CREATING CAPACITY

PATIENT FLOW TO MEET DEMAND

UAB Medicine is a 1,157-bed academic medical center that is the only American College of Surgeons [ACS]-designated Level 1 Trauma and Burn Center in Alabama. It manages 50,000 annual admissions, 57 OR Suites with 130 surgeries a day and 300 ED visits a day. In addition, UAB serves as a safety net hospital for the community, as 35% of the patients who come through the door are uninsured.

High patient volume was leading to significant challenges for the facility and the staff. For example, the hospital was on diversion 60% of the time, the average wait time for an inpatient bed was up to 210 minutes, only 15% of all discharge orders occurred before 12PM, and more than 30% of the transfer requests were denied.

"We needed to do something to address our capacity challenges—we were closing our doors 60% of the time to patients in the state of Alabama. Our chief nursing officer [CNO] led the charge to develop a strategic patient flow plan and build a centralized patient placement center that would support the need to keep our doors open to the state of Alabama," says Brittany Lindsey, Director of Patient Flow at UAB Medicine. "With that charge, we assembled a team and developed a framework for a center dedicated to improving patient flow. We determined that staffing needed to include a patient flow supervisor responsible for oversight of the daily operations, a patient placement coordinator and specialist, a nursing resource coordinator to act as an administrator, a stat nurse to handle all clinical needs and a Lean analyst to provide data analysis and project management to round out the team."

Given the scope of the health system, the team took an enterprise-wide approach, with access and throughput efforts working simultaneously across primary care and ambulatory clinics, perioperative services and inpatient areas. Nursing, administration and physicians were highly engaged in the planning, implementation and change management process, providing a level of visibility that helped encourage other staff members to adapt to the new way of doing things.

"Our hospital really underwent an amazing cultural shift by placing a heightened focus on throughput as a daily priority. It was a resolute commitment by everyone to centralize responsibility, accountability and authority for decision-making within the Center for Patient Flow," adds Lindsey.

The team started looking at information on ED admits, surgery admits, internal transfers, clinic admits and the transfers provided to the center. Next, they managed the care coordination delays, transport operations, EVS operations and other general operations.

AS THE PLAN UNFOLDED, THREE CORE BEST PRACTICES WERE IDENTIFIED THAT WOULD DRIVE EVERYTHING.

• **ACCESS:** providing an opportunity for patients to have access to the excellent care that UAB offers to the community.

• **EFFICIENT AND EFFECTIVE PLACEMENT:** ensuring that patients are being placed in a timely way into the care setting that best meets their medical needs.

• **IDENTIFICATION OF THROUGHPUT BARRIERS:** identifying the barriers to daily throughput and partnering with care management to solve for them.

"Those best practices were at the heart of everything we were doing when we implemented TeleTracking. These solutions gave us access to a tremendous amount of data," continues Lindsey. "We started by using the metrics from the previous day, which helped with the next day's planning—including projected census by unit, the blocked bed list, the admit list of specialty hospitals and the pending and confirmed discharge list. Then we optimized the patient flow system's functionality to support communication and decision-making both internally and externally in a transparent way and in real time."

In order to effectively put this data into practice, a daily bed huddle was established. The agenda includes a review of the previous day's throughput data; infection prevention tactics; diversion status; any special circumstances of the day; a look at who didn't go home the day before and a plan of care for them; and high priority unit designation.
"Our CNO started off leading the bed huddles, which led to a level of accountability for the directors and managers to be there and support it. The bed huddle also helped demonstrate the benefits of using TeleTracking and the transparency across the house it provides," Lindsey says. "It helps show people their priorities for the day, how to determine what the plan for the day is going be and then measure whether or not you successfully implemented that plan.

"Bed huddle starts with acknowledgement of wins from the prior day: a heroic action, a great patient story, a metric that moved. We keep it short—it's just 15 minutes—and we quickly go through projected census and hit those high areas that are projected at a percentage greater than 100%. The real and true benefits of the system are that people can take off their blinders," continues Lindsey. "They're focused on their unit, but then when they're at the bed huddle meeting with 52 other nursing units, they quickly realize they're not the priority that day and immediately ask what they can do to help the next unit. There are often conversations after the bed huddle meeting, giving people the time where they're able to quickly meet with somebody and say, 'Hey, here's what we need to do for today.' There's power in that!"

This has led to tremendous results over a short period of time, and UAB has been able to provide more services to more members of its community.

RESULTS FY13-FY16:

- ED diversions have decreased from 60% to 19%.
- Transfer declines due to capacity have decreased from 249/month to 35/month.
- Accepted transfers increased by 3,000 per year.
- Discharge orders increased to 35% by 10AM, and the average discharge time is now closer to 12PM.
- Bed management, transfer center, psychiatric medicine and acute rehab facility were centralized.

BRITTANY LINDSEY
Director of Patient Flow at UAB Medicine

WE NEEDED TO DO SOMETHING TO ADDRESS OUR CAPACITY CHALLENGES — *WE WERE CLOSING OUR DOORS 60% OF THE TIME TO PATIENTS IN THE STATE OF ALABAMA.*

"There are three keys to a successful patient flow strategy," concludes Lindsey.

"One: Involvement of senior leadership is key. Our CNO was the first to lead our bed huddles and really set the expectations. The partnership with our chief medical officer and our associate chief medical officers has been key.

"Two: Another piece is accountability; making sure that everyone has goals related to patient flow and that they're incentivized to meet those goals.

"Three: Finally, you need to make sure that you have the data, and with TeleTracking we have data that we've never had before. And we're putting that data in the hands of the folks that can hold people accountable and drive change."

Check out our interview with Brittany on the Patient Flow Podcast https://podcast.teletracking.com