

Date: December 2017



**Wishing you and your family a happy Holiday Season
and a prosperous New Year !**

Patient Flow Improvement Program – Command Centre

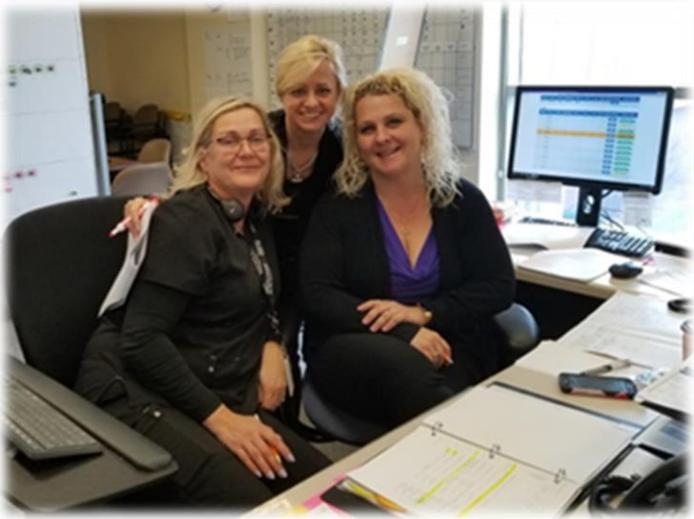
On October 23rd, after much research and planning, Windsor Regional Hospital officially launched the Patient Flow Improvement Program. This improvement initiative has an initial focus on improving patient flow for our admitted patients in the medicine program, since they represent the majority of patients admitted from the Emergency Department.

One key component of the Patient Flow Improvement Program is the Command Centre. The Command Centre is the central hub for systems communication, escalation, and operational decision-making involving admission, discharge and flow of patients. There is a Command Centre located at each campus – at Met it is located in the SOP office near the escalators and at Ouellette it is located on the first floor in the former Boardroom.

The concept of the Command Centre was investigated over the past year, since the hospitals that are leading the way with patient flow have established Command Centres. The actual operations of a Command Centre was seen and experienced when the group of front line staff, executive leadership, and physicians went on a site visit to the United Kingdom. They looked at the Command Centre used at a hospital in Ipswich, England. Their Command Centre used minimal technology, but you could see in a very visual and immediate way what was happening in the hospital, and where the hot spots were that needed to be escalated. Meetings were held 5 times a day and focused on both systems and unit specific patient flow issues.

When the team arrived home they used many of the lessons learned, but also built on them based on software systems we already have and WRH processes that are already strong. Kathy Koutelas, Utilization Nurse in the Command Centre said, “England gave our patient flow team the blueprint. We made it work for us and for our community.”

Dr. Elaine Stresman, Utilization Physician Advisor at Ouellette campus also commented, “I’m excited that we have undertaken this journey to improve patient care and flow in the hospital. We are working well as a team and already have seen some of the benefits”. There are staff who are located in the Command Centre: The Admitting Clerk, Utilization Command Centre Nurse, and Patient Flow Manager. They provide ongoing monitoring of the right placement and flow of patients in acute care beds.



The Command Centre also has four huddles that occur each day:

- **Systems Huddles:** These are brief meetings, less than 15 minutes, and each attendee comes prepared with information that is needed to plan for the current day and the week ahead. Both Command Centres are connected by videoconference so each campus can share what is happening across the organization. The *Systems Huddle* is at 0830 and 1630 in the Command Centre and is attended by Clinical and Support Service Directors and VPs. They focus on assessing the availability of beds at both campuses including # of admit no beds in ED, # of Code 7s (ambulances waiting in the ED), # of open beds and bays throughout all the inpatient programs (medicine, surgery, mental health, critical care, women and children’s).
- **Unit Patient Flow Huddles:** These are held every day at 1030 and 1630 in the Command Centre. The focus of these meetings are to look more closely at patient flow on each individual unit and escalate any issues that may be preventing us from getting diagnostic tests completed, consults, discharging patients etc. These huddles are led by the Patient Flow Managers at each campus, Marie Lachapelle and Michele Reiser. They are attended by the Utilization Nurses from each medicine unit, as well as VPs, and Directors from support services. During this huddle they discuss specific patient needs, issues with delays in discharge and escalate any problems that need immediate action.

The initial results since October 23, 2017 have been very encouraging. Admitted patients are waiting less time in ED and are being brought to an inpatient bed sooner. There are less “admit no beds” in ED at both campuses, and the number of off service patients has been significantly reduced. Take a look at the initial results below:

For week of November 20, 2017

Metric	FY 16/17	Goal	Target	Met	Ouellette
Admit to Bed Times (in hours)*	11.0	0	5.5	2.8	7.1
# of Patients Beyond EDD by 5 Days or More (avg per day)**	N/A	0	0	36 out of 122	30 out of 106
# of Off Service Patients (avg per day)	38	0	0	0	0
# of ALC patients (avg per day - 2N ALC patients in brackets)	M:18 O:30	0	M:18 O:26	13	11 (10)
# of Admit No Beds (avg at 7am)	M:8 O:16	0	0	2	4
Discharge by 11:00	M:31% O:19%	32%	32%	23%	15%
Discharge by 14:00	M:71% O:61%	70%	70%	69%	60%
Weekend Discharges (avg # discharged on weekdays / avg # discharged on weeker)	20%	29%	29%	14.4 / 7.0	16.8 / 11.0
# of Patients to Assessment Bays (medicine only)	N/A	100%	100%	57 out of 72	36 out of 38

*This metric measures how long a patient waits from the time the decision-to-admit is made in the ED to the time the patient reaches the bed. This includes bed cleaning and availability.

**4 Medical at Ouellette is omitted from this metric.



In the near future, the Command Centre will improve their access to software systems and methods for tracking flow in real time. First, we needed to make sure the processes were effective and gave us the information we needed. Adding technology to the Command Centre will help to standardize the information and make it accessible to more people. Soon, the Surgical Program will also be formally added to the Unit Patient Flow Huddles so we can make even better decisions about surgical program patient flow and help fulfill our vision of Outstanding Care, No Exceptions!

