Looking at Patient Flow in Hours and Days

*Getting Patients to the Right Level of Care at the Right Time*

October 23, 2014

This presenter has nothing to disclose
Session Objectives

- Understand the differences between managing patient flow in hours and days
- Understand strategies for getting patients to the right level of care
- Understand the connection of the strategies to RTDC
The Changing Face of Healthcare

- LOVE doesn’t work any more
- It’s about value and outcomes
- We need to become stewards of our patients’ benefits and our resources
Today More Than Ever

- Right Patient
- Right Level of Care
- Right Time
Getting Patients to the Right Level of Care at the Right Time

- Not the ED waiting room
- Not the ED hallway
- Not the doctor’s office
- Not the PACU
- Not the inpatient bed
Days - Getting Patients to the Right Level of Care at the Right Time

- Managing LOS has traditionally been a focal point of patient flow initiatives

- Patients need to remain on their discharge plan to ensure that ELOS (Expected Length of Stay) is achieved as often as possible

- Reducing length of stay will create capacity in your facility
Days - Getting Patients to the Right Level of Care at the Right Time

Patients who no longer have a medical necessity to be in an acute care setting should move to the right level of care:

- Home
- Rehab
- SNF
- LTAC
Days - Getting Patients to the Right Level of Care at the Right Time

- Working on managing “days” only will not work – it will create capacity, but not necessarily when you need it.

- How many of you have been reasonably successful at reducing your LOS but still have overcrowding and delays in your ED and PACU?

- These delays are the results of mismatches in your demand and capacity at specific times during the day - **focus at this point should be on hours**
Hours: Getting Patients to the Right Level of Care

- Real Time Demand Capacity (RTDC) manages patient flow in hours by managing demand and capacity in real time.

- Every extra “hour” that a mismatch exists creates the potential for ED and PACU boarding, OR stops, delays of direct admits and transfers.

- RTDC can help to optimize ED admit LOS.
**ED Admit LOS Goal = 240 min**

<table>
<thead>
<tr>
<th>Arrival to Room</th>
<th>Room to Request</th>
<th>Request to Assign</th>
<th>Assign to Occupy</th>
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<tbody>
<tr>
<td>15 minutes</td>
<td>165 minutes</td>
<td>20 minutes</td>
<td>40 minutes</td>
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22 173 80 63

338 Minutes
ED Admit LOS Goal = 240 min

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RTDC focuses on creating capacity to reduce this segment of ED LOS

338 Minutes
Managing Patient Flow in Hours: Creating Capacity with RTDC

- Daily predictions of capacity and demand by 2pm
- Developing a plan when capacity doesn’t match demand
- Evaluating the plan and working on key barriers identified
Hours: Getting Patients to the Right Level of Care

By utilizing RTDC to reduce the “decision (request) to bed assignment” interval:

- ED LOS for admitted patients will be reduced
- ED Door to provider will decrease
- Left Without Being Seen rate will decrease
- Patient Satisfaction will increase
Roles Will Change With Regard to Patient Flow

Unit Manager

- **Then:** Little involvement in managing days; expected to take whatever the bed flow gives and manage throughout stay
- **Now with RTDC:** Manages the capacity at the unit level; especially the 8a-2p interval

Case Manager

- **Then:** A lot of focus on utilization review, little interaction with the nursing staff, physicians, patients and families. Discharge planning secondary to UR. Focus on discharge by end of planned discharge day
- **Now with RTDC:** Drives the discharge plan from admission to day of discharge. On day of discharge, focuses on the 8a-2p interval.
Roles Will Change With Regard to Patient Flow

**Bedside RN**
- **Then:** Task oriented, no focus on the discharge plan. Continue to treat patient until discharge.
- **Now with RTDC:** Supports unit-based huddle, with focused knowledge of the discharge plan, take responsibility to implement those aspects of the plan he/she is responsible for.

**Charge RN**
- **Then:** Little involvement in patient flow – primary responsibility staffing.
- **Now with RTDC:** “Air Traffic Controller”, ensures that actions and plans discussed in the unit huddle are followed through to successfully create capacity by 2pm.
Roles Will Change With Regard to Patient Flow

- **Patient Placement/Nursing Supervisor**
  - **Then:** Continuous firefighting to place patients, reacts to requests for beds from all ports of entry. Goal to have everyone bedded by midnight.
  - **Now with RTDC:** Support and assist with plans for managing capacity house-wide. Goal to have all bed requests filled by 2pm.

- **Physician**
  - **Then:** Thought to be the key to successful patient flow by discharging patients by midnight on day of expected discharge.
  - **Now with RTDC:** Engaged in meeting specific needs to achieve needed discharges by 2pm.
Summary

- Managing patient flow in days ensures that you are creating capacity on the day it should be created – it will decrease a significant number of barriers encountered on discharge day.

- Care Management has the greatest effect on successful management of days.
Summary

- Managing patient flow in hours has the greatest impact on successfully managing the flow in your ED, PACU, Cath Lab and Referral Center.

- Inpatient Nursing has the greatest effect on successful management of hours.
Getting People to the Right Level of Care at the Right Time

Goal should be that every discharge that creates capacity for your ED, PACU, Directs etc is:

- Discharged on the right day
- At the right time
- Without causing undue strain on resources