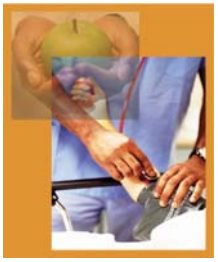
# "Wait" Watchers III: *Order & Speed...*

## Improving Access to Care through Innovations in Patient Flow (Executive Summary)


March 2009

ACAHO

Association of Canadian Academic Healthcare Organizations



## EXECUTIVE SUMMARY

In September 2004, the First Ministers met in Ottawa to discuss how the country could develop a shared agenda to reinvigorate our health system. From these meetings "*A 10-Year Plan to Strengthen Health Care*" emerged with all levels of governments supportive of the Accord – with a specific focus on reducing wait times and improving access to care in five identified areas – cancer, heart, diagnostic imaging, joint replacements and sight restoration. All governments agreed to establish a series of wait time benchmarks by December 31, 2005, and implement multi-year targets to achieve the benchmarks by December 31, 2007.

Since that time, the conversation on wait times has not only broadened to other areas – such as the emergency department, paediatrics, and mental health – but it has evolved. With the establishment of priority areas and benchmarks, a focus on *patient flow* has moved up in the lexicon of wait time strategies. For the purpose of this report, patient flow is defined as any "clinical or operational approach that facilitates the progression of a patient from an identified entry or starting point in a health system to a chosen or final exit point through a path connecting them".[1]

***"Patient flow is defined as any clinical or operational approach that facilitates the progression of a patient from an identified entry or starting point in a health system to a chosen or final exit point through a path connecting them."***

*Order & Speed* features 45 cases across 23 ACAHO members that highlight a range of innovative practices across the continuum of care that are having a positive impact on Canadians' access to care. All of the cases exemplify efforts to optimize the use of existing resources. The cases are organized along the very same journey that a patient may take in accessing the health system and full versions of the cases can be obtained on-line at www.acaho.org.

ACAHO members play a leadership and collaborative role within their respective jurisdictions. This synthesis report "shines a light" on many of the important pockets of innovation that have been introduced by member institutions that focus on improving the *order* in which services are delivered, and the *speed* at which patients move through the system.

It is also important to point out that these innovations in patient flow could not occur without the leadership and collaborative partnerships that have been established between a range of health care providers, administrators, and funders.

**STRATEGIES TO IMPROVE PATIENT FLOW**: *What do the case studies tell us about patient flow and the health care system? Why do providers and organizations make the efforts they do in patient flow? What difference does it make?*

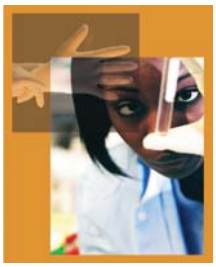
Each of the 45 initiatives discussed in this report was designed to ensure that patients can access timely care, where and when they need it. The cases themselves demonstrate with both quantitative and qualitative measures the ability to:

- **Save more lives by addressing emergencies quickly and correctly**
- **Serve more patients within the same resources and physical constraints**
- **Reduce unnecessary days from the length of hospital stay for patients**
- **Improve patient and family satisfaction and participation in the care process**

***"The results of these initiatives highlight many important goals and outcomes, often achieved within the existing operating resources or capacity of the organization."***

The strategies discussed for improving patient flow and achieving important health and health system outcomes include a suite of innovations involving process mapping, the implementation of new staffing roles, the use of care pathways, communication tools and new protocols, collaboration between different sectors and organizations within the health system, and the active and deliberate involvement of patients and families in the care process.

The results of these initiatives highlight many important goals and outcomes, often achieved within the existing operating resources/capacity of the organization. Detailed quantitative and qualitative measures of the outcomes are provided in the cases themselves and outlined in the case discussion section of this report, but are generally summarized as follows:



- ***Ensuring access to primary care*** by improving access to clinics and developing a broad-based system level change in the way specialized medical care is accessed. Sample outcomes included: (1) better integration between physicians and specialists; (2) the ability to see more patients; and (3) better disease screening and better prevention.

- ***Preventing more emergencies where and when we can*** by facilitating access to screening and assessment within an emergency department and in community settings using nurse practitioners. Sample outcomes included: (1) the reduction or avoidance of emergency department visits and hospital re-admissions; (2) better pain and risk management; and (3) more appropriate utilization of resources.

- ***Helping to get patients from 911 to the Emergency Department*** by ensuring that ambulances reach hospitals that have sufficient institutional capacity to take patients immediately or by providing expedited treatment protocols. Sample outcomes included: (1) a reduction in the number of times an ambulance is re-directed to another hospital; and (2) faster ambulance offload times to hospitals.

- ***Moving patients through the emergency department*** by rethinking physical space, mapping processes and making improvements. Sample outcomes included: (1) an increase in the number of patients that can be seen per month; (2) the length of time it takes to attend to each patient, the percentage of patients that are seen within a specific target among other improvements.

- ***Addressing emergencies that occur elsewhere in hospital*** by reducing the time needed to complete urgent consults and improving the flow of patients into and out of the Intensive Care Unit (ICU), sample outcomes included: (1) the ability to safely care for patients in need of ICU services; and (2) faster times for the completion of urgent consults.

- ***Taking a system-wide approach to improving access/discharge planning*** by using metrics and measures, improving communication, coordinating the journey and the support services required, implementing new staffing roles, and facilitating inter-organizational collaborations. Sample outcomes included: (1) the reduction of alternate level of care (ALC) days; and (2) a reduction in paperwork; and (3) better coordination through the health care system.

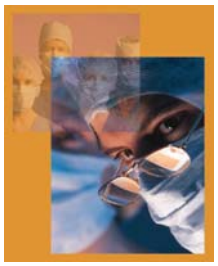
- ***Taking a condition-specific approach*** to patient flow by setting benchmarks, developing care-pathways and protocols for paediatric surgery, mental health, cancer, cardiac services, bariatric clinics, and musculoskeletal services. Sample outcomes included: (1) more appropriate utilization; (2) better screening; (3) improved patient and family participation; and (4) increased capacity.

**TAKING IT TO THE NEXT LEVEL:** *What factors are critical for achieving the next level of excellence?*

ACAHO asked the case authors to discuss what is necessary to achieve the next level of excellence by identifying limiting factors. These issues are likely to need policy or system-level considerations but may be facilitated through a combination of one-time targeted and/or ongoing strategic investments:

1. ***Access to care in the community:*** A number of cases noted that the lack of community supports for patients leaving hospital is a limiting factor in achieving further improvements. For example, while a patient may no longer require acute care or in-patient rehabilitation, the hospital may not be able to discharge a patient safely to the home setting because it is not considered safe for the patient to live alone or manage a staircase, etc.

2. ***Bed and staffing capacity:*** As may be expected, many of the initiatives represent the optimization of existing capacity and resources. That said, many of the organizations are also operating at very high levels of occupancy. This can often mean that the opportunity for further improvement within the existing structure is limited. The next step may therefore be to increase bed capacity and the ability to staff those beds.



3. ***Physical space and infrastructure issues:*** A number of the cases discussed how organizations reconsidered the limitations of physical space. In some cases, the use space, such as conference rooms and solariums were carefully reconsidered as opportunities to deliver safe and effective care in emergent situations. For situations where health infrastructure has exceeded its natural lifespan; there is a need to re-invest in physical plants so that their design is better aligned with the needs, technology, and environmental and practice standards of today and the future.

4. ***Health information technology:*** In many cases the availability of communication technologies and electronic health records were noted as limiting factors to making future improvements and introducing innovation.

5. ***Data and evidence to guide decision-making:*** A critical success factor in many of the initiatives was the collection of data and information that could facilitate decision making, identification of root causes, and form an evidence base for more innovations. Many cases cited the need to generate and utilize new knowledge to address the increasing complexity of generating the right questions and data to inform next steps.

6. ***Alignment of incentives:*** Many of the cases acknowledged leadership from senior level administrators and providers at their organization. However, in instances where a system-wide collaboration is needed between providers in different organizations, or who operate independent clinics, the need to align incentives to better facilitate collaboration, compliance, and sustainability was identified.

## Conclusion

Consistent with initiatives in countries such as the United States, the United Kingdom and Australia, the cases submitted to this call for leading practices in patient flow show that Canada has made large-scale system-wide commitments to improve wait time management and patient flow strategies. A number of the initiatives in this study reflect the outcomes of federal and provincial investments and have been made possible by funding earmarked for this purpose. In other cases, the leadership of the organization and commitment of its staff facilitated important improvements in patient flow.

What do we learn about innovations in patient flow from across Canada? The case studies demonstrate many of the values of teaching and research hospitals through: (1) the application of existing and new evidence and best practices; (2) the translation of knowledge into patient-specific products and innovations to improve patient flow; (3) the ability to make the most of existing resources; (4) the integration of the human element for both patients and providers by empowering each to achieve their potential as practitioners or as participants in the health care decision-making process; and (5) demonstrating accountability through a focus on evaluation and results.