Priority Areas: Improve Patient Flow

Priority	Status
Develop a standard approach for responding to capacity issues	• Overcapacity and overstay policies have been developed and approved. • Overstay policy is being implemented by zone. Eastern, Central and Western zones are live as of April 2018 with Northern Zone training set for April 2018 with implementation to follow. • Implementation plan for Overcapacity policy 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 are Queens General, Valley Regional and Aberdeen Hospital. • Draft key performance indicators for patient flow were presented to the Provincial Access and Flow Committee. Work continues on developing a comprehensive reporting strategy for patient flow. • Reporting and monitoring patient flow data will be augmented with the development of a business intelligence (BI) solution. The BI project is nearing completion and will enhance sharing of patient flow reports to health service managers and leaders to support decision-making. • Focus on capturing Alternative Level of Care (ALC) data within the Patient Flow System – ALC Form pilot completed on five units in three zones; currently reviewing results of focus groups to inform approach for broader organization implementation
Review current inpatient bed mix	Objective: To increase appropriate use of and access to acute medicine beds • Acute Medicine Service has completed a 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 was completed. Validation of findings underway. • Review of KPI data shows Ready for Discharge (RFD) and Appropriate Bed Days (Met %) have not significantly changed. In an effort to impact desired change, Acute Medicine has conducted a survey of factors impacting conservable bed days and length of stay. Survey closed mid-April and data will inform NSHA patient flow planning day set for April 2018. • A pilot project, including five service areas, was initiated in 2017-18. The project included an analysis of organizational data, processes, workforce patterns, patient demographics and care models in efforts to identify performance drivers in the units. The recommendations arising from the analysis will inform action plans to enhance quality and sustainability in 2018-19.

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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. However, 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. • An organization-wide Patient Flow Workshop planned for April 2018. This workshop will inform NSHA's strategy to enhance patient flow. During the workshop, stakeholders from across NSHA will develop core actions with clear targets, timelines and accountabilities assigned.

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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%	79.1%
		DGH	69.8%	71.7%	72.6%	71.1%
		CBRH	78.8%	77.2%	78.1%	77.0%
Percent admitted patients with ED Length of Stay less than CAEP Benchmark (HI, Dartmouth, CBRH)	*50 percent < 8 hrs.*	HI	44%	45%	45.5%	43.6%
		DGH	19%	19%	20.2%	18.1%
		CBRH	29%	32%	30.8%	29.1%
Percent admitted patients with ED Length of Stay less than CAEP Benchmark (HI, Dartmouth, CBRH)	*90 percent < 12 hrs.*	HI	62%	65%	64.0%	62.2%
		DGH	32%	36%	38.1%	34.3%
		CBRH	45%	52%	48.2%	45.4%
Percent change in admitted days in ED	Decrease by 5 percent	HI	1445 days	1392 days Δ = -3.9%	1387 days Δ = -4.0%	1714 days Δ = +18.6%
		DGH	882 days	751 days Δ = -17.3%	682 days Δ = -22.6%	1100 days Δ = +24.0%
		CBRH	1214 days	990 days Δ = -22.6%	1058 days Δ = -12.76%	1639 days Δ = +35.0%
Percent change in ED closures	Level 1, 2: zero closures		0	0	0	0
	Level 3, 4: < 5% closure		3.8%	6.0%	6.1%	4.4%
Percent change in conservable bed days	Maintain 2016-2017 rate, 0%		-0.1%	-0.1%	-0.2%	*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%	RFD = 45.1% ΔRFD = 0.5%	RFD = 45.8% ΔRFD = 1.2%	RFD = 45.6% ΔRFD = 1%
	Increase Met Status by 2.45 percent		MET = 31.2%	MET = 30.7% ΔMet = -0.5%	MET = 28.8% ΔMET = -2.4%	MET = 29.7% ΔMET = -1.5%

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