

Patient Flow & System Utilization

Newsletter – Summer 2018

This quarterly newsletter is produced by the Patient Flow & System Utilization Program to share knowledge and activities that support patient flow across the Island health system. Good patient flow is central to a positive patient experience, optimal clinical safety and reduced pressures on staff. Experts consistently advocate focusing on patient flow as a key factor in providing effective health care.

- Bed resources at all acute sites are operated by Health PEI for the provision of health services; beds are not “owned” by any particular facility, unit or service.
- Patient safety and appropriateness of care are paramount considerations.
- EDs are not appropriately resourced or designed to support ongoing inpatient care needs.
- It is the responsibility of each site to establish and maintain overcapacity space(s) within respective unit(s). Each site shall establish a specific plan to facilitate the care of patients assigned to an overcapacity space.
- The cancellation or postponement of surgical and non surgical procedures due to the availability of inpatient beds shall be considered a last resort.

ACUTE BED UTILIZATION

CIS Bed Board

The Provincial CIS Bed Board was launched in July, following comprehensive training at each site. The bed board is the source of truth for patient flow across Health PEI for the six acute Hospital Service Sites. It is utilized by staff who have a role in bed coordination, including Patient Flow Coordinators, Nursing Supervisors and Registration staff. The tool highlights supply and demand issues, provides transparency, and encourages communication between sites. A Provincial Bed Management team meets via teleconference to discuss potential solutions to patient flow constraints. Reporting measures are being developed to provide statistical evidence for bed management provincially.

Provincial Overcapacity Policy

The new Hospital Service Site Provincial Overcapacity Policy (OCP) went into effect on August 1, 2018. This policy establishes a system wide mitigation, response and recovery plan for acute bed capacity situations. Prescribed triggers and escalating interventions guide and support the Bed Management team in their response actions. The policy aligns with best practice standards, and advocates in particular for the timely transfer of patients who have been admitted and are awaiting an inpatient bed.

Fundamental principles of the policy include:

EMERGENCY DEPT TO INPATIENT FLOW

Teams at PCH and QEH have been working toward more timely patient transitions. Both teams have realized significant reductions in the average length of stay (LOS) for admitted patients in their respective Emergency Departments (EDs). Research shows there is a direct correlation between extended ED stays and higher patient morbidity and mortality rates. There has also been recent improvement in the average time for repatriation of patients from off Island. Facilitating the recovery of Islanders closer to home allows them better support by friends and families, and may also result in reduced care costs.

The teams have also set targets for reducing ambulance offload times, and shifting patient discharge times to earlier in the day. The standard and goal are 11 am.

OUT OF PROVINCE LIAISON OFFICES

Out-of-Province Liaison staff are Registered Nurses working for Health PEI in Halifax, NS and Moncton, NB. This team supports care pathways for specific acute services that are not available in PEI. They assist with coordination of out-of-province health care, and the

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repatriation and reintegration of Island patients back to care teams on the Island. Some of their most common roles include:

- Maintaining current information on the clinical status of out-of-province patients
- Collaborating with patients, families and other care providers in the coordination of timely and effective discharge plans
- Assisting in coordination of inter-hospital transfer, ambulatory clinic visits, home care services and connection to other community health programs and services
- Actively promoting the concept of effective bed utilization and the coordinated repatriation of PEI patients who are hospitalized outside the Maritimes, or out of country.

PROJECT REPORTS

So far in 2018-2019, eight (8) project submissions to the Provincial Patient Flow & System Utilization Steering Committee have received support. Two of these initiatives are highlighted below:

PCH Discharge by 11 am

Project Leads – Prince County Hospital:

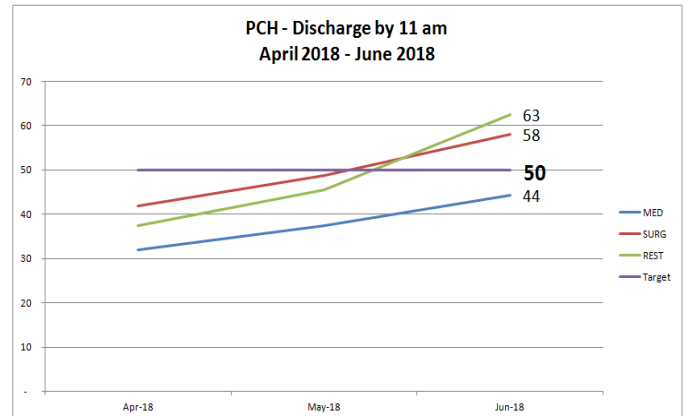
Dr. Salamoun, Medical Director
Kelley Wright, Director of Nursing

Project Start: May 2018

For 2018-2019 the Prince County Hospital (PCH) started a project to support 'Discharge by 11 am'. The project team developed and/or improved processes, tools and communication with physicians and nursing units. They share monthly physician and unit- specific reports to update staff on progress relative to their peers or other units.

The team's efforts have so far resulted in the hospital achieving and surpassing their 50% 'Discharge by 11 am' target in two of three project units (as of June 2018).

Table 1: PCH 'Discharge by 11am' - Apr – Jun 2018



QEH Discharge by 11 am

Project Leads – Queen Elizabeth Hospital:

Mary Harris, Director of Nursing
Debbie Flood-Vickerson, Associate Director of Nursing
Celie Walsh-Gallison, Patient Flow Coordinator

Project Start: October 2017

The primary focus of the 'Discharge by 11 am' project at Queen Elizabeth Hospital (QEH) is to improve the average patient discharge time, by discharging more patients by 11:00 am.

The team's efforts have resulted in the QEH achieving and surpassing their 50% 'Discharge by 11 am' target in two of three project units in June 2018.

Table 2: QEH 'Discharge by 11am' - Sep 2017- Jun 2018

