Patient Flow at Sunnybrook: Hours Matter!

When you hear or see the term ‘patient flow’ at Sunnybrook, what we are talking about is the safe and timely movement of patients throughout the hospital from the time they enter the Hospital until they are discharged. When we look at the entire patient experience of our patients we examine our processes to find opportunities to streamline our work and ensure that anything that is not considered value added or safe to the patient is removed from the care process. In many areas of the hospital, this work has resulted in saving minutes, hours and in some cases days from the amount of time patients have had to stay with us. With our patients, Hours Matter.

If you have ever heard of the old saying that a butterfly flapping its wings in one part of the world can result in a hurricane in another, you will probably have a good idea about how patient flow works in the Hospital. Time spent waiting for test results, orders to be written or for beds to be prepared may not seem like an immediate issue in one part of the hospital but it can cause chaos in another. We have to treat the entire Hospital as a system and each of us in the organization has a role to play in ensuring Sunnybrook is able to care for those who need us most.

For more than a year, many people across the organization have been looking at patient flow issues in their areas. They have come up with innovative solutions to improve the movement of patients in and out of the hospital and through this publication our intention is to share many of these ideas with you. In the coming weeks, there will be several changes taking place throughout the Hospital that will require the effort of everyone to ensure their success. As a member of the Sunnybrook team, you are encouraged to get involved in this issue and do your part to improve patient flow. If you have ideas about improving patient flow in your areas, please speak to your manager.

Patient Discharge Planning Begins at Admission

Each patient admitted to Sunnybrook will have an expected date of safe discharge from hospital included on their charts. The admitting team will determine this timeframe based on several factors specific to each patient but the fact is that even though we may not know when exactly patients will be admitted, we will have a fairly good idea of how long they should be with us to receive their optimal levels of care.

It is important to remember that focusing on discharging patients does not mean in any way that we are rushing people out of the hospital or are more focused on their departure as opposed to why they arrived at our facility. Quite the opposite is true. Sunnybrook is component of a larger health care system and to play our role effectively we have to ensure we have resources available to care for all of our patients. For example, if we have a patient who has had a heart attack and we have provided care for the most acute phase of their illness, it is not in their best interest to wait in one of our beds when the patient needs to go to a rehabilitation facility at another location. It is also not in the best interest of the acutely ill patient who presents with chest pain in the ED to have someone who can be cared for in another organization, occupying an acute care bed and blocking a vital assessment and possibly admission.

To facilitate effective discharge from the Hospital there are a number of innovative projects that are either already underway or are about to be rolled out across the hospital:

- **Bullet Rounds** - These rounds take place daily on the units and involve a multi-disciplinary team including physicians, nurses, allied health (physiotherapists, social workers, etc.) and others involved in the care of the patient. The rounds are designed to discuss the patient’s case with the entire care team and trouble shoot any challenges the patient may be having and make plans for discharge. These rounds will involve members of the Community Care Access Centres (CCAC) for example to help arrange supportive care such as home care which allows the patient to return home with nursing care or other professional follow up.

- **Seven Hour Rule** - When an admitted patient has been waiting in the Emergency Department for seven hours, they will be transferred to the most appropriate nursing unit immediately. This initiative allows the Emergency Department to make room for patients who require urgent treatment. Currently, the average admitted patient in the ED spends about 18 hours in the department and about half of this is time spent waiting for a bed on the nursing units. This rule should see some reductions in wait times for ward beds.

- **Weekend Discharges** – There has been difficulty in the past discharging patients on the weekend but there is increased pressure from the government to ensure rehabilitation hospitals and complex continuing care and long term care facilities admit patients on the weekends. As this becomes more common, Sunnybrook will be working with its clinical teams to ensure that appropriate planning in advance makes weekend discharges possible.

- **Electronic Bed Management System** – Planned for installation in November, staff across the Hospital will be able to get a ‘real time’ view of the bed availability through Sunnybrook. This will help move patients from the ED to the units and from other parts of the Hospital.

- **White Boards** – There are two types of ‘white boards’ that are either already on the patient care units or are being installed soon. These can be written on with erasable markers and will include one at the nursing station and one in each patient room. The Boards will have on them information for the patient and family and care team that includes questions that need to be resolved, daily appointments, expected date of discharge, name of people on the care team (MD, Nurse, and Allied Health Professionals) as well as CCAC status if applicable.
Since Sunnybrook's new Emergency Department (ED) opened in the spring of this year, there has been a significant increase in the number of patients arriving each day and the main challenge has been how to improve processes and patient flow to manage those who need to be admitted to the Hospital while at the same time ensure patients who are less acutely-ill are seen in a timely manner.

Each day about 130 patients are seen in the ED and of those about 30 are admitted to the Hospital and the remaining 100 go home. Sunnybrook is one of the highest admission rates of any ED in the GTA, which means we tend to care for the most acutely-ill patients in the city. The large majority of patients admitted throughout the ED to the general medicine floors while others are seen in cardiology, surgery and medical oncology.

To try to improve patient flow in and out of the ED, the Department has developed a number of highly innovative strategies to ensure wait times are reduced and patients are seen in a timely and safe manner.

In addition to letting staff know of the important work to reduce wait times and improve flow across the Hospital, Sunnybrook is also going to be sharing success stories with the public to educate people about these initiatives and to help set expectations about a potential hospital stay. Patients and families will be gently reminded through a poster campaign that will appear in patient rooms to talk to their care teams about discharge planning.

Posters such as the one seen here will be displayed in patient lounges and rooms in general medicine and surgery floors throughout Sunnybrook to ensure people are thinking ahead to make certain the proper family or care giver support is in place when it is time to leave the hospital.

Ongoing communication on these and other initiatives will appear in future editions of this newsletter and in other areas. So stay tuned to SunnyNet and our www.sunnybrook.ca for more news about improving patient flow at Sunnybrook. If you have ideas about how to improve patient flow at Sunnybrook, please speak to your manager about this or if you are a member of the community, please contact our Patient Relations office at 416.480.4010.

Communicating with Staff and Patients to Improve Flow

Partnering with our Community to Reduce ALC

Designation of Alternative Level of Care (ALC) is made after a patient has completed the acute phase of their care and is waiting to be transitioned to a rehabilitation hospital, complex continuing care setting, long term care home or home with supportive care. Sunnybrook Health Sciences Centre in conjunction with the Toronto Central Community Care Access Centre (CCAC) and the Toronto Central Local Health Integration Network have developed a strong partnership to facilitate patients designated for ALC to long term care to receive enhanced services to support the person to return home to make their long term care planning decisions.

Toronto Central Community Care Access Centre has designated staff to coordinate staff and a community team with expertise in the frail senior population to facilitate this process. The Home First strategy supports Sunnybrook Health Sciences Centre to discharge clients as early as possible and free up acute care space. One of the early successes of this partnership has been the rapid embrace of the Home First strategy which works with patients and their families to build a network of support which facilitates the patient to transition safely into the place of their choice. The Community Care Access Centre home first lead works with the acute care team to develop a service plan to safely transition the patient to the community.

At Sunnybrook, the Home First strategy has had some excellent results and in a two week period reduced the number of new ALC designations to zero on one in patient unit which is a phenomenal success. It is anticipated that this strategy will continue to reduce the number of ALC patients at Sunnybrook in the coming months and become a model for other institutions.

Emergency Department Innovations

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