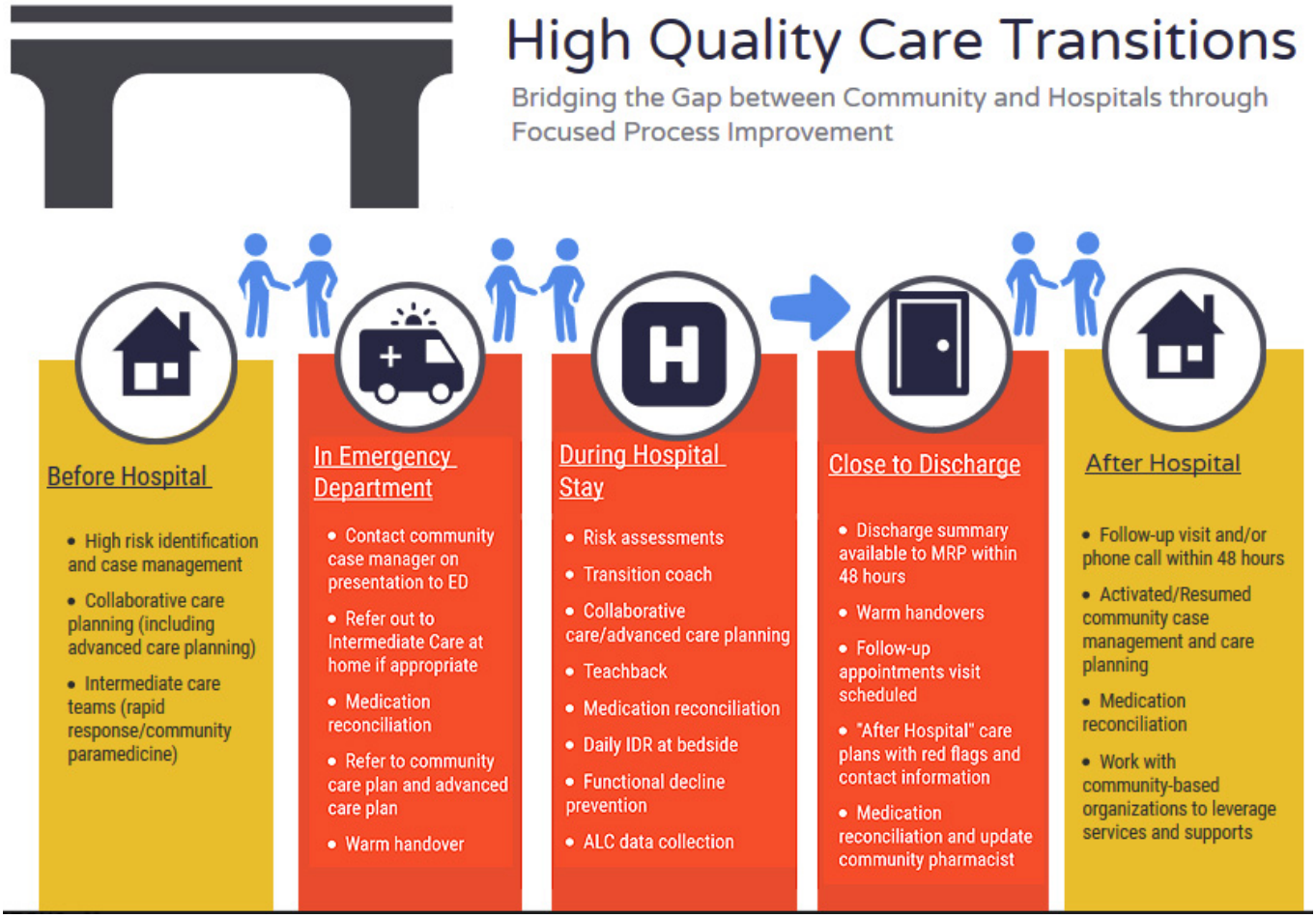
The Pasqua and St. Paul's Hospitals each officially opened an Accountable Care Unit this fiscal year, with three more units to be established this year at Pasqua and two more at St. Paul's. The annual cost is about $500,000 to $600,000 per unit.

Overall, inpatients experience better-coordinated care, reduced length-of-stay, higher patient and family satisfaction and better health outcomes.

Saskatchewan's second Accountable Care Unit officially opened June 23rd on 7th Medicine at St. Paul's Hospital.

Regina Qu'Appelle and Saskatoon Health Regions report length-of-stay is down 15% to 19%, respectively, on their Accountable Care Units, easing hospital overcapacity pressures.



Connected Care improves communication, prevents errors and reduces unnecessary waits for patients.

INNOVATION

Management system and cellular model change the way we work

Saskatoon Health Region's new **Patient First Management System** is helping unit managers develop teams that can problem-solve ways to improve care for patients, residents, and clients.

Under this new approach, a unit manager is paired with a human resources professional, quality improvement specialist, and senior scheduler who look after time-consuming administrative tasks so **managers can spend more time providing leadership to point-of-care teams**. Eventually, these "cells" will include additional supports (financial management advisors, educators, payroll specialists, administrative supports, and physicians) who are shared between several cells.

Before moving to this new model, **managers were spending an average of only 3.5% of each day on their core tasks** of knowing and growing their people, understanding their business, and improving their processes.

As of March 2017, managers working under the new model **have 25% more time to focus on coaching teams** in daily operational problem-solving and helping achieve organizational goals. The health region had 25 cells in place by May, and plans to have a total of 31 cells deployed by September in all its hospital and community service locations.

The Patient First Management System is being tested on three **St. Paul's Hospital** wards, where accountable hospital care is also being piloted, as well as on units at **Royal University Hospital**. Managers report that they now have protected time for quality improvement initiatives, regular check-in times with staff, performance metrics, and unit leadership teams focused on each unit's area of work. This is translating into improved results and enhanced employee satisfaction.

RESOURCES

Find info online

The Initiative:

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

Accountable Care Unit news releases

June 23:
www.saskatchewan.ca/government/news-and-media/2017/june/23/first-accountable-care-unit

March 28:
www.saskatchewan.ca/government/news-and-media/2017/march/28/er-wait-times

ALTERNATE LEVEL OF CARE

Regions collecting data on ALC patients

All health regions in the province are now collecting data about patients in acute care beds who no longer need that intensity of service. Getting a clear picture of the size of the **alternate level of care** (ALC) patient population, and their needs, is a key step in developing different options for ensuring that people can receive the right care in the right care setting.

"We want to extend a big thank you to our health system partners," says **Graham Fast**, leader of the Emergency Department Waits and Patient Flow Initiative. "All of the hard work you've done to start capturing this important data is very much appreciated."

The types of data being captured on the ALC form **will help hospital teams determine how to improve their processes**. One statistic being tracked is the length of time from identification of a patient as ALC until that person is accepted or waitlisted for an appropriate service outside hospital. There may be an opportunity to improve how care teams determine what services would best help a patient.

ALC patients in Saskatchewan hospitals **are waiting an average of 9.4 days** before being transferred to more appropriate care (as of March 2017).

All of the data is now available on the **provincial ALC dashboard**, which provides managers with close-to-real-time information for making decisions (it's updated weekly), and also helps inform provincial strategy and policies.

The next step in the ALC strategy is **to improve the quality and consistency of the data being captured, and ensure data collection is incorporated into the work processes** of staff responsible for capturing this information. The ALC team will bring together people involved in all levels of ALC to review the evidence, discuss issues and recommend how best to improve the quality and use of this data.

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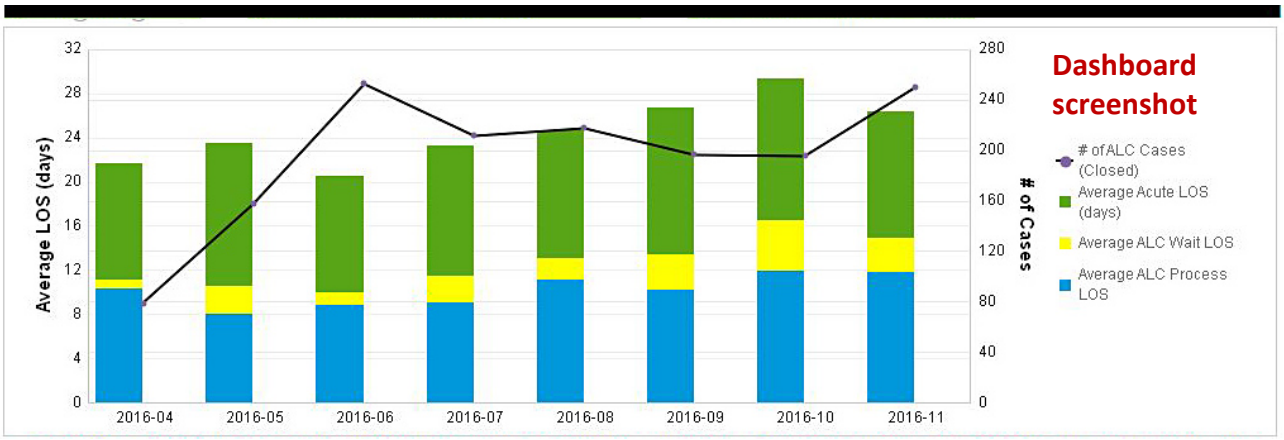

INTERDISCIPLINARY ROUNDING

Videos highlight IDR

Interdisciplinary bedside rounding (IDR) is a key improvement strategy of Saskatchewan's Emergency Department Waits and Patient Flow initiative. This best-practice form of patient rounding has been shown to **reduce length of stay, keep patients safer, and improve teamwork and staff satisfaction**.

A pair of new videos – featuring care teams on **Pasqua Hospital's Unit 4A (Regina Qu'Appelle Health Region)** and the **Surgery Unit at Moose Jaw's Dr. FH Wigmore Regional Hospital (Five Hills Health Region)** – show how a variety of different health professionals come together to contribute to a patient's care for the day and communicate with the patient about that plan. The videos highlight the key elements of interdisciplinary rounding that distinguish it from other forms of rounding.

The two hospital units are among the early adopters of this approach to rounding, which is being implemented across the province.

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Find the videos online

HQC YouTube channel

HQC website Emergency Department Waits and Patient Flow section

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