



## **Patient 'Flo' and Patient Flow: Lessons from the Field**

### Agenda

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- 1) Overview of Flo Collaborative
- 2) Interim results for Flo
- 3) Important lessons from Flo Collaborative
- 4) Opportunities for influencing policy
- 5) Key principles in patient flow

## Overview: The Flo Collaborative



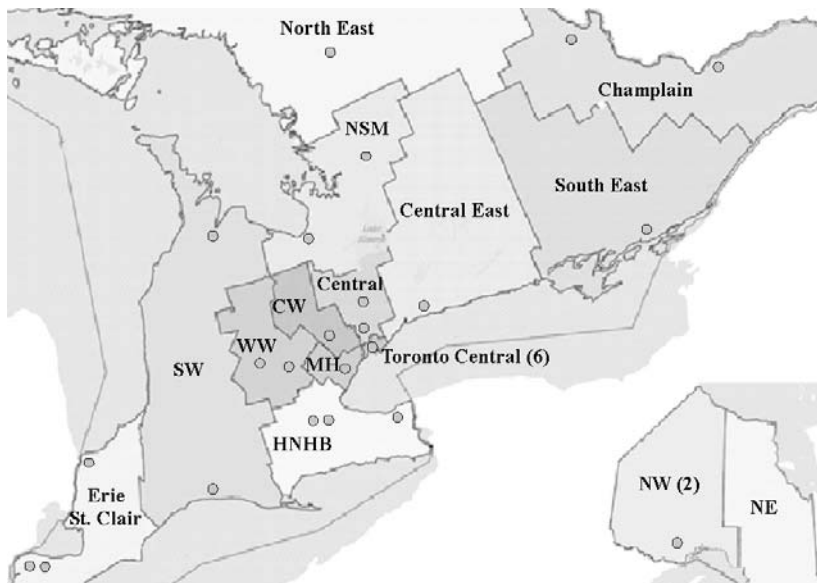
The “Flo” analogy was developed to tell the story of a real patient experiencing an acute event who requires care in an alternate setting following a hospital stay. Flo is an 85-year old woman admitted to hospital from her home with multiple co-morbidities. Her frailty and declining cognitive status necessitate transfer to a nursing home.

The “Flo” Collaborative is intended to help Ontario’s healthcare system continue to provide the care that Flo, and thousands of other people like her require. **The aim of the project is to accomplish this by making transitions from acute hospitals to other settings faster, and with fewer hassles, bottlenecks and delays for Flo, her family and the staff who care for her.**

*“The silence between the notes is as important as the notes themselves.”*

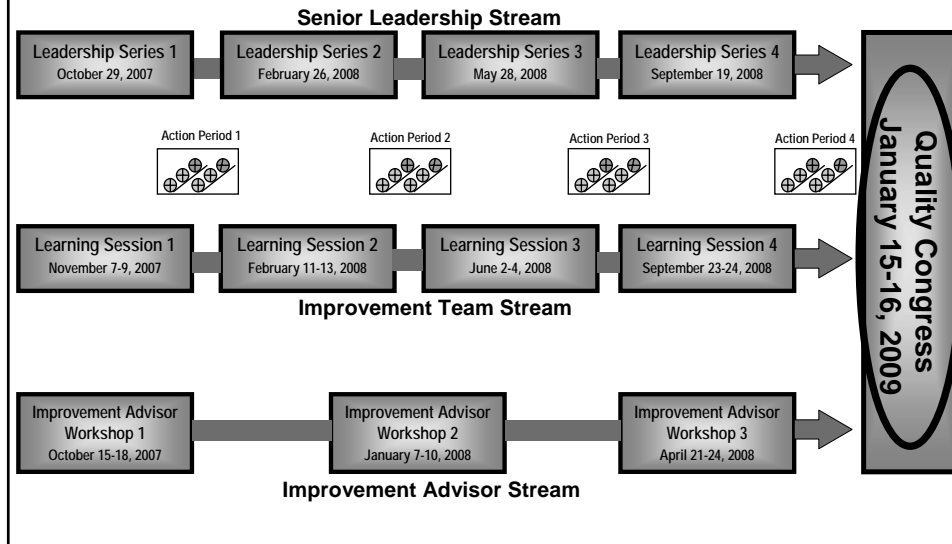
Mozart

## Flo Collaborative Partnership Distribution:



# Flo Collaborative Design

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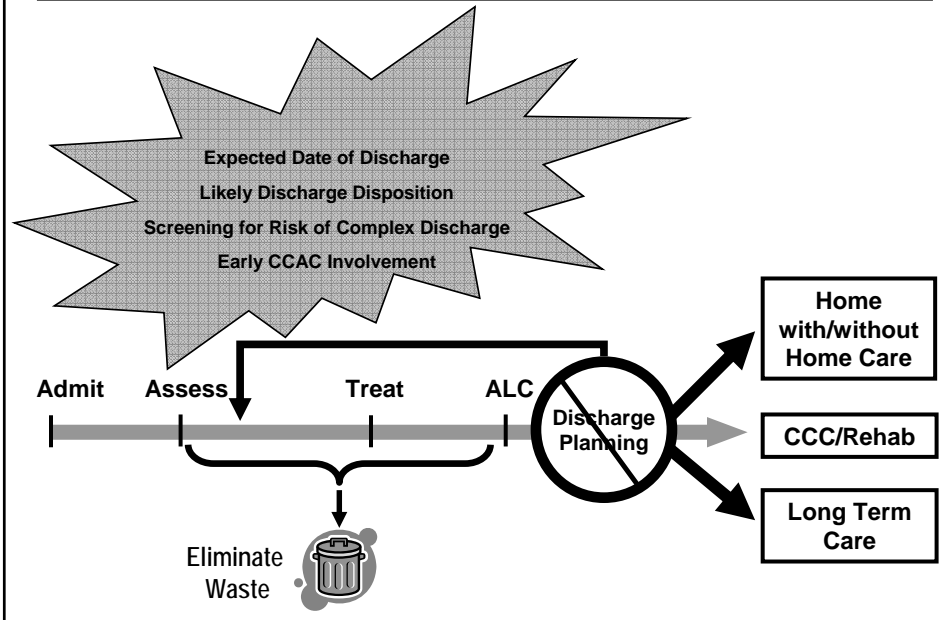
# Patient Transition Change Concepts

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## Attributes of Good Transition Planning:

1. Within 24-48 hours of admission, determine an estimated date of discharge and provisional destination.
2. Within 48-72 hours of admission, screen for factors that may delay discharge and develop a plan for managing the risks.
3. Organize regular and frequent communication within the interdisciplinary team.
4. Develop visual triggers to articulate discharge status.
5. Develop protocols that define a standardized process and eliminate duplication of roles.
6. Establish partnerships to improve patient transitions.

## Flo Concepts: Changing the sequencing of steps and removing non-value added steps



## Change Ideas that have been Tested / Implemented

### Concepts

Within 24-48 hrs of admission:

- Estimated date of discharge
- Provisional discharge destination
- Screen patients at high risk for complex discharge & develop a plan

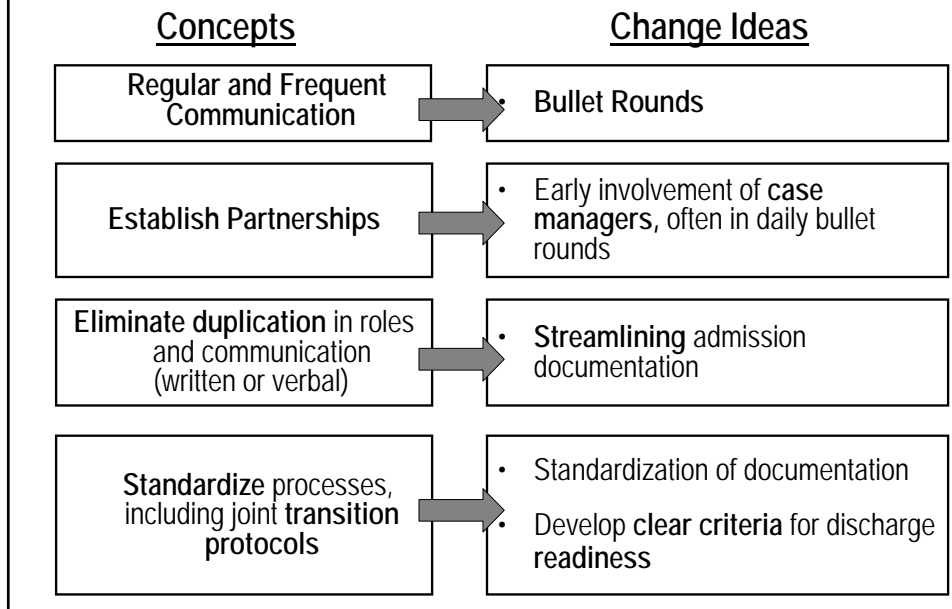
Visual management

### Change Ideas

- Use of a 'Traffic Light' System to visually communicate estimated discharge date.
- Utilization of a **discharge matrix** to clarify discharge options.
- Use of risk assessment tool (ex. **Blaylock**) on admission, often with triggers for referral to PT, OT & SW

- **White boards** on units and patient rooms to communicate goals

## Change Ideas that have been Tested / Implemented



## Flo Collaborative Outcome Measures:

### Core Outcome Measures:

- Average Length of Stay
- Average Bed Turns
- % ALC days, Average ALC LOS
- Readmission rate within 7 days
- Average wait time in ED for admitted medical patients

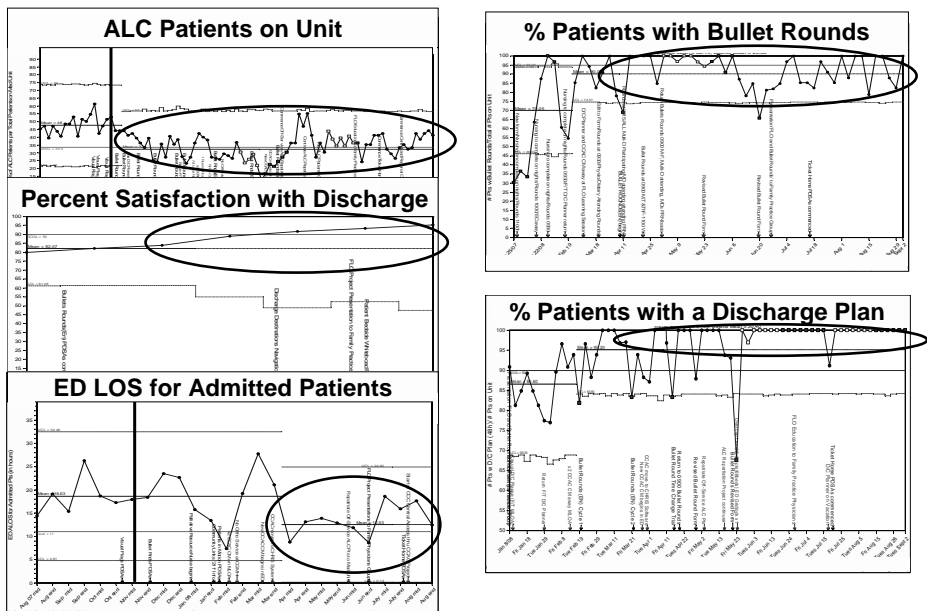
### Real-time Outcome Measures:

- Number of ALC patients on the targeted medical unit on a bi-weekly basis
- One additional outcome measure defined by improvement team

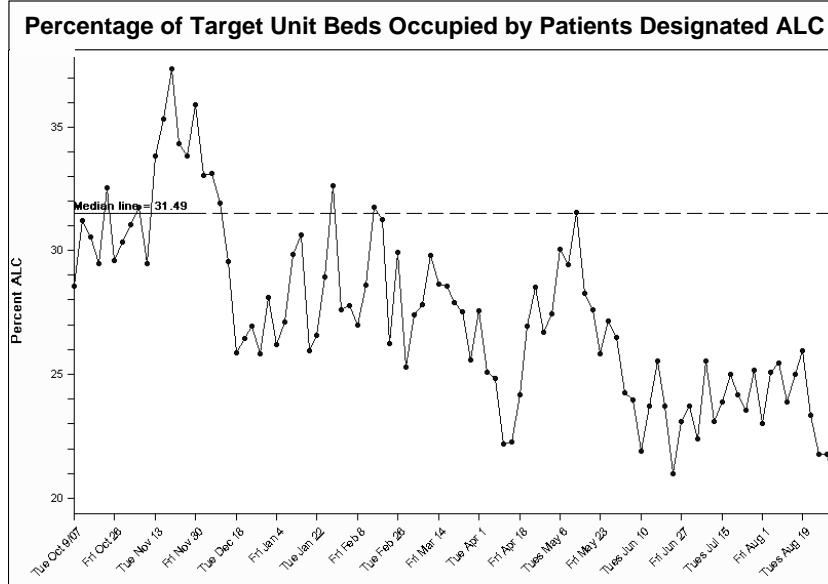
## Interim Team Progress (September 2008):

		Shift in Process Metric(s)	
		Yes	No
Shift in Outcome Metric(s)	Yes	7	5
	No	5	12

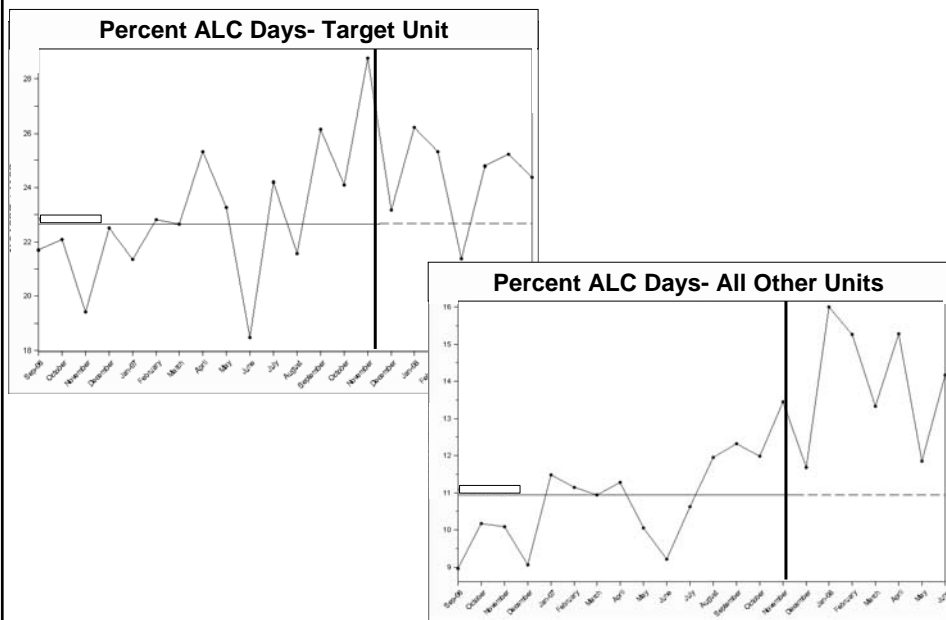
## Positive Changes in Family of Measures:



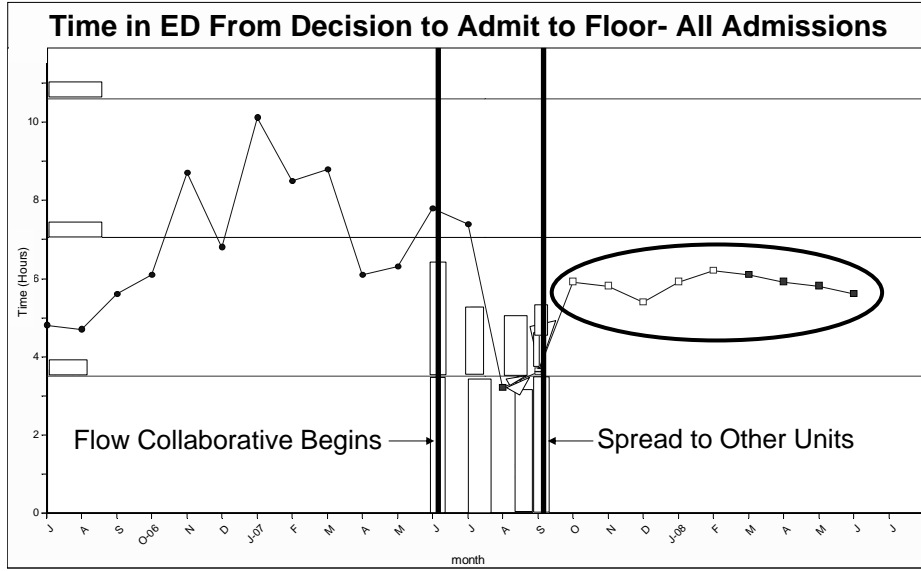
# Percentage ALC Patients (Target Unit):



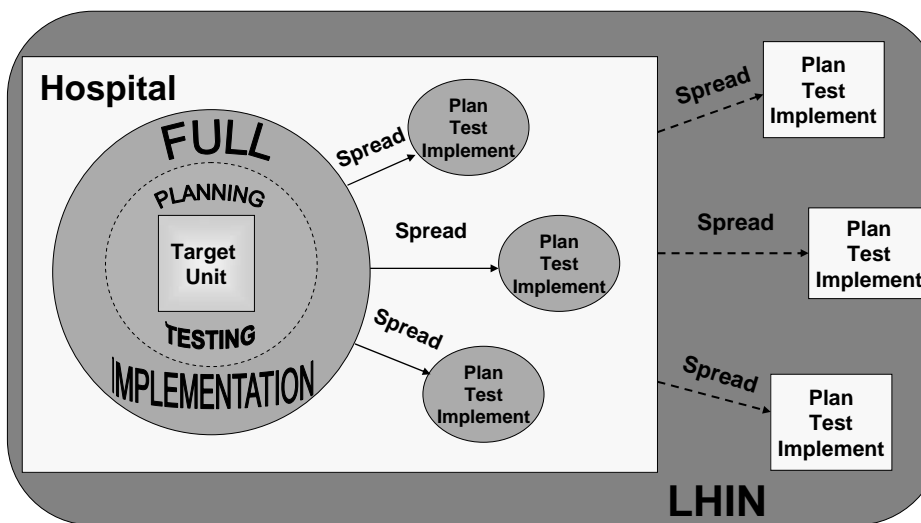
# Target Unit Percent ALC and Organization Percent ALC



## Spread of 'Flo' and Impact on the ED:



## Sustainability and Spread of the Flo Collaborative:



## Key Lessons from the Flo Collaborative:

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- Strong Senior Leadership involvement and support.
- The organization understands the importance of measurement for improvement and how to test changes.
- Key measurements on process and outcomes must be available in real time.
- Improvements must consider the local context.
- Process owners must actively participate in the development of new procedures.

## Key Lessons from the Flo Collaborative:

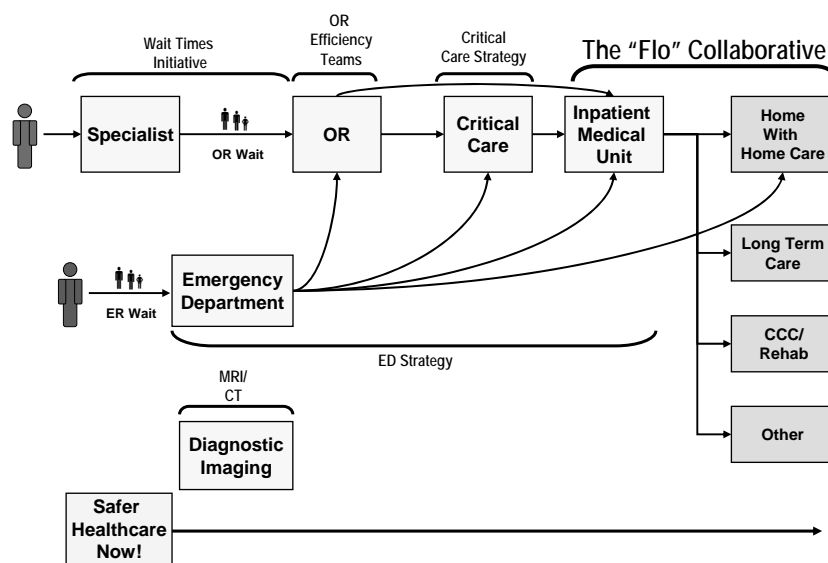
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- Improvements must evolve if they are to be spread and sustained.
- Value in developing a 'community of practice' for Improvement Advisors.
- New processes must reduce or eliminate work for staff if they are to be sustained.
- Improvement projects must be resourced appropriately, addressing issues such as staff time and skill level.
- Change ideas are additive; Often require multiple changes to move the key metrics.

## Opportunities for Policy and Regulatory Changes:

- Improving the timeliness of the application for Long Term Care.
- Avoid batching of processes along the continuum of care.
- Eliminating duplication in discharge planning roles.
- Addressing authority to sign patient discharge orders.
- Modifying the LTC funding model.
- Increasing the range and quantity of services available in the community.

## Patient Flow and System Level Initiatives:



## Characteristics of (Good) Patient Flow

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Patient Movement	Patient Flow
Frequent mismatches between demand and capacity (ex. no weekend admissions)	Minimal mismatches between demand and capacity
System <i>pushes</i> patients through services	Services <i>pull</i> patients through the system
Frequent, and often long, waits for services	Infrequent and relatively short waits for services

## Key Principles in Patient Flow:

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### 1) Matching Capacity to Demand

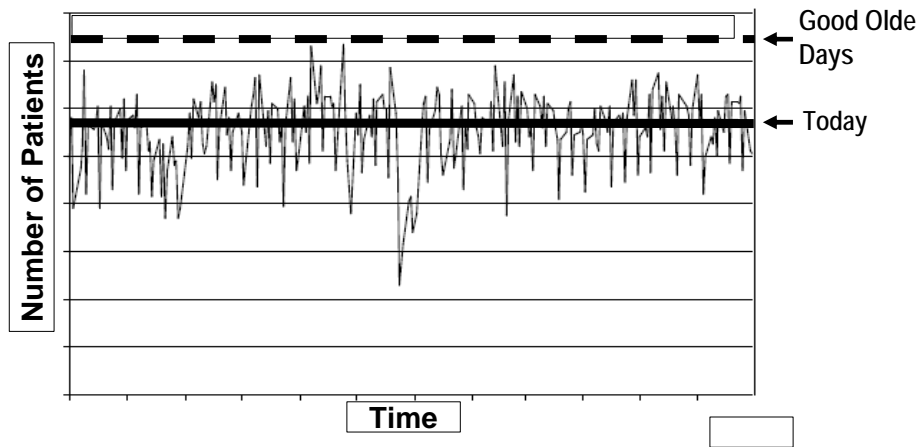
- Many queues (waiting) result from mismatches in demand and capacity.
- In order to match capacity and demand you must:
  - Understand the demand for your services
  - Effectively plan and manage your capacity

**\*\*Note: Addressing demand and managing capacity requires an understanding of *natural* and *artificial* variability**

## Key Principles in Patient Flow

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### 2) Smoothing Flow Through the System



## Key Principles in Patient Flow

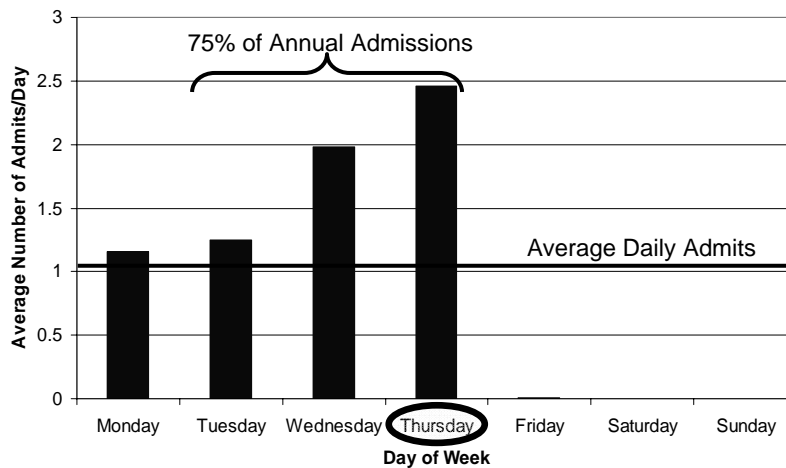
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Three options to address peak capacity:

1. Increase the ceiling by adding hospital capacity
2. Reduce the average hospital census by artificially limiting the number of patients admitted
3. Reduce flow variability (the magnitude of peaks and their frequencies) by smoothing patient flow through the continuum of care.

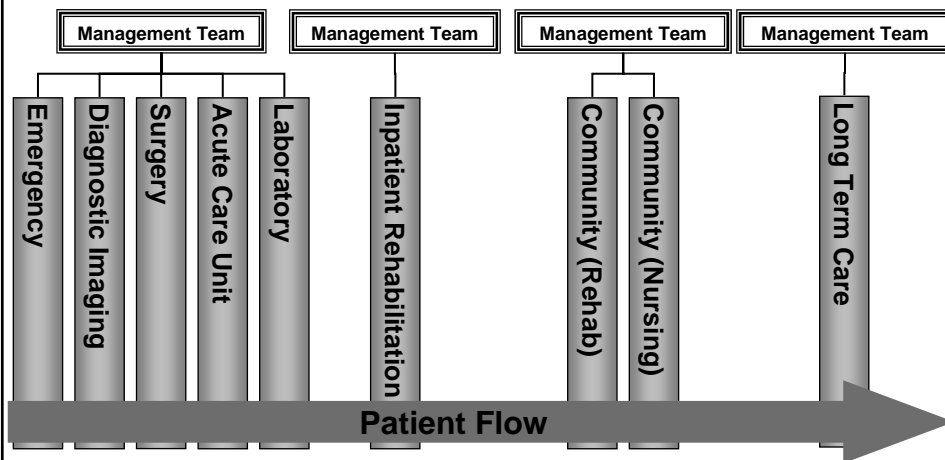
## Smoothing Patient Flow:

Average Number of Rehab Admissions/Day of Week  
(2006)



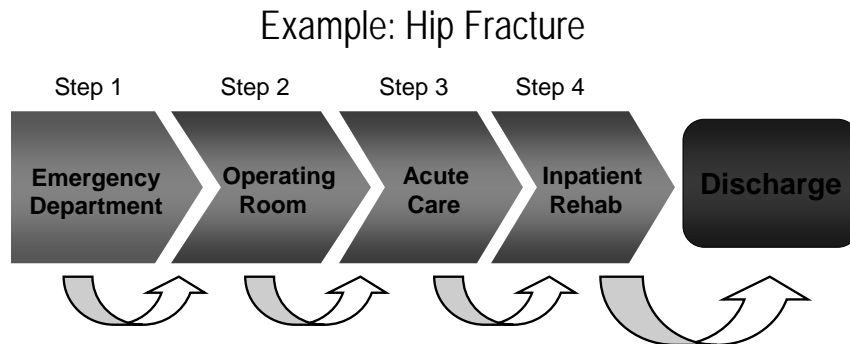
## Key Principles in Patient Flow:

3) Operate 'Horizontally' Along Value Streams.



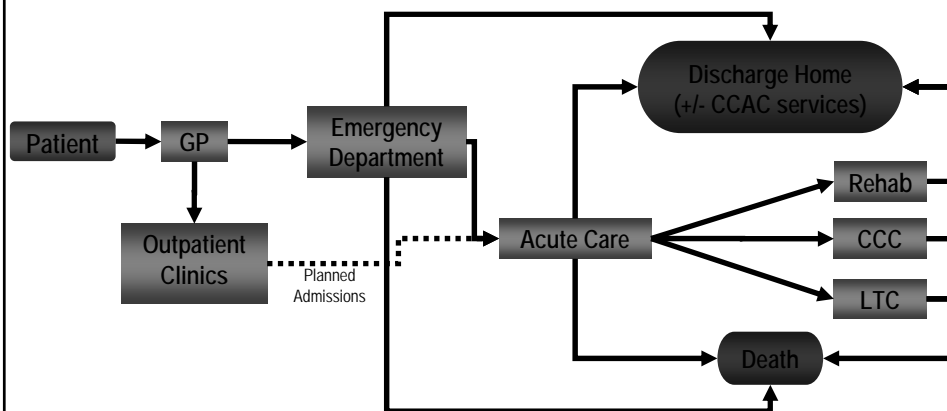
## Key Principles in Patient Flow:

### 4) Focus on the Back-End of the System



## Key Principles in Patient Flow:

### 5) Discharge, Discharge, Discharge (Home!)





*Every system is perfectly designed to get the results it gets.*

Don Berwick

*No problem can be solved from the same level of consciousness that created it.*

Albert Einstein



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Building on lessons from high performing health care systems around the world, the **Centre for Healthcare Quality Improvement at The Change Foundation (CHQI)** aims to assist organizations to achieve breakthrough results in quality outcomes in areas of provincial strategic priority. The Centre will accomplish this by working with senior health care leaders to build the case for improvement as a business strategy, by initiating and coordinating large scale improvement initiatives, and by using action-based learning to strengthen the capacity and capability for quality improvement among leaders and providers in the system.

If you have questions, please contact:

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