Call Agenda

- **2:00 PM – 2:05 PM** Welcome & Introductions
- **2:05 PM – 2:15 PM** Seminar Overview
- **2:15 PM – 2:25 PM** Overview: the Journey to Get Where We Are
- **2:25 PM – 2:35 PM** Introduction to Real Time Demand Capacity
- **2:35 PM – 2:45 PM** Success at University of Pittsburgh Medical Center (UPMC)
- **2:45 PM – 3:00 PM** Q&A
Seminar Logistics

- Cracking the Code to Hospital-Wide Patient Flow Seminar
- October 23 – 24, 2014
- Westin Denver Downtown, Denver, CO
  - Book your hotel reservation by October 1st to get the discounted rate.

Meet Our Faculty

- **Kevin Nolan, MA, MStat**, Statistician and Consultant, Associates in Process Improvement and Senior Fellow, IHI
- **Roger Resar, MD**, Senior Fellow, IHI
- **Deb Kaczynski, MS**, Administrative Director of Ancillary Services and Capacity Management, University of Pittsburgh Medical Center (UPMC) Mercy
What You’ll Learn

As a result of this program, participants will be better equipped to:

- Create a system to support Real Time Demand-Capacity management (RTDC)
- Have a method to identify barriers to flow in your organization
- Create a plan for improving flow
- Use measures to support the improvement work

The Journey to Get Where We Are

Kevin Nolan
The IHI Learning Journey

- IHI Inpatient Flow Collaborative (2003 - 2009)
- Learning from other disciplines
- Applying key strategic concepts


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Preview of the Agenda

- **Ideas:**
  - Real Time Demand Capacity (RTDC) management
  - Hospital-wide bed meetings: a more detailed review
  - Focusing improvements on barriers identified through RTDC

- **Execution:**
  - Understanding hospital performance
  - Case study on RTDC from the Gundersen Health System
    - Lisa Lock, RN, BSN, Clinical Manager (includes the Cardio Pulmonary and Medical Specialty Units)
    - Rik Kansteiner, MBA, Project Manager, Efficiency Improvement Department
  - Change Management
An Introduction to Real Time Demand Capacity (RTDC)

Roger Resar

Real Time Demand Capacity Approach

- Improves flow by more closely matching capacity and demand for at least 25% of the day

- Allows the organization to determine the key barriers causing flow delays
Real Time Demand Capacity Perspective

Hospitals require an administrative system for patient flow that:

1. Predicts at a unit and hospital level the capacity to accept admissions
2. Predicts at a unit and hospital level the demand (admissions) and assesses whether the capacity matches that demand (at least within the timeframe defined by patient flow goals for ER door to floor, etc)
3. For any unit where demand is predicted to be greater than capacity, creates a plan to match capacity and demand
4. Evaluates the success or failure of the documented plan
5. Uses the failures or successes of plans to develop the key improvement projects to improve flow.

Success with RTDC at UPMC

Deb Kaczynski
University of Pittsburgh Medical Center

- UPMC is a $10 billion global health enterprise with more than 55,000 employees

- Integrates 20 hospitals, 400 MD offices, outpatient sites, health insurance services division, international and commercial services

- UPMC acquired Mercy Hospital on January 1, 2008

UPMC Mercy: ED Median Admit LOS

Goal
UPMC Mercy: LWBS Rate

Goal

How RTDC Changed UPMC Mercy

- Each inpatient unit took control of their patient flow
- Nursing Supervisors now support efficient patient flow vs being entirely responsible for patient flow
- No longer are there surprises of not enough or too many beds at 5pm
- "Busy days" are now just regular days with more plans put into effect.
- Barriers in the day to day management of demand and capacity drive the hospitals improvement projects, not board room meetings.
Questions?

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