

Performance Improvement Bulletin

Featured

Introduction by Dr. Alan Smith	1	Key lessons learned from initial six hospital visits	4
The delivery of access standards for inpatient and day cases in 2013	2	Delivering Improvements in scheduled care waiting Times: Regional hospital workshops	5
NTPF launch new website!	3	The Outpatient Service Performance Improvement Programme	5
Launch of the new National Waiting List Management Policy (2013)	3	SDU Unscheduled Care Strategic Plan Q1 2013	6
Launch of the new Performance Improvement in Scheduled Care – Waiting List Management Toolkit	4	Examples of best practice of performance improvement – Case studies	7

Introduction to the 2nd edition by Dr. Alan Smith

The overall performance of the hospital network in responding to the challenge of reducing maximum waiting times was impressive during 2012, particularly when the health service has been under considerable pressure. Whilst the most important contribution to this preliminary success has been the work of clinical and managerial leaders in individual hospitals, it must also be acknowledged that the major redesign of the operating model of the NTPF has also been a contributing factor. In July 2011, the restriction that mandated 90% of the expenditure of the fund to the private sector was lifted and the referral process changed to enable the SDU and NTPF team to redirect its capability in supporting hospitals to reduce maximum waiting time.

The number of adults having to wait more than 9 months for inpatient and day case surgery (excluding GI endoscopy) was down to 86 at the end of December 2012, from 3,706 in December 2011, a **98% decrease**. The number of children waiting over 20 weeks was down to 89 at the end of December 2012, from 1,759 in December 2011, a **95% decrease**. The number of patients waiting over 13 weeks for a routine endoscopy procedure went down from 4,590 in December 2011 to 36 at the end of December 2012, a **99% decrease**.

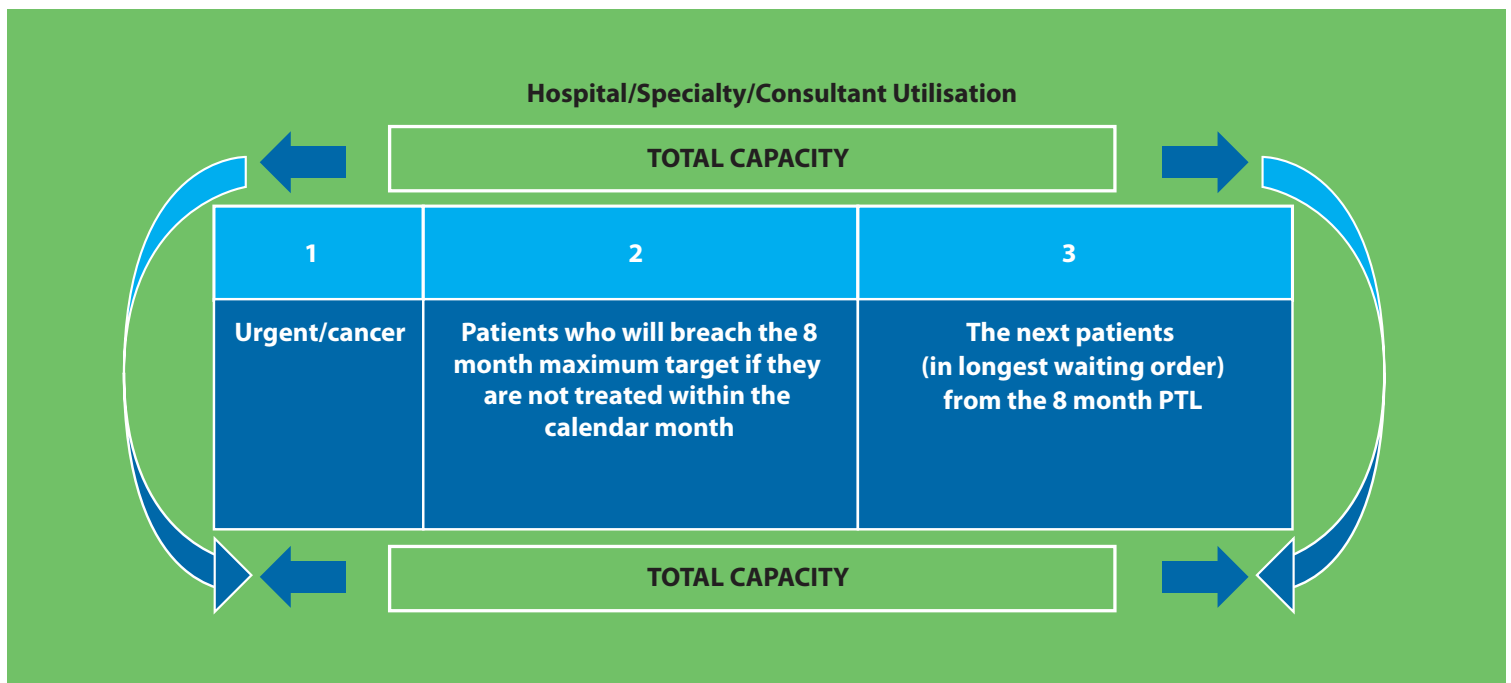
The delivery of access standards for inpatients and day cases in 2013

It is imperative that hospitals plan carefully to achieve the following standards in 2013:

- No adult patient should wait more than 8 months for inpatient or day case treatment before the end of 2013
- Maintaining a 20 week maximum wait time target for paediatrics
- Maintaining a 13 week maximum wait time target for GI endoscopy

This will involve forward planning at patient level to ensure that capacity is available and hospital resources/theatre capacity are aligned and re-allocated between sites and/or consultants if necessary to ensure that all patients are treated. In order to achieve the 8 month target it will be necessary for all hospitals to ensure that their total capacity (hospital, specialty and consultant level) and theatre schedules are populated with patients in the following order of priority:

Figure 1



There are several potential strategies hospitals can utilise when planning their resources most effectively around the delivery of the 8 month target for their patients. These include;

1. Flexible usage of theatre capacity within specialties
2. Flexibility/reallocation between specialties to allow allocation of theatre time to longest waiting patients from any specialty
3. Examine opportunities within local hospital networks
4. Examine opportunities outside local area
5. Examination of currently scheduled cases to ensure that no shorter waiters are scheduled in advance of longer waiters of equal clinical priority

NTPF launch new website!

As part of our on-going support to performance improvement reform in hospitals the NTPF has re-designed its website: www.ntpf.ie. The main changes include the publication of monthly reports at hospital, and speciality level in-patient, day-case and GI endoscopy waiting list figures and trends.

Outpatient waiting time data by hospital will also become available. We are also delighted to announce a new section dedicated to innovation and development. The purpose of the innovation and development hub is to provide all health care workers with easy access to training and development guidance in the form of policy documents, toolkits, technical guidance documents, workshops and much more. The hub brings together in one convenient location, all of the work that has been undertaken in relation to performance improvement by the NTPF/SDU to hospitals in Ireland in 2012 and into 2013.



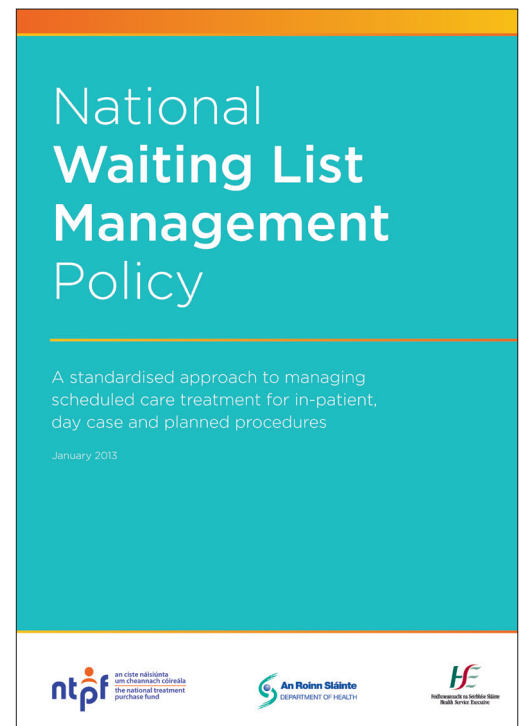
www.ntpf.ie

Launch of the new National Waiting List Management Policy (2013)

The new Waiting List Management Policy (2013) has been published to ensure that all administrative, managerial and professional health care staff follow an agreed national minimum standard for the management and administration of waiting lists for scheduled care, regardless of whether patients are active, suspended, scheduled or planned. The policy describes the essential elements that are fundamental to ensuring there is a consistent structured approach to the management of the waiting list for in-patient, day case and planned procedure patients in hospitals in Ireland. The priority items for your organisation to review should include:

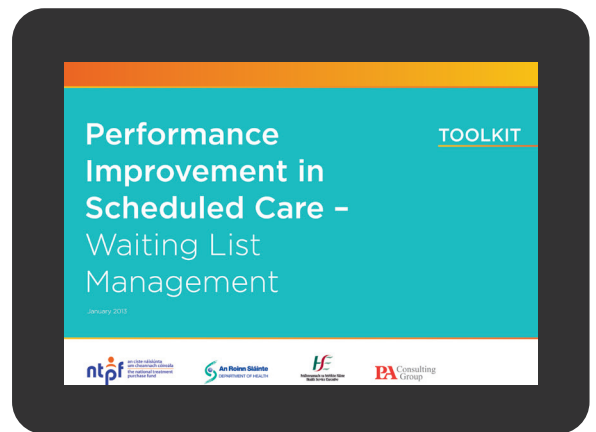
- Agree a local waiting list management policy
- Include in the policy accountabilities and escalation policies
- Define weekly and monthly KPI's
- Appoint a designated executive lead who will have responsibility for all waiting list staff and booking team(s)
- Implement a training program - audit adherence

Available on www.ntpf.ie



Launch of the Performance Improvement in Scheduled Care – Waiting List Management Toolkit (2013)

A toolkit to support the successful implementation of the Waiting List Management Policy (2013) has also been developed and is available on www.ntpf.ie. The scheduled care support toolkit aims to introduce scheduled care management concepts to hospital Operational Directors, Medical Directors and other relevant staff. The toolkit can be used either to support systematic improvements or it can be used on an ad-hoc basis as required. The toolkit should be used in conjunction with the NTPF Waiting List Management Policy.



www.ntpf.ie

The toolkit focuses on the organisational and operational changes necessary to improve patient experience of scheduled care in Ireland. Included in the toolkit is an organisational assessment tool which will allow hospitals to examine their current capabilities and performance around scheduled care. Key areas include:

- Effective leadership and Governance
- Gathering and using data and information effectively
- Addressing patient back-log issues and improving scheduled care management processes
- Communicating change to hospital staff and engaging them for sustainable improvement performance improvement by the NTPF/SDU to hospitals in Ireland in 2012 and into 2013.

Key lessons learned from initial six hospital intervention visits

The NTPF/SDU in conjunction with PA Consulting Group undertook six hospital visits in the summer of 2012. Hospitals were selected based upon an analysis of those who had a significant number of patients breaching national access targets – elective surgery, paediatrics and GI endoscopy. The six hospitals carried approximately 80% of the national breaches, and the single biggest point of failure for all of the hospitals was the absence of a waiting list policy. The following common key actions were identified:

- Absence of a formalised waiting list policy
- A lack of transparency and visibility of waiting list data
- A lack of chronological booking for routine cases
- A lack of consistency in patient categorisation
- An inability to stress test/forecast clearance activity
- Limited use of centralised booking teams
- Poor use of data and information
- Limited engagement with clinical staff

Hospitals should now prioritise the implementation of these key actions.

Delivering Improvements in scheduled care waiting times: Regional hospital workshops

Workshops were held in Tullamore, Cork, Galway and Dublin in October of 2012. The purpose was to share the learning captured from the six initial hospital visits described above. A case study was presented that allowed each hospital team to find solutions to their everyday waiting list challenges. The presentations included:

- Key lessons from the hospital visits.
- Launch of the new National Waiting List Management Policy (2013) and Toolkit for Performance Improvement in Scheduled Care-Waiting List Management (2013)
- Master class on data. Understanding the principles behind clearance plans, and using data to drive scheduled care performance improvement.

If you would like a copy of any of the presentations please email: Jennifer.hogan@ntpf.ie

The Outpatient Service Performance Improvement Programme

The Outpatient (OP) Service Performance Improvement Programme encompasses the HSE, SDU, the NTPF and all hospitals providing outpatient services. It is a national programme that will be implemented between 2012 to 2015. The overall aim of the programme is to ensure timely, appropriate access to OP services so that the most appropriate member of the clinical team sees the right patient at the right time.

Collaborating with individual hospitals the SDU together with the NTPF and the HSE have developed the OP waiting list minimum dataset that allows for this data to be submitted to the NTPF from hospitals on a weekly basis. The collation, analysis and reporting of OP waiting time data will reveal how many patients are waiting by region, by hospital, by specialty and by Consultant. The weekly data is shared, in compliance with Data Protection with the HSE National Lead for OP Services and OP Regional Coordinators.

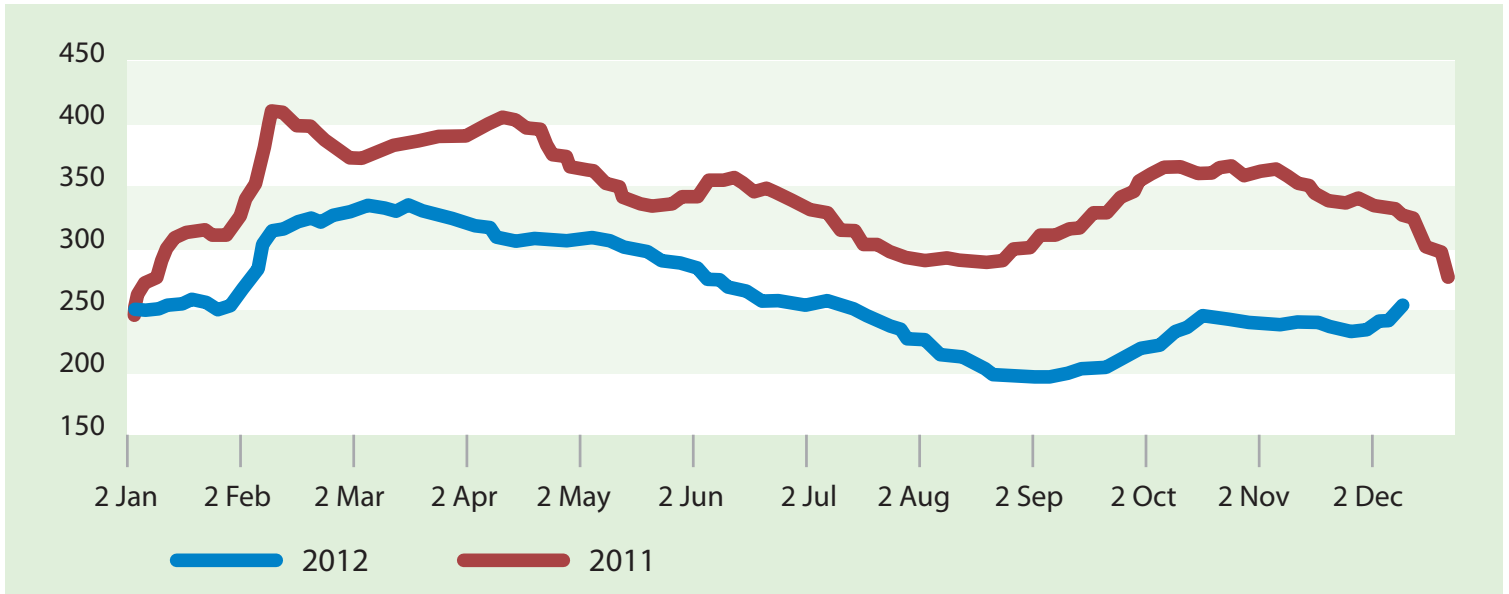
The NTPF now reports OP waiting time data on behalf of the HSE. The methodology used replicates the approach taken with the collection of the NTPF inpatient and day case waiting time data. The data has allowed the setting of a maximum waiting time target for a first OP appointment. The first target to be achieved is:

- < 12 months for a first time OP appointment by November 30th 2013

SDU Unscheduled Care Strategic Plan: Q1 2013

The Special Delivery Unit (SDU) was established to release access to acute services by improving the flow of patients through the system both for Scheduled and Unscheduled Care. To date the focus on Trolley waits has resulted in year on year reductions. See the graph below:

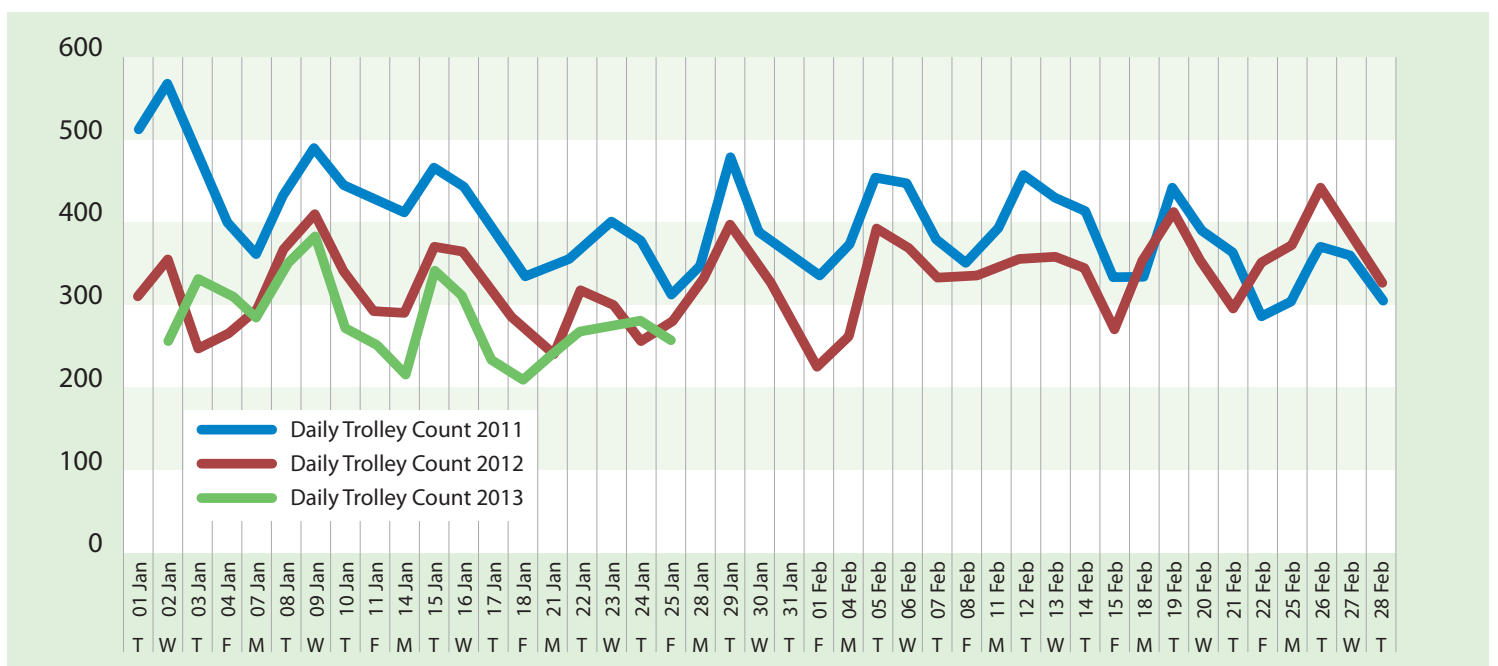
National INMO 30 DMA Trolley Count. 2012 v 2011



In order to achieve sustainable change, the vision for the SDU is to create the environment through which cultural and behavioural change in the delivery of unscheduled and scheduled care is institutionalised as normal 'day to day' business.

The urgency and rationale behind addressing trolley waits continues to be based on the premise that a prolonged occupancy of Emergency Departments (ED) leads to poorer outcomes for patients. This, in turn, involves longer length of stay and increased morbidity and mortality (Liew et al 2003, Richardson 2006, Spivulis et al 2006, Richardson and Mountain 2009). Therefore the need to address this is not simply an issue of poor resource utilisation but one of patient safety. See the graph below for comparisons between January 2011 and February 2013.

Daily National Trolley Count (2011, 2012, 2013)



The use of key metrics, as evidenced currently by TrolleyGAR and CompStat and taken together with the expansion of **Patient Experience Times** (PET) measurement, will form the basis of key performance indicators for Unscheduled Care.

The SDU performance improvement approach remains congruent with the HSE Escalation Framework and is triggered by key indicators evidenced by TrolleyGAR, Patient Experience Times and Compstat. The SDU intends to increase engagement with hospitals where there is a major concern that the trajectory towards a maximum wait of 9 hours for all patients will not be achieved.

An Executive Lead, identified by each site, will be responsible for delivery of performance improvement for Unscheduled Care in their service and the SDU intends to issue a suite of resources to support organisations in addressing the principal targets associated with Unscheduled Care throughout 2013. In keeping with the balance between delivering on identified performance measures and building capability, the SDU will facilitate the development of Innovation sites.

In order to accelerate and embed the desired changes the SDU is issuing an **Unscheduled Care Strategic Plan** (Q1, 2013) which details the processes that will operate in 2013 for delivery of improved performance. The **Unscheduled Care Strategic Plan** (Q1, 2013) is framed in the context of **Future Health** (2012-2015) and outlines accelerated efforts towards key targets balanced with enhancing capacity and capability building. The **SDU** continues to work closely with the National Clinical Care Programmes in delivering the performance improvement agenda for Unscheduled Care. In that regard meeting Emergency Department Patient Experience Times (PET) is fundamentally about the overall quality of the patient journey and not merely about meeting a target. See www.ntpf.ie to download the Unscheduled Care Strategic Plan.



Please contact PJ Hartnett at PJ_Hartnett@health.gov.ie for further information

Meeting targets is not the same as improving performance

Examples of best practice of performance improvement in Ireland

Case study 1 - Scheduled Care

Mater Misericordiae University Hospital - Endoscopy Unit

The Endoscopy Unit in the Mater has successfully implemented chronological booking as part of its strategy to treat patients requiring procedures who have been waiting the longest. In early 2012, waiting times for routine scopes was approximately 10 – 12 months. All surgical scopes were carried out in main theatre, usually as part of a colorectal theatre list, while all GI endoscopy was carried out in the Endoscopy Unit.

The action plan for achieving the 12 week target included:

- Colo-rectal surgeons offered access to the GI unit for two afternoons per week
- Implementation of strict chronological booking system and
- Carry out evening lists using NTPF support to clear backlog of longest waiting patients

In January 2012 the number of patients waiting greater than 12 weeks was 125. By September and December 2012 the total number of patients waiting for a scope greater than 12 weeks was zero! The Mater then commenced receiving referrals for scopes from Our Lady of Lourdes Hospital, Drogheda in October 2012, through the NTPF.

Day Ward Improvement:-Effective utilisation of beds on the day case ward

A new governance structure was put in place for the day case ward which created a high bed utilisation for patients and quicker turnaround times. The introduction of the effective utilisation of day ward beds, and the earlier opening of the day ward (by 45 minutes) has seen the volume of patients admitted increase significantly. What this means in practice is that, when possible, the bed is used in the morning for one patient and then again in the afternoon for another-the first patient having been safely discharged. The number of patients admitted to the day ward prior to this was approximately 173 per month, this increased to 233 patients per month - **a huge 26% increase in bed utilisation.**



For further information please contact: Geraldine Dunne, Waiting List Co-ordinator, Mater Misericordiae Hospital at P: 01-8034645 or E: gdunne@mater.ie

Case study 2 - Scheduled Care

Tallaght Hospital - Nurse led pre-assessment on the day ward

Tallaght Hospital is committed to ensuring the safe and efficient pre-assessment of **all** patients with a planned admission to the Day Care Unit. This service has expanded to include all Day of Surgery Admission (DOSA), orthopaedic, urology and gynaecology patients. **All day case patients are pre-assessed**, either by phone or scheduled appointment as appropriate. This process ensures patients are ready for theatre on the morning of surgery. Patients receive a text message at least 72 hours prior to appointment, which further assists in the reduction of Did Not Attend's (DNA's). In addition, the unit also provides an anaesthetic clinic where patients who require an anaesthetic consult prior to their procedure date are reviewed by a Consultant Anaesthetist.

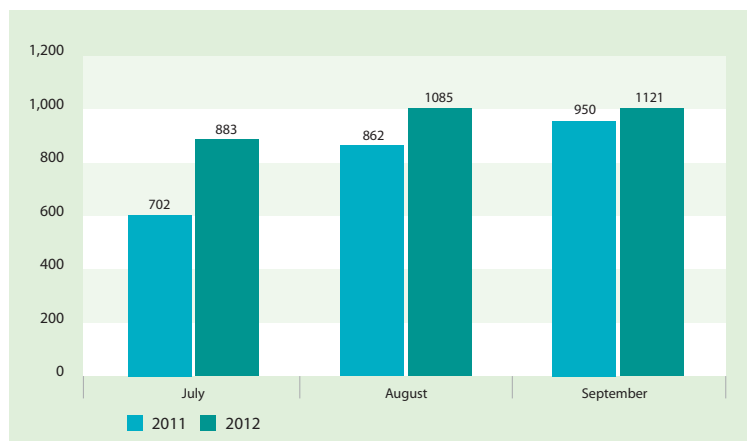
Development of departmental policies, and supporting standard operating procedures have been put in place to guide best practice, which ensures:

- Effective, efficient and consistent waiting list management
- Appropriate pre-assessment and subsequent efficient admission through the reduction and prevention of cancellations due to underlying co-morbidities
- More timely discharge facilitated through early identification of potential delays in the discharge process
- An efficient, intelligent and cost effective use of hospital beds and resources with minimal impact to patient care experience through the reduction in cancellations
- A reduction in the number of patients who DNA
- An improvement in patient education and reduction of patient's fears and anxieties
- Overall a more positive experience for our patients and their families

In April 2012 the entire patient flow process of day case pre-assessment was critically reviewed and process mapped. Subsequent changes to workflow/ load management were introduced including, for example, the designation of rooms for phone assessment and patient appointments. This resulted in additional positive patient outcomes, including faster patient response times via structured consistent daily task responses: e.g., email/phone issue management.

Patient appointment times were agreed and daily targets set. Within a few weeks the impact on the number of day cases being reviewed was seen, as evident in the graph: ➡

Number of Day Case Patients Pre-assessed July-Sept 2011-2012



The project is on-going with **additional training on pre-assessment** currently being provided to all day ward nursing staff, which will facilitate greater use of this resource through rotational arrangements. This will naturally build skill capability within the department. This project fits well within the current ICT infrastructure with all information captured electronically, thus facilitating follow up and issue management more efficiently and accurately. Future plans include a patient satisfaction survey to ascertain the patient's viewpoint on the changes.



For further information please contact Bernadette Corrigan, Assistant Director of Nursing at Tallaght Hospital. E: bernadette.corrigan@amnch.ie, or P: 4142000 bleep 2706

Case study 3 – Scheduled care

Tallaght Hospital – TPOT Critical to meeting patient wait time targets

Tallaght hospital was one of the pilot sites for The Productive Operating Theatre (TPOT) programme. TPOT provides a means for staff to look at how they manage their workload. Guidelines are provided detailing what processes departments should audit and measure so that as change is implemented real improvements can be measured.

TPOT is an integral part of efforts to improve elective access through Primary Target List (PTL) management. A cross functional group within the surgical directorate meet weekly to plan admissions for the longest PTL waiters. Maximum capacity is utilised in theatre to carry out more surgical procedures without increasing pay costs. In order to track improvements in productivity activity is measured, tracked and compared monthly and annually. These measurements include:

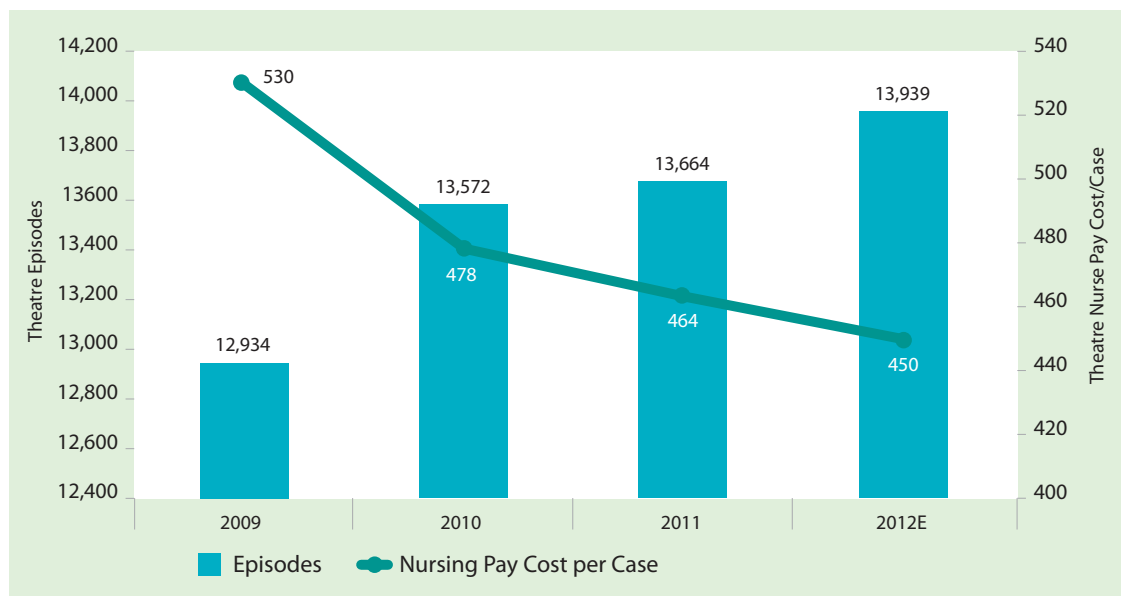
- Case numbers
- Case mix: day case, inpatient, elective, emergency and Day of Surgery Admissions (DoSA)
- Out of hours work
- Average Start times
- Average surgical 'Touch Times' (surgery start to surgery finish)
- Average length of time patients spend at each stage of their theatre journey:-holding area, anaesthetics, theatre and recovery

The learning from these key metric include:

- Casemix ratios e.g., day cases to inpatient procedures
- Increases in case numbers
- Theatre utilisation
- Increase in DoSA patient numbers (shorter pre-operative stays)
- Emergency work out of hours and our compliance with theatre outcome standards– which is an important balancing metric to ensure increased activity is being done safely
- The change in complexity of the type of surgery carried out within the department

It is anticipated that by introducing TPOT there will be a reduced pay cost per case. This has been tracked and demonstrated as shown below by activity increase and theatre nursing productivity between 2009- 2012. Total theatre activity has increased by over 1,000 episodes per year or 8% since 2009. Theatre nurse pay costs per case have fallen to €450 per episode – a decrease of 15% on 2009 figures.

TPOT Activity Increase and Theatre Nursing Productivity 2009 to 2012



Productivity improvements are achieved by focusing on each stage of the patient journey using 'LEAN' principles. An example of such an improvement is start times in theatre. The TPOT group developed a pathway where patients are consented and their 'medical admission' for day cases are completed during **their outpatient visit**. This eliminates the need for the surgical teams to admit on the morning of surgery and reduces the delay in preparing and transporting patients to theatre.



For further information please contact Cait Tobin, Theatre CNM III and TPOT Project Manager, at E: cait.tobin@amnch.ie, or P: 01-4142633

Case study 4 – Scheduled Care

Tullamore Hospital: Rapid Enhanced Recovery

In January 2012 the Midland Regional Hospital-Tullamore, which is the regional centre for orthopaedics in the Midlands, commenced a multidisciplinary rapid/ enhanced recovery programme for hip and knee replacement patients which incorporates a pre-operative educational joint school.

The programme involves

- Joint school, and patient partnership
- Anaesthetic involvement both peri and post operative
- Pre-operative medical assessment
- Day of surgery admission (DOSA)
- Minimally invasive surgery approach to hip replacements
- Multimodal analgesia to all patients
- Rapid physiotherapy, occupational therapy and coordinated nursing support
- Enhanced community step down care.

The provision of a pre-operative joint school ensures that patients are comprehensively educated before coming into hospital, are aware what the surgery entails and are prepared for the intense rehabilitation process immediately following surgery as well as for their discharge home. The programme is largely dependent upon all team members understanding that the patient is a pivotal player and a partner in the process.

Reducing length of stay is a huge factor in combating waste within the acute hospital setting. The **average length of stay for hip replacement patients has been reduced from 5 days to 3.5 days**. The Day of Surgery rates (DOSAs) for joint replacements **increased from 5% in January to 85%** in October 2012.

Early mobilisation and rehabilitation has been facilitated by changes in anaesthesia and multi-modal analgesia, for example, patients no longer receive a patient controlled anaesthesia pump but instead receive a combination of non-steroidal medication, intravenous paracetamol and pregabalin. Some patients also receive local infiltration into the new joint intra-operatively, making it possible to mobilise the patient immediately after their surgery, as pain is better controlled and side effects such as nausea and vomiting from the narcotics are reduced.

By collectively treating the patient in this manner the likelihood of readmission is reduced. One week of bed rest for an elderly patient can reduce their muscle strength by almost a third. This has the possibility of delaying their recovery by up to 6 months. With the enhanced recovery programme patients **can be mobilising and at home within one to two days**.

326 patients (compared to 229 in 2010) have had joint replacement and rapid / enhanced recovery as of October 2012. Tullamore is aiming for 95% Day of Surgery Admission Rate and are continuously trying to improve this rate with new quality initiatives. Approximately 270 patients have attended the joint school to date. The orthopaedic team are monitoring the progress of the programme and intend to undertake an overall audit of its effectiveness next year.



For further information please contact Dearbhail Foy, Joint Replacement Nurse Manager, Midland Regional Hospital, Tullamore, at E: dearbhail.Foy@hse.ie or P: 05793-21501

Case study 5 –Unscheduled care

Kerry General Hospital: Clinical Governance structure

Because the problem of delayed discharge is largely a medical issue, accounting for between 80% and 90% of such cases, the policy adopted in Kerry General Hospital (KGH) was to target capacity plans for the Medical Department. During 2012 the Clinical Governance structure of the Medical Department in KGH underwent a significant change. Central to this change was the establishment of **daily post-take meeting between 9.00am and 9.30am** attended by all the Consultants and the NCHDs in the Department.

All complex cases are discussed and workloads distributed for the day. Allied to that, **a weekly weekend discharge meeting** was held each Friday identifying patients for potential weekend review and discharge. This meeting is attended by all the Consultants, discharge coordinators, admission staff and Clinical Nurse Managers from the wards. There is also a **twice monthly** Clinical Governance meeting.

Because the above governance structures were well established, it was an easy task to develop a capacity plan for the 2012 Christmas period; all that was required was the escalation of what was an already well-functioning governance structure.

Beginning Friday 7th of December the escalation occurred with the inclusion of a Continuing Care Placement Coordinator, Public Health Nurses and the Director of Nursing from the main short-stay Community Hospital attending the meetings. The **Clinical Director chaired** all the meetings underlying the importance of this issue to the hospital and the organisation.

Based on anticipated demand mapped from 2011/12, the frequency of the meetings was increased sequentially over the month of December with **meetings occurring daily** over the Christmas period. In total 17 such meeting occurred between Friday 7th December 2012 and Monday 7th January 2013.

Plans were put in place to ensure that there was **full availability of diagnostics**, allied health professionals, aids and appliances, community intervention teams etc. Urgent outpatient slots were identified for the first week in January and the AMAU was kept open on key dates. Surgical lists were cancelled for the early period of January 2013. Each meeting ended focusing on the **micro-management** of any potential delayed discharges; impediments to discharge being discussed and appropriate locations and community supports put in place.

During the Christmas period the following enhanced clinician team input was initiated;

- **Consultants Physicians agreed to do 2 wards rounds per day** with the first ward round commencing at 7.30am in the Emergency Department
- **All new admissions were reviewed**, followed by a review of new patients on the wards
- This was followed by a meeting with the admissions\discharge staff and senior nurse on duty for the day
- This meeting was followed by a **second discharge-oriented ward round**. This method of rounding has now been agreed for all weekends going forward

The table below show the activity in KGH for a one week “snapshot” from the 24th December 2012 to the 1st January 2013

	24th	25th	26th	27th	28th	29th	30th	31st	1st	Total
Discharges - Total	64	22	12	47	58	22	32	51	15	323
Discharges - Medicine	21	4	0	17	15	6	9	17	4	93
Discharges to CHs*	4	0	0	4	2	2	0	1	0	13
Number of CIT** visits	13	8	8	8	10	6	6	4	0	63
Radiology examinations	134	64	89	143	137	87	66	150	85	955
ECHOs	3	-	-	8	4	-	-	9	-	24
Stress Tests	0	-	-	2	0	-	-	0	-	2

*Community Hospital

**Community Intervention Team

Key statistical data:

- Of the 323 patients discharged 32% were discharged on Bank Holidays or over weekend periods
- Up to 6 patients per day were seen in CIT with a total of 63 visits performed mostly for IV antibiotics. Two of these patients had orthopaedic infections requiring 2 weeks IV therapy each
- 13 patients were discharged to Community Hospitals
- 47 patients were reviewed by Occupational Therapy, 38 by Speech and Language Therapy and 94 by Physiotherapy

Key learning from the data analysis:

- No urgent outpatient slots were utilised for the first week in January despite 36 such slots having been freed up. This indicated that most patients who were assessed required admission but this issue clearly requires urgent review
- The AMAU opened for just 2 days on the 27th and 28th December seeing 9 patients and admitting just 2 – the hospital will need to look at expanding this service for the coming year
- The requirement for urgent stress tests was less than expected probably due to the preponderance of frail elderly admissions with respiratory complaints
- The day procedure unit should have been opened earlier as some patients who would have been discharged and brought back as day cases were instead admitted
- Although traditionally considered a “medical” issue, a greater focus on discharge planning will be a feature on the surgical side in 2013
- A more flexible model for the provision of rapid access outpatient slots will need to be developed as we are trying to “hit a moving target” with respect to the week these slots should be made available
- A more flexible model for delaying elective surgery will need to be developed
- Additional diagnostics especially with respect to Radiology would have improved the Patient Experience Times considerably



For further information please contact Dr Richard Liston, Clinical Director and Consultant Physician and Geriatrician, Kerry General Hospital at E: Richard.Liston@hse.ie

Case study 6 - Unscheduled care

Beaumont Hospital: Improving Patient Flow - A Change of Focus – From Pull to Push

Since the introduction of **the Visual Hospital**© Beaumont Hospital has seen **a reduction of over 30% in average medical patient length of stay**. The Visual Hospital tool acts as an enabling instrument which is pivotal to optimising patient flow. The Visual Hospital facilitates the Patient Flow Team to work collaboratively with interdisciplinary staff to ensure the patients who are ready for discharge actually get discharged as planned.

When demand for beds always seems to exceed the available supply at any given time it could be argued that the role of a bed manager/patient flow manager is one of the most challenging in a busy acute hospital, and as the trolley report indicates there are many such hospitals.

The introduction of Visual Hospital© to Beaumont Hospital in March 2012 transformed the systems and responsibility of the teams, and ensured a focus on the overall flow of patients from admission to discharge – hence the establishment of The Patient Flow Department.

Traditionally, there are a range of competing entry points in to the hospital and it is no easy task for bed managers to have a clear overview of the patients coming in needing beds and where the discharges are likely to occur. Often Bed Managers work instinctively day to day using only current and emerging information.

The Visual Hospital© (VH) is a “lean” visual operational management tool. It is a large white board containing templates of each ward. Each ward outlines the bed numbers, a patient status box and a comment box. Each bed is updated 2 hourly with a specific symbol in the status box. The symbol represents the stage at which the patient is at on their hospital journey and discharge. The comment box on the board is used to capture the time of discharge, or if there is a delay the details surrounding the delay are entered in the comment box. The Patient Flow team reconvene 2 hourly to update the board. Information regarding the delays to discharge plans being carried out are visual on the board and a 2 hourly “check & adjust” of progress against the discharge plans are completed.

The availability of such real time information provides a continuous method of visualising the patients and where they are on their journey and checking and adjusting if all tasks have been carried out in relation to patients' discharges.

Through the Visual Hospital the focus has shifted to how many patients are ready to leave the organisation ('demand to get out'). This visual enables the Patient Flow team to remain focused on the task in hand i.e., ensuring those patients that are ready to leave do so without delay. This method brings stability by reducing delays of patients ready to leave. The entire process is less person dependant and more systematic in nature, thus reducing variation which contributes to better planning and forecasting capabilities.

Making the patient visible at every stage of their journey is not just a quantitative measure, it adds immeasurable value to the quality and safety of care. At a human level, many of us may have experienced the feeling of wondering '*am I in the right place*' and '*does somebody know that I am still waiting?*' A systematic structured process such as this has extensive applications in busy dynamic hospitals.



Please contact Val Caffrey, Patient Flow Manager at E: valeriecaffrey@beaumont.ie and Sheila McGuinness, Director of Nursing at E: sheilamcguinness@beaumont.ie

If you know of any performance improvement initiatives that has resulted in patients being treated faster please contact Jennifer Hogan on Jennifer.hogan@ntpf.ie to discuss making a contribution to this bulletin.