Priority Areas: Improve Patient Flow

Action	Status
Develop a standard approach for responding to capacity issues	• Overcapacity, and overstay policies have been completed and approved. 1. Overstay is being implemented by zone. Eastern zone and Western Zone are live as of fall 2017. Central Zone goes live early 2018. Northern Zone implementation planning in process. Executive Director in process of identifying leads. 2. An implementation plan for Overcapacity will be established by Patient Flow leads in November. Some work will be needed in each of the zones to establish processes that are unique to their resources and circumstances, which will be part of the roll out. Implementation Plan created and under stakeholder review.
Maximize the utility of the patient flow technology and data that is available	• Medworxx has nearly completed software updates to resolve access issues impacting roll out of the Bed Management system. • ED Tracker is nearing completion, testing will need to be completed. Pilot sites selected for implementation: Queens General, Valley Regional, and Aberdeen Hospital. • Revised Access and Flow key performance indicators were presented to the Provincial Access and Flow Committee for approval in December – currently reviewing several indicators based on feedback – expecting to begin presenting data at upcoming meetings. • Business Intelligence project nearing completion – undergoing final validation of patient flow reports in Business Objects – roll-out will occur concurrently (or near-concurrently) with Medworxx software updates before end of Q4. • Focus on alternative level of care data capture within the Patient Flow System – alternative level of care form pilot completed on five units in three zones; currently reviewing results of focus groups to inform approach for broader organization implementation

Action	Status
Review current inpatient bed mix	• Objective: To increase appropriate use of and access to acute medicine beds 1. Acute Medicine Service has conducted an initial review of baseline data of inpatient secondary medicine units including individuals designated alternate level of care. An environmental scan reviewing current structures, enablers and barriers has occurred. Validation of findings underway. This work will inform service planning for Secondary Medicine Inpatient Units. 2. Review of KPI data shows Ready for Discharge (RFD) and Appropriate Bed Days (Met %) have not significantly changed. In effort to impact desired change, Acute Medicine will undertake a review of factors impacting conservable bed days and length of stay. • Integrated Planning Analysis–There is initial work started this fiscal year looking at 5 pilot units across the organization. Work will include reviewing workload, patient demographics and needs assessments, and workforce.
Implement additional resources to address backlog of patient in ER and Inpatient Units	• The complete implementation of the organizational structure for Patient Flow remains outstanding. The goal is to implement this structure by the end of Q4. Several positions have been established: There are Directors accountable for Patient Flow at the zone level in Eastern, Western, and Central. In Northern zone, there is a manager in place as an interim lead. • Plan is to fill the second Provincial Patient Flow System Facilitator position before the end of Q4. This role will be adjusted with more of a Clinical/Education/Monitoring function.

Indicator Results

Indicator	Target		YTD Q1 17-18	YTD Q2 17-18	YTD Q3 17-18	YTD Q4 17-18
ED Wait-time (HI, Dartmouth, CBRH)	90 percent < 3 hrs.	HI	82.7%	79.5%	80.5%	
		DGH	69.8%	71.7%	72.6%	
		CBRH	78.8%	77.2%	78.1%	
Percent admitted patients with ED Length of Stay less than CAEP Benchmark (HI, Dartmouth, CBRH)	50 percent < 8 hrs.	HI	44%	45%	45.5%	
		DGH	19%	19%	20.2%	
		CBRH	29%	32%	30.8%	
Percent admitted patients with ED Length of Stay less than CAEP Benchmark (HI, Dartmouth, CBRH)	90 percent < 12 hrs.	HI	62%	65%	64.0%	
		DGH	32%	36%	38.1%	
		CBRH	45%	52%	48.2%	
Percent change in admitted days in ED	Decrease by 5 percent	HI	1445 days Δ = -2.7%	1392 days Δ = -3.7%	1387 days Δ = -4.0%	
		DGH	882 days Δ = -16.3%	751 days Δ = -14.8%	682 days Δ = -22.6%	
		CBRH	1214 days Δ = -14.6%	1042 days Δ = -14.1%	1058 days Δ = -12.76%	
Percent change in ED closures	Level 1, 2: zero closures		0	0	0	
	Level 3, 4: < 5% closure		3.8%	6.0%	6.1%	
Percent change in conservable bed days	Maintain 2016-2017 rate, 0%		-0.1%	Pending	Pending	
Percent of inpatients with Met status (i.e., service intensity is appropriate to care need) and Not Met status (i.e., service intensity is different than care need)	Decrease Ready for Discharge (RFD) days by 2 percent;		RFD = 44.6% ΔRFD = +0.9%	RFD = 45.1% ΔRFD = +0.5%	RFD = 45.8% ΔRFD = +1.2%	
	Increase Met Status by 2.45 percent		MET = 31.2% ΔMET = -0.5%	MET = 30.7% ΔMET = -0.5%	MET = 28.8% ΔMET = -2.4%	

Colour	Legend
Green	Favorable Performance - Target Achieved
Yellow	Monitor Performance
Red	Unfavorable - Area requires additional focus