



CHALLENGE



ACTION



RESULT

*SETTING THE
BAR FOR
SUCCESS
IN ACTION*

MAINE MEDICAL CENTER

Portland, Maine

Incorporated in 1868, Maine Medical Center [MMC] is the state's largest medical center serving the people of greater Portland, the entire state of Maine, and the northern New England region. MMC is the flagship hospital of MaineHealth, a 12-hospital system touching central, southern, and western Maine and eastern New Hampshire. MMC is unique in that it serves as both a community hospital and a referral center, and through a partnership with Tufts University School of Medicine, they are the state's only medical school. As a nonprofit institution, MMC has provided more than \$200 million annually in community benefits, delivering care to those who need it, regardless of their ability to pay. MMC has 637 licensed beds and employs more than 8,000 people.



CHALLENGE

- Maine is a mostly rural state and Maine Medical Center is the only Level One Trauma Center in the state, as well as the only facility for pediatric services and certain specialty surgeries.
- Four years ago, MMC started to experience surges in both census and volume.

Emergency Department boarding times were increasing, PACU hold times were increasing, and inpatient units were experiencing placement challenges due to the inability to predict and manage patient volume fluctuations.

- MMC had 11 different portals of entry which led to coordination and management challenges, the placement of non-emergent patients averaged one to one and a half days, and transfer patients were systematically arriving later in the evening—after both nursing and physician shift changes had already occurred.

- The lack of data meant there was not a holistic baseline to use as a starting point for measuring improvements. And, data sets and assumptions varied throughout the hospital.



ACTION

- A series of Kaizen events and focus groups with a cross section of stakeholders from around the hospital led to the decision to focus on centralizing patient placement. The result: One Call Central.
- One Call Central is staffed by highly experienced, critical care trained nurses from the emergency department and are responsible for coordinating patient placements and transfers; transfer center coordinators or medical communication specialists who are EMS trained and ensure a seamless physician to physician

experience; patient access registration staff who handle registrations, bed placement, and phone calls coming into One Call Central.

- Weekly reviews are conducted on canceled or declined patient cases. There are also morning meetings where staff collaborate at shift hand-off to look for process improvement opportunities and/or new trends in the region.
- Reports to analyze transfer volume (month over month) captures: types of pa-

tients, types of services, referring hospital, patient wait time, time of day, etc.

- An organization-wide focus on discharge processes where teams are looking at pending discharge metrics, the percentage of patients out by 11AM, 2PM and 6PM and the smoothing that occurs throughout the day. Strong partnerships have been established between care managers, nursing and physicians to reinvigorate interdisciplinary rounding. Teams collaborate using TeleTracking's electronic whiteboard to determine a

patient's status and make real-time updates on their progress towards discharge. This includes determining the anticipated date of discharge, any pre-discharge needs and ensuring the patient and their family are aware of the treatment plan. With the greater transparency generated by TeleTracking and interdisciplinary rounding, providers are entering discharge orders earlier in the day, leading to expediency in the discharge process—and consequently opening up beds to new patients.



RESULTS

- MMC is continuing to adjust how they manage the care and the volume of patients in order to deliver the best possible care, while also managing resource constraints. Positive results include:
- Emergency Department boarding has decreased by 3,548 hours. [May 2017-May 2018]

- Patient transfer requests/direct admits have increased by 237. [May 2017-May 2018]
- House-wide 'Discharge Order to Departure' time has improved to 160 minutes – working towards the benchmark of 120 minutes.

- ED left without being seen rate [LWBS] is decreasing, and there are days where LWBS is zero.
- 56% of the units are discharging patients by 2PM.
- Patient transport dispatches per hour have increased to 2.7 – working towards the benchmark of 3.0.

- Average daily census has increased by 47 patients and MMC has been able to care for more patients.

The metrics have painted a picture of how complex patient flow is, and MMC is now sharing information and engaging with other areas of the hospital to move forward together as a team to improve processes, positively effect change, and better care for its patients.