



Central Zone Patient Flow/Utilization Management Update

Winter 2019-2020

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Message from Kate Melvin Director for Central Zone Patient Flow

Welcome to the Winter edition of the Central Zone Patient Flow update. Let me first start by saying thank you to our health care teams across the zone!

Patient Flow is complex, layered and not an equation always easily solved; but teams across the zone remain invested and committed to tackling these challenges head on.

Patient Flow is rooted in the efficient use of available resources, while also identifying and solving resource gaps, to ensure availability and timely access to patient care resources when needed.

Some of the incredible work underway is highlighted in this newsletter but the efforts are certainly not limited to these examples. I look forward to continuing this great work with our teams to ensure our patients have access to the care they require, when and where they need that care.

As we enter the holiday season I want to wish you all a joyous holiday and all the very best for a wonderful new year. Again, many thanks for all that is done for our patients and families on a daily basis.

Patient Flow Initiatives

QEII – Neurosurgery 7.3

- **Two 40” touchscreens** installed in the Charge Nurse office are now displaying the Unit Status Board view of the Patient Flow system.
- A **view-only, generic account**, with a Ward Clerk profile, was created for this initiative. Nursing staff log-in to their own accounts to make updates. The separate account allowed for **customization of the Unit Status Board layout** including adding/removing columns and changing the column order. See new layout below.

Bed	Patient Name	Admit Reason	Comment	Attending	LOS	Pat	Criteria	EDD/1	ALC	Definite Discharge
85\85-73\7330\01		TRAUMA			13	NRS	MET	08-Dec	<input type="checkbox"/>	<input type="checkbox"/>
85\85-73\7330\02		SUBDURAL HEMATOMA			84	NRS	NOT-MET	13-Dec	<input checked="" type="checkbox"/>	<input type="checkbox"/>
85\85-73\7330\03		STENOSIS			2	NRS	MET	09-Dec	<input type="checkbox"/>	<input type="checkbox"/>

Patient Flow Initiatives cont.

QEII – Neurosurgery 7.3 cont.

- Nurses complete a daily status assessment on each patient to identify the reason for stay in hospital. Clicking on a MET or NOT-MET status will bring up the **Criteria Status window** and allow you to see what was entered. For example, this patient is waiting for LTC.
- Any **plan of care/discharge notes** entered by nursing staff will appear under the “Comment” column.
- All **nursing staff were re-trained** on how to use the Patient Flow System to ensure accurate entry of UMS status assessments and discharge data.
- Neurosurgery team members plan to begin using the new electronic boards in early 2020 to **view the most up-to-date discharge information and to identify any barriers** needing to be addressed.

Criteria Status
Assessment Information (Status/Reason/Detail)
Community
- Waiting Community
- Waiting Bed
- LTC

QEII – Medicine 8.2/8.4

- Medicine units have been diligently working on ensuring the **Estimated Date of Discharge (EDD)** is accurately being completed for all patients. This helps to **identify any pending discharges** within the next 24 hours.
- **New screens** are installed on the units that now display both the Patient Flow System **Unit Status Board** and the **EDIS - QEII Emergency Department Patient Flow Dashboard** in a split-screen view. Please stay tuned for further developments regarding this initiative.

Dartmouth General

- Acute care units at DGH have been **making improvements to Bullet Rounds** to ensure they are more efficient and focus on discharge plans.
- **All new hires are receiving training** on how to navigate the Patient Flow System and how to complete Utilization Management System (UMS) status assessments, as well as an overview of discharge planning.

Hants Unit 200

- All **patients with a LOS \geq 7 days** are reviewed weekly by a team comprised of the Manager, Director, Clinical Lead, Clinical Nurse Educator, as well as the Continuing Care Manager and Care Coordinator.
- **Estimated Date of Discharge (EDD)** is guided by the Estimated Length of Stay (ELOS) for the top Case Mix Groups (CMGs).
- **Patient List by Bed/Unit Report**, printed from the Patient Flow System, is used in bi-weekly rounds in order to discuss **barriers to discharge**. The interdisciplinary team is now comfortable using the language of UMS.

Estimated Date of Discharge (EDD) Project – Eastern Shore

- Twin Oaks, Eastern Shore Memorial and Musquodoboit Valley hospitals embarked on a new journey beginning in March 2019 to improve patient flow.
- The first goal was to improve the **completion of the Estimated Date of Discharge (EDD) on both the Care Plan and on the Patient Flow System**. Each site uses the Estimated Length of Stay (ELOS) for the top Case Mix Groups (CMGs) to assist staff with establishing an EDD upon admission, updating as new CMGs are available.
- **Staff-friendly EDD guidelines** have been implemented and teams are highly engaged with the new initiatives. **Occupational Therapy, Physiotherapy, Social Work, and Continuing Care** regularly attend interdisciplinary rounds as well as weekday EDD rounds to support improved patient care and discharge planning.
- **Physicians** are now being asked for EDD upon admission. The Collaborative Emergency Centre (CEC) physician can now complete discharge paperwork.
- **Families** are involved from the beginning to ensure that the EDD is achievable and that any meetings can be scheduled as soon as possible.
- Each site has also been working on implementing key inpatient processes as outlined in the **Acute Medicine Program of Care's SAFER Patient Flow Bundle**. This may include: discharge by 11:00; home first; reviewing patients with a length of stay of 7/14/28 days; and, incorporating white boards for better team communication during rounds.
- Teams are looking to **address the top barriers to discharge/transition** as identified by the Utilization Management System (UMS). For all three sites, **Long Term Care (LTC)** placement is the number one issue impacting flow.
- **Continuum of Care Complex Case (C4) Committee** was established to allow for escalation of complex cases (Ready for Discharge \geq 7 days, LOS \geq 14 days and high risk for readmission) to improve discharge/transitions.
- Other recent work has involved improving care for patients with challenging behaviours [e.g. dementia, delirium] through implementation of the **Patient Attendant (PA) Toolkit** and the **P.I.E.C.E.S.** framework to build team capacity.
- The tri-facility sites are also in regular contact with Patient Flow Managers at the Dartmouth General and QEII to ensure any empty beds can be leveraged and to assist with **repatriation to home hospital**.



Utilization Management System (UMS) Data Quality – Patients Requiring Continuing Care



There are a number of steps involved with setting up Continuing Care for our patients. It is important that we accurately capture the different phases of the placement process along with any barriers delaying discharge. Please review the following for UMS.

1) Referral and Assessment

- When you are working on **sending a referral** to Continuing Care, enter on UMS as: *Not-Met → Hospital → Processing Placement → Referral to Continuing Care* (options for Home Care and LTC)
- **Family meetings** to discuss placement options are entered on UMS as: *Not-Met → Hospital → Processing Placement → Family Conference*
- Once the referral has been sent and you are waiting for Continuing Care to complete a **LTC assessment**, enter on UMS as: *Not-Met → Community → Waiting Community → Continuing Care → LTC Assessment*

2) Waiting for Continuing Care

- When a patient has been **accepted to the LTC wait list**, enter on UMS as: *Not-Met → Community → Waiting Community → Waiting Bed → LTC*
- Patients with **challenging behaviours** delaying discharge should be entered on UMS as: *Not-Met → Community → Waiting Community → Challenging Behaviours* (options for Home Care and LTC)
- Other services offered by Continuing Care including **Equipment, Home Support, Home Nursing and Home O2** are entered on UMS as: *Not-Met → Community → Waiting Community → Continuing Care*
- Any **facility-related delays** (e.g. Outbreak) should be entered on UMS as: *Not-Met → Community → Waiting Community → Facility Delays*

3) Social Issues Status

- This status on UMS allows you to capture any delays related to **Capacity – Competency** (e.g. Public Trustee, Power of Attorney); **Financial Issues** (e.g. Insurance, Financial Assessment); **Home** (e.g. Home Environment Unsafe, Renovations Required); and, **Patient/Family Issues** (e.g. Lives Alone, Caregiver Ill/Burnout, Refusing Placement/Discharge Plan).

Processing Placement Status <ul style="list-style-type: none"> • Family Conference • Referral to Continuing Care 	Waiting Community Status <ul style="list-style-type: none"> • Continuing Care <ul style="list-style-type: none"> • Equipment • Home Support / Home Nursing • Home O2 Set-up • LTC Assessment • Waiting Bed • Challenging Behaviours • Facility Delays
Social Issues Status <ul style="list-style-type: none"> • Capacity - Competency • Financial Issues • Home • Patient/Family Issues 	

UMS Education and Training

- **Utilization Management System (UMS) training is currently under review within Central Zone.** A working group has been established that is comprised of Clinical Nurse Educators with the Interprofessional Practice and Learning team, as well as Utilization Management staff.
- In the **absence of computer training day for new hires**, Gail Savoury and Alison Zwaagstra are offering support to all inpatient units in the interim to assist with their UMS training requirements.
- **In-person sessions** have also been arranged upon request for any units seeking **refresher training** for their staff to improve completeness and accuracy of UMS status assessments, and to gain a better understanding of the Patient Flow System functionality.
- All **Clinical Nurse Educators** responsible for inpatient units that are using the Patient Flow System are encouraged to **contact Utilization Management staff for assistance with UMS training** for new hires and/or refreshers.
- Please stay tuned regarding future education and training developments.



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