

# Patient Flow & System Utilization

## Newsletter – Summer 2019

This quarterly newsletter is produced by the Health PEI 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.

### ACUTE BED UTILIZATION

#### New Provincial Bed Coordinator for Health PEI

Lindsay Hansen joined the Patient Flow team in June as the new Provincial Bed Coordinator. Lindsay comes to this role with comprehensive experience in acute Nursing; she has worked in Emergency Medicine within Health PEI and several other Canadian jurisdictions. She has experience in General Surgery, General Medicine as well as Women's Wellness care delivery. Over the summer, Lindsay toured all hospitals and met with leadership and patient flow staff. She reinstated the twice-weekly team teleconference involving bed flow nurses from across the system.

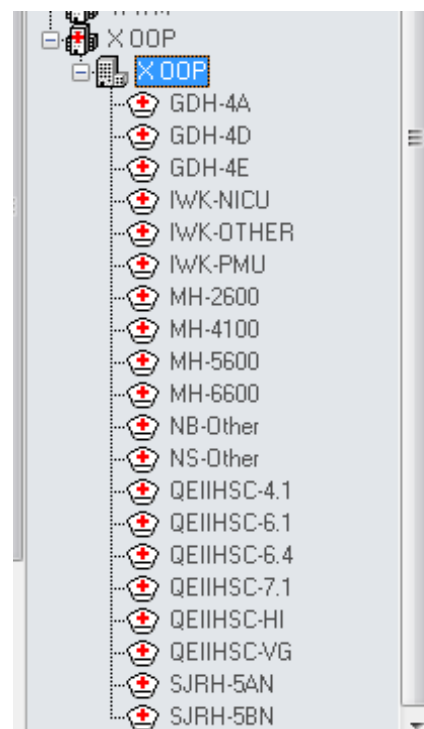


### Clinical Information System (CIS) Bed Board – Status Update

Both Phases 1 and 2 of this project are operational, and training has been completed for new staff. The Bedboard is used by patient flow staff to access detailed information that assists in coordinating and prioritizing patient transfers and addressing bed pressure situations. It now includes all hospital beds and/or patients receiving care in any of our six acute care hospitals, in the acute unit at Hillsborough Hospital, as well as those Islanders in hospital in New Brunswick or Nova Scotia.

The most common units utilized by PEI patients in NB or NS are included in the virtual hospital XOOB on the Bedboard (see Figure 1). Key information for patients being cared for in these units is attached to their record so that Out of Province Liaison nurses can support their discharge planning or repatriation to Island hospitals

**Figure 1 –Virtual OOB Hospital and Units**



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### Provincial Overcapacity Policy

This policy has now been in effect for a full year, and is currently under review. All physicians, hospital leaders and clinicians who have been involved in its implementation or engaged in activities that resulted from an OC situation have been asked to provide feedback. This information will be analyzed and improvements made to the policy as needed.

### Expected Date of Discharge (EDD) Update

This spring/summer the Patient Flow and System Utilization program and the CIS team created new monitoring and reporting tools that allow Health PEI to analyze EDD utilization and EDD accuracy at key times along the patient's journey. These reporting tools help the program better understand where successes and challenges exist with setting and updating the Expected Date of Discharge for each patient from a hospital level down to the individual physician level. These reports are shared with leaders throughout the province to help support their continued work improving flow and system utilization.

**Figure 2 – EDD Order Compliance by Facility – Example**

Estimated Date of Discharge Order Compliance by Facility 01-Jul-2019 to 21-Sep-2019								
	# Patients	# EDD	% EDD	Completed in 48 Hrs	Admit to EDD Avg	# Discharged	EDD to Disch Avg	Accuracy
<b>PCH</b>	857	529	61 %	56 %	45.0 hrs	376	69.9 hrs	1.1
July 2019	382	238	62 %	56 %	45.0 hrs	376	69.9 hrs	1.4
August 2019	338	200	59 %	54 %	45.0 hrs	313	59.3 hrs	0.9
September 2	148	91	61 %	59 %	25.3 hrs	91	36.5 hrs	0.4
<b>QEH</b>	1,895	1,513	80 %	77 %	30.3 hrs	825	100.9 hrs	1.2
July 2019	839	677	81 %	78 %	34.6 hrs	825	100.9 hrs	1.4
August 2019	748	593	79 %	77 %	31.1 hrs	684	86.5 hrs	1.2
September 2	311	243	78 %	77 %	16.5 hrs	183	43.4 hrs	0.5

**Figure 3 – EDD Order Compliance by Unit – Example**

Estimated Date of Discharge Order Compliance by Unit 01-Aug-2019 to 31-Aug-2019								
	# Patients	# EDD	% EDD	Completed in 48 Hrs	Admit to EDD Avg	# Discharged	EDD to Disch Avg	Accuracy
<b>QEH</b>	703	564	80 %	78 %	33.3 hrs	0	71.6 hrs	1.1
Unit 1 QEH	1	0	0 %	0 %	0.0 hrs	0	0.0 hrs	0.0
August 2019	136	121	89 %	82 %	29.9 hrs	126	87.4 hrs	1.1
Unit 2 QEH	127	103	81 %	78 %	34.2 hrs	119	70.4 hrs	1.2
August 2019	127	103	81 %	78 %	34.2 hrs	119	70.4 hrs	1.2
Unit 3 QEH	26	26	93 %	93 %	13.1 hrs	23	128.3 hrs	1.6
August 2019	26	26	93 %	93 %	13.1 hrs	23	128.3 hrs	1.6
Unit 4 QEH	110	74	67 %	67 %	19.5 hrs	110	28.7 hrs	0.4
August 2019	110	74	67 %	67 %	19.5 hrs	110	28.7 hrs	0.4

**Figure 4 – EDD Order Compliance by Physician – Example**

70	69	99%	90%	22.3 hrs	68	73.0 hrs	1.3		
30	30	100%	83%	37.9 hrs	29	70.8 hrs	1.6		
Admit Date	EDD 1st Ordered	1st Order Physician	Admit Unit	Elapsed	EDD Last Ordered	Disch Date	Discharge Unit	Elapsed EDD Date	Diff
25-Mar-19 10:00	25-Mar-19 16:20	Unit 1 QEH	Unit 1 QEH	6:30	25-Mar-19 16:20	29-Mar-19 17:10	Unit 1 QEH	96:83	27-Mar-2019 2.0
27-Mar-19 10:25	27-Mar-19 16:43		Same Day Surgery QEH	6:30	27-Mar-19 16:43	29-Mar-19 15:40	Same Day Surgery QEH	46:95	29-Mar-2019 0.0
04-Mar-19 09:26	05-Mar-19 11:58		Same Day Surgery QEH	26:53	05-Mar-19 11:58	07-Mar-19 13:40	Same Day Surgery QEH	49:70	06-Mar-2019 1.0
11-Mar-19 08:21	11-Mar-19 14:44		Same Day Surgery QEH	6:38	11-Mar-19 14:44	14-Mar-19 11:50	Same Day Surgery QEH	69:10	14-Mar-2019 0.0
25-Mar-19 06:45	25-Mar-19 12:44		Same Day Surgery QEH	5:58	25-Mar-19 12:44	28-Mar-19 10:45	Same Day Surgery QEH	70:02	27-Mar-2019 1.0
25-Mar-19 08:00	25-Mar-19 15:22		Same Day Surgery QEH	7:37	25-Mar-19 15:22	28-Mar-19 12:00	Same Day Surgery QEH	68:63	28-Mar-2019 0.0
27-Mar-19 06:50	27-Mar-19 12:33		Unit 1 QEH	5:72	27-Mar-19 12:33	30-Mar-19 10:45	Unit 1 QEH	70:20	29-Mar-2019 1.0
04-Mar-19 08:12	05-Mar-19 11:57		Same Day Surgery QEH	27:75	05-Mar-19 11:57	07-Mar-19 11:45	Same Day Surgery QEH	47:80	06-Mar-2019 1.0

### CREATING AWARENESS AMONG ISLANDERS

#### Communication Plan and Materials

Communications materials developed by a representative team of clinicians, communication experts and patient representatives have been endorsed by Executive leadership. Two posters for display in our hospitals, as well as a pamphlet and a video for patients and families are planned for roll out this fall.

These materials, supported by messaging from hospital staff, have been requested by physicians and hospitals to help create awareness around the importance of using our hospital beds effectively, for the benefit of all Islanders. Messages will be posted as well on the Health PEI web site and through the media e.g. a press release.



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### DIAGNOSTIC IMAGING 'NO SHOW' PROJECT

As a result of a Diagnostic Imaging (DI) strategic planning exercise, front line staff identified access to care in DI as a challenge. In 2017, the program had posters created and delivered a media blitz telling patients how many 'No Show' patients there were in a month. At the start of the project, there were 225 'No Shows' per month; this has now been reduced to 104.

Simultaneously, the Program worked with a local software company to pilot a new process for MRI scheduling. Traditionally, appointment letters were mailed and reminder calls made to each patient one day prior to their appointment. There was often no direct interaction. Beginning in Dec 2018, an automated call has been made to patients; this enables them to use their keypad to accept, cancel, or reschedule their appointment. DI is now able to see the patient's choice within minutes. Patients also have the option to switch from telephone reminders to text reminders.

#### Results to date:

The DI program continues to have success in decreasing missed appointments. The MRI schedule has seen 'No Shows' reduced from 18 per month to three in the month of August. Approximately 33% of patients typically ask to reschedule their appointment from the original date and time offered.

In July 2019, a 'No Show' project for mammography screening was rolled out. As those appointments are

booked 5 months in advance, there are no results as yet on its impact. The next phase will be with Ultrasound appointments.

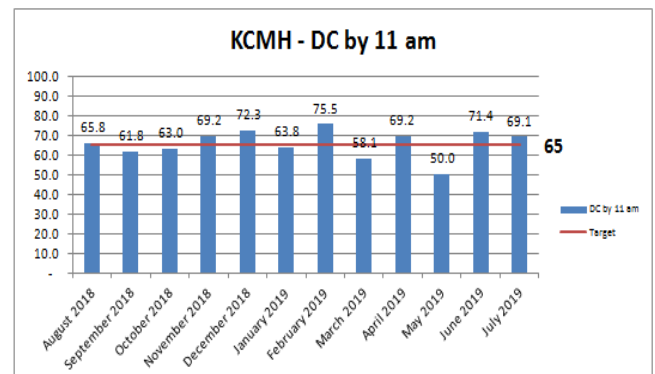
### PROJECT REPORTS

#### Community Hospitals Discharge Planning

Paul Young / Susanne LaPierre  
Edna Miller / Sandra Mackay

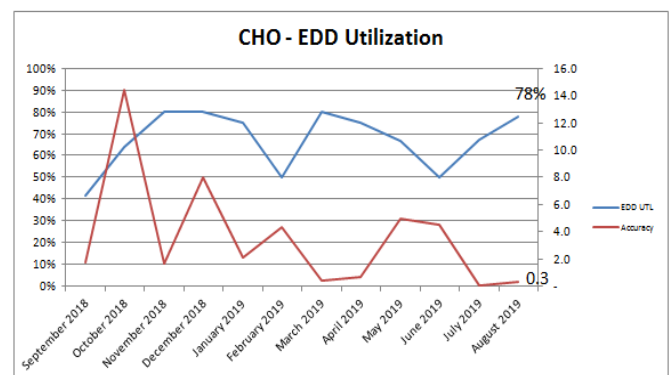
Continuing on from the Discharge Planning projects at PCH and QEH, work has spread to Community Hospitals in both the East and West. Using successful strategies from PCH/QEH and new ideas more relevant to these rural hospitals, the teams have taken on Discharge Planning as a provincial initiative. As part of the projects, a 'Report Card' was created at the hospital level to facilitate ongoing improvement and monitoring.

**Figure 5 – KCMH - Percent of Patients Discharged by 11 am**



Note: Discharge by 11 am Provincial Target = 65%

**Figure 6 – CHO - EDD Utilization**



Note: EDD Accuracy Provincial Target = >1.0 days  
-Accuracy = Absolute value of (EDD date – Discharge Date)