

Real Time, Real Change, Real Impact Chatham Kent Health Alliance

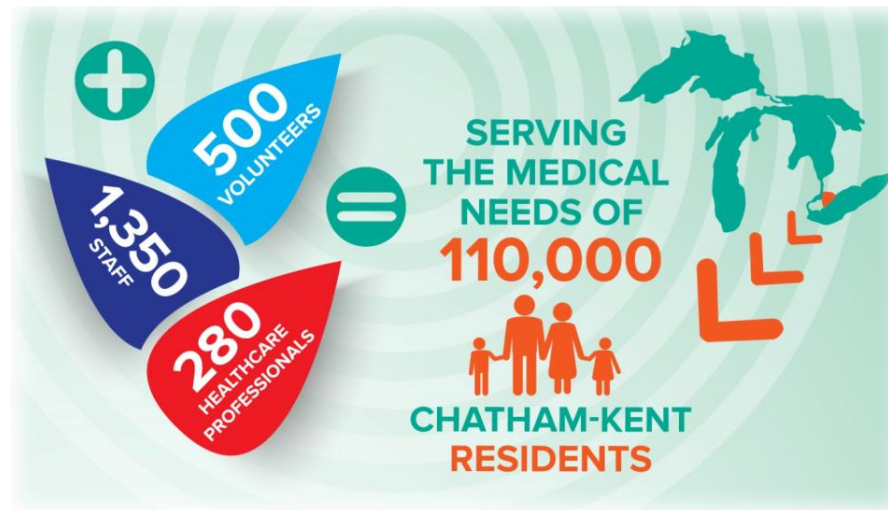
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CHATHAM KENT HEALTH ALLIANCE

WHO WE ARE!



WHERE DO WE START.....



BED MANAGEMENT REFLECTION

THE PAST, THE REALITY.....



- Disconnect of need for a bed, delays in assigning beds
- Room is not appropriate- Infection Prevention And Control precautions not consistently identified prior to patients arrival. Exposure to vulnerable patients, waste of resources
- No visual trigger identifying empty beds= run around bed check

Risk to Patient Care

PATIENT FLOW PROCESS ACTIONS TAKEN.....

- Continuous Improvement- LEAN
- Process Mapping- inefficient processes
- Data Analysis
- Development of Standardized Bed Management Approach
- Acknowledgment of inaccessible bed management information throughout the organization

TECHNOLOGY= OCULYS

- Development of Oculys partnership
- Implementation of Oculys electronic bed management tool within the organization
Accessible to Everyone!!
- Engagement of all staff- frontline, Providers, Allied Health, and Formal Leadership



OCULYS CONTENT

- Visualization of Occupancy & Capacity
- Alternate Level of Care Metrics (WTIS)
- Electronic Utilization Information
- Housekeeping Tasks
- Same Day Admit Information
- Emergency Department Tracker Information
- Direct Admit & Repatriation Information
- CCAC Patients



ADDITIONAL BED MANAGEMENT ACTIONS.....

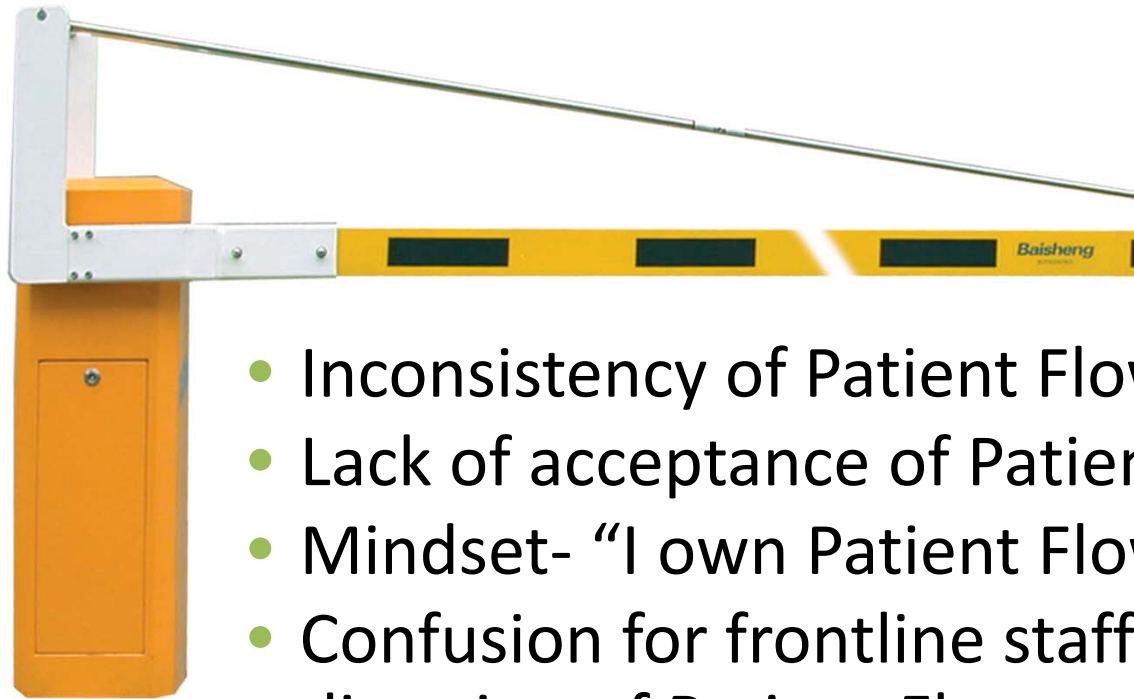
- Collaborative development of internal Complex Discharge Review Process with community partners to manage complex discharge patients
- Utilization of technology to monitor demands for beds- Repatriations

“Priority for repatriation of patients are timely access to an appropriate level of care, patient safety, and quality of care...”

Critical Care Services of Ontario, 2014

- Increased partnership and collaboration of individuals throughout the organization = TRUST

BARRIERS.....



- Inconsistency of Patient Flow Practices
- Lack of acceptance of Patient Flow Issue
- Mindset- “I own Patient Flow”
- Confusion for frontline staff- who should the direction of Patient Flow come from?
- Lack of Trust- “We’ve tried patient flow things before”

RESULTS.....

| Metric | Pre-Implementation State | | | Current State |
|--|--------------------------|-----------|-----------|---------------|
| | 2012/2013 | 2013/2014 | 2014/2015 | 2015/2016 |
| Admitted Patient – total Length of Stay | 14.8hrs | 15.3hrs | 10.4hrs | 9.05hrs |
| Decision to Admit to Inpatient Bed | 9.3hrs | 8.4hrs | 3.6hrs | 3.0hrs |
| P4R Rankings -Admitted LOS | 16/74 | | | 3/74 |
| P4R Rankings - DTA-IP-Bed | 18/74 | | | 5/74 |

Vision= Ongoing Improvement



LESSONS LEARNED.....

- Importance standardized Bed Management Process
- Importance of collaboration and relationships
- Positive Feedback received from patients and staff regarding patient flow experiences.
- Reassurance of the need for 7 days/week Patient Flow Resources



SUSTAINABILITY.....

- Utilization of statistical data to validate and direct future planning
- Continuous commitment to process improvement in bed management
- Review best practices frequently to ensure:
 1. Focus of efficient patient flow practices for the best possible patient outcomes
 2. Full utilization of community resources to optimize available beds within the system



CHANGE MANAGEMENT

- Culture Change- Never Ending!!!
 - Communication, communication, communication!!!
 - Clear Expectations
 - Access and awareness across the organization
 - Urgency & Accountability
-
- Right Patient, Right Bed, at the Right Time!!!



Together.....

advancing compassionate,

quality care.....

Chatham Kent Health Alliance

QUESTIONS?



REFERENCES:

Critical Care Services Ontario. (February, 2014). Repatriation Guide. Toronto, ON: Author.

Retrieved from:

<https://www.criticalcareontario.ca/EN/Toolbox/Repatriation/Critical%20Care%20Services%20Ontario%20Repatriation%20Guide.pdf>

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