مستشفی حمد العام Hamad General Hospital



Breakout D3: How to Improve Flow of Patients Through Medicine Sunday May 15. 10:30 – 12:30

Carolyn Volker RN. ORN. MBA – Ass. Exec. Director – Patient Flow HMC Dr. Anand Kartha MBBS MD MS – Head of Hospital Medicine Dawoud Jamous RN. BSN.MSN - Director Nursing Bed Management Seham Henidy RN. BSN MSN - Director Nursing Case Management

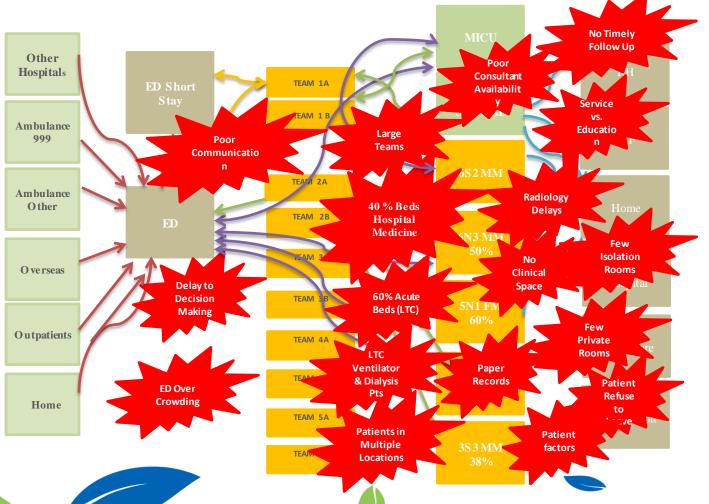
What Is the Challenge?

- HGH 546 Beds
- 1500 Attendances in ED
- 70 80 Admissions per Day (15 20 Acute Medicine)
- Long Waits in ED > 12 90 hrs.
- 60% Acute Care Beds occupied by Long Term Care
- Outliers in Surgical Wards
- Late Discharges & Few Discharges at Week End
- Readmission Rates Unknown
- No Clinical Space & Multidisciplinary Rounds

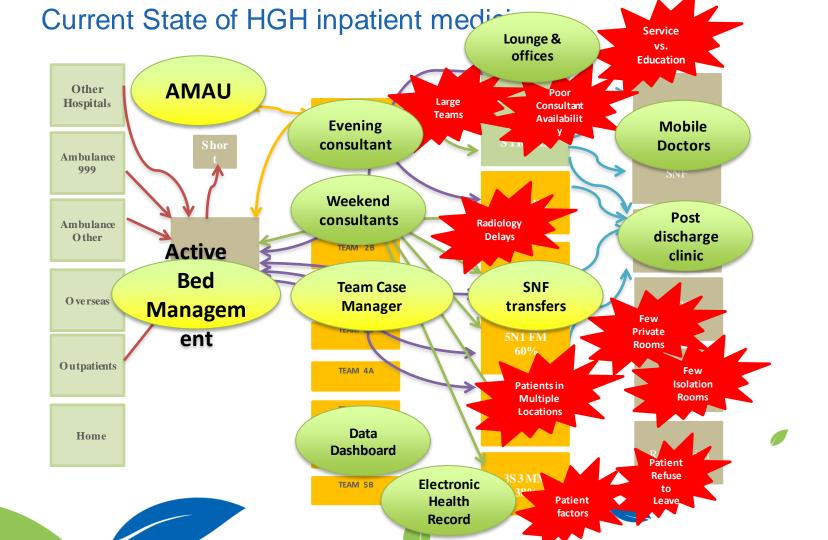
A Morning Round !



Current State of Flow



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Patient Flow in Acute Medicine



Dr. Anand Kartha



Mr. D Jamous – Director Nursing Bed Management



Ms. S Henidy Jamous – Director Nursing Case Management

مستشفى حمد العام Hamad General Hospital



Anand Kartha MD MS SFHM

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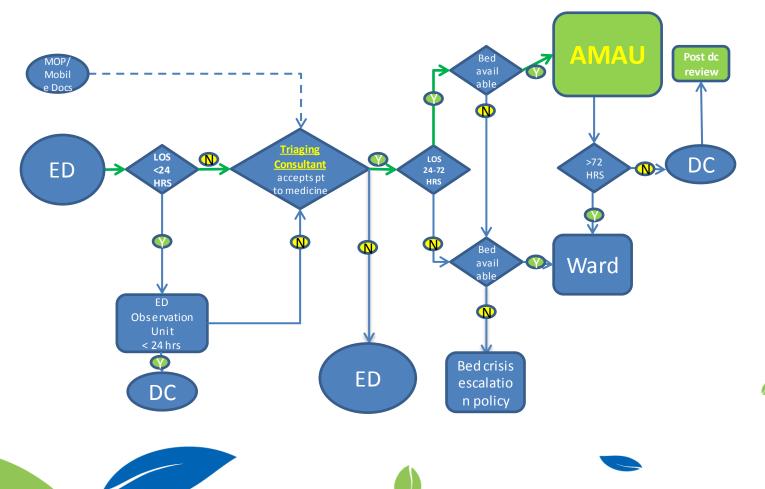


Opened 12 July 2015: 22 beds



Planned in two months

Flow of ED patients to AMAU



What do we do differently in AMAU?

Governance

Clinical Leads:



- Sister Rosario
- Sister Rosemarie

Clinical Leads:

- Dr Syed
- Dr Zahid



7 days a week consultant-led MDT round





Board Rounds 4 times a day

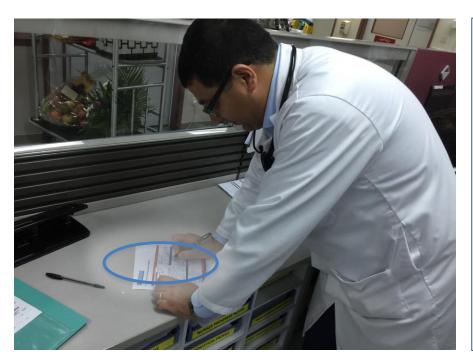


24/7 Physician on-site



Standard Operating Procedures

Qatar Early Warning System/ RRT



AMAU Manual

Clinical Operating Manual Hamad General Hospital

Hamad General Hospital Operating Manual Template Version [Version 7] Date [19 Jan 2016] Acute Medical Assessment Unit (AMAU)

Clinical Operating Manual Version 0.7 Page 1 of 46

AMAU Coordinators

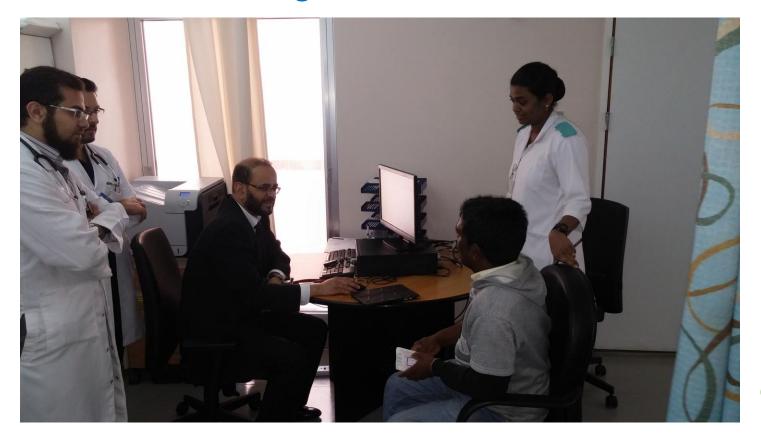


Pharmacist Counselling at Discharge

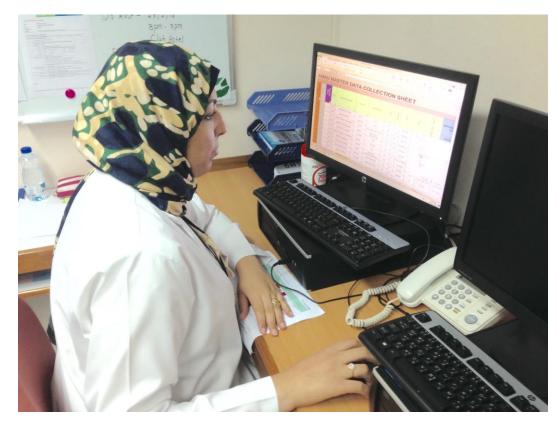




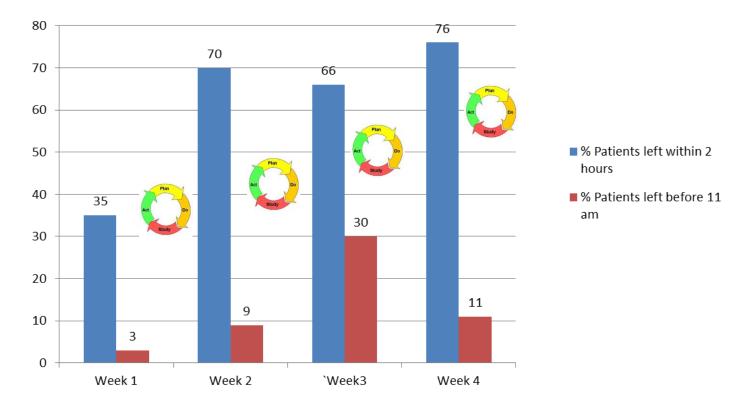
Post-discharge Assessment Room



Data Dashboard



Reducing discharge delays PDSA



Weekly Meeting

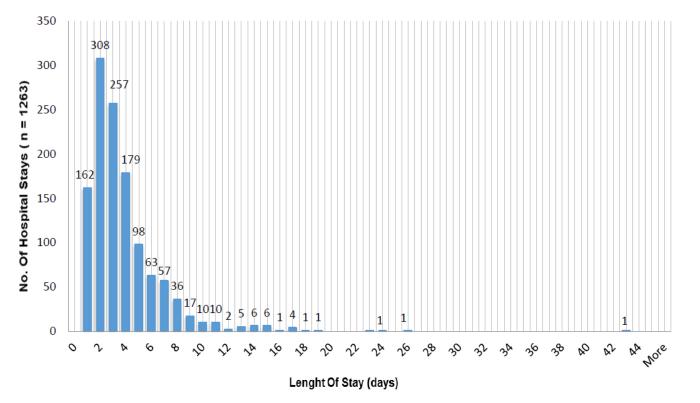


RESULTS

1705 ADMISSIONS IN 7 MONTHS



LOS = 2.7 days



1

MORTALITY

2 (0.15%)

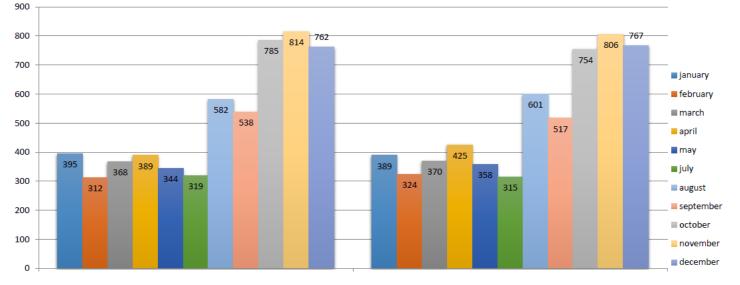
30-DAY READMISSION RATE

6.9%



TOTAL MEDICINE (AMAU + WARD)

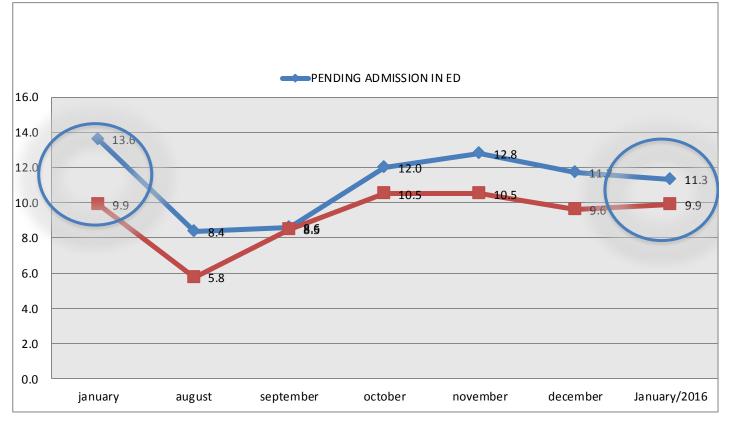
ADMISSIONS DISCHARGES



WARD LOS 2015 MAY

	Mean LOS (DAYS)
FROM ADMISSION ORDER TO DISCHARGE ORDER	5.3

ADMISSIONS PENDING IN ED



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Conclusion

- AMAU is a designated medical inpatient area to expedite treatment of patients anticipated to stay less than 72 hours.
- Staffed by multidisciplinary teams 7 days a week.
- Different standard operating procedures
- Different culture
- Resulting in improvement in inpatient medicine flow and quality of care.

Clinical Bed Management Hamad General Hospital- HMC

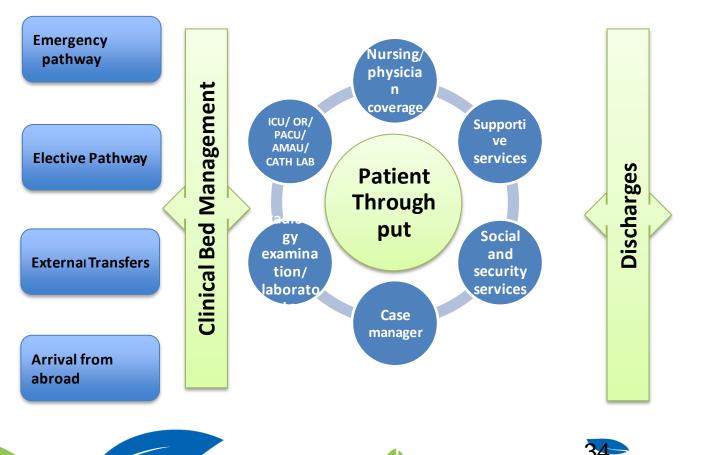
Dawoud Ibrahim Jamous, RN, MSc Director of Nursing

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Optimal Patient Care

RIGHT patient
RIGHT place
RIGHT time.
At FIRST time

Patient Flow – Throughput



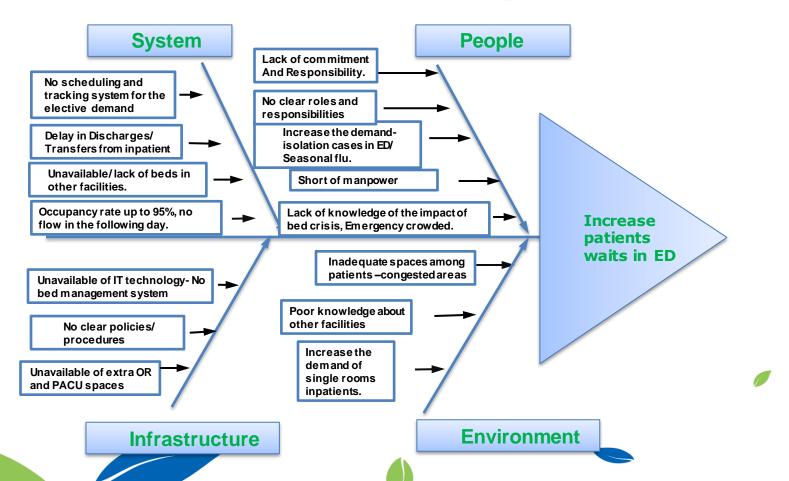
Strategies to improve patient flow

- 1. Review and study process
- 2. Identify the causes bottle necks
- 3. Understand and manage variation
- 4. Redesign
- 5. Test the change
- 6. Maintain





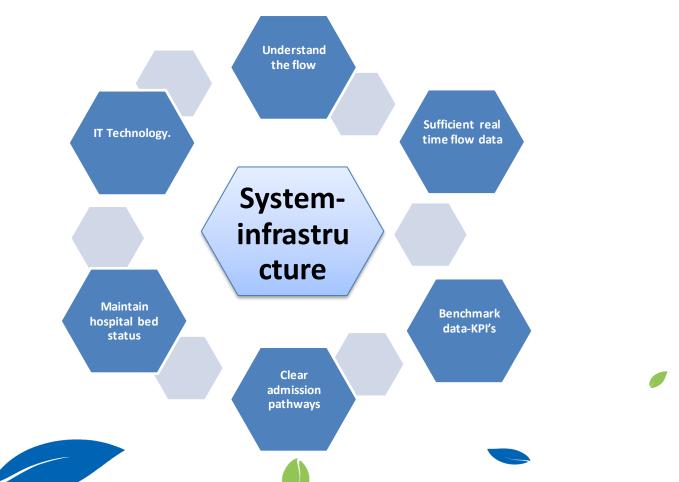
Causes and Effect Diagram



Achievements



Achievements



Hospital bed meetings/ huddles- IHI-RTDC







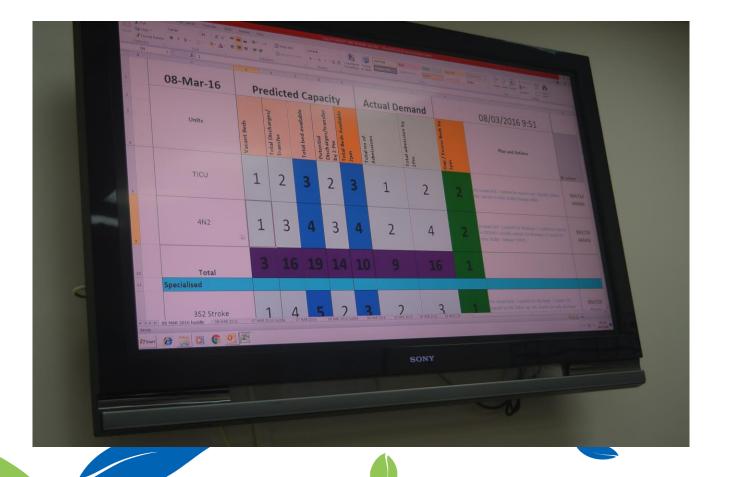
Manage Elective and Emergency Demand



- Units huddle meeting-Nursing
- Predicting & communicating tool



Matching capacity to demand-real time



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2pm look back / Look forward

Date/Time		Сара	acity		RT	DC		Der	mand		
SPECIALTY	Vacant Beds Early AM	Discharge / Transfers Known @ 2pm	All Beds Allocated	Total Capacity	VACANT BY 2 PM	ADMISSION By 2 PM	Current ED/RR/ AMAU / DEMAND	Predicted ED Admissions	Elective Admissions	Total Demand	GAP
MICU				0						0	0
SICU				0						0	0
TICU				0						0	0
4N2				0						0	0
SURGICAL				0						0	0
HDU				0						0	0
Medical				0						0	0
AMAU				0						0	0
OBS. UNIT				0						0	0
STROKE				0						0	0
Others				0						0	0
TOTAL	0	0	0	0	0	0	0	0	0	0	0

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IHI-outcome

- Timeliness of discharges.
- Improved communication & cooperation



Action Focused

• Awareness of Demand – Their Demand.



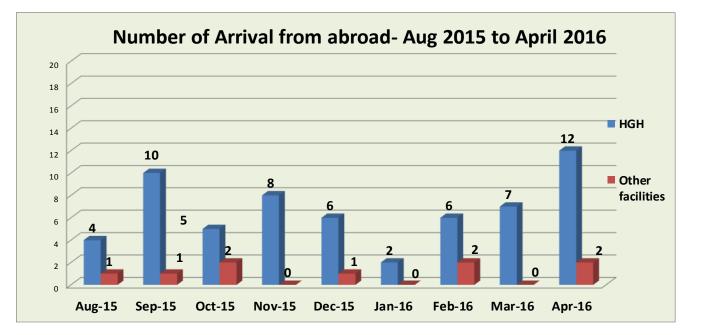
Use Pull rather than Push System



Escalation policies- Identify triggers



Create a central office to manage arrivals from abroad-overseas

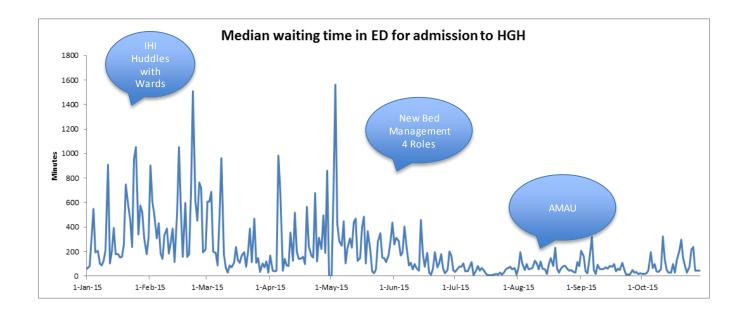


Transfers of patients to appropriate services



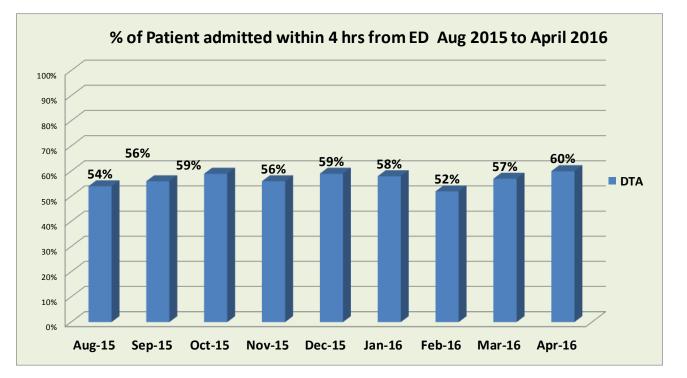
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DTA-Acute medicine



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Emergency Wait DTA



Insights and lessons learned

- 1. Develop a dedicated team.
- 2. Demand and capacity planning.
- 3. Variation management.
- 4. Demand escalation.
- 5. Standardization Practices.
- 6. Care coordination.
- 7. Governance.
- 8. Quality.







Case Management Hamad General Hospital- HMC

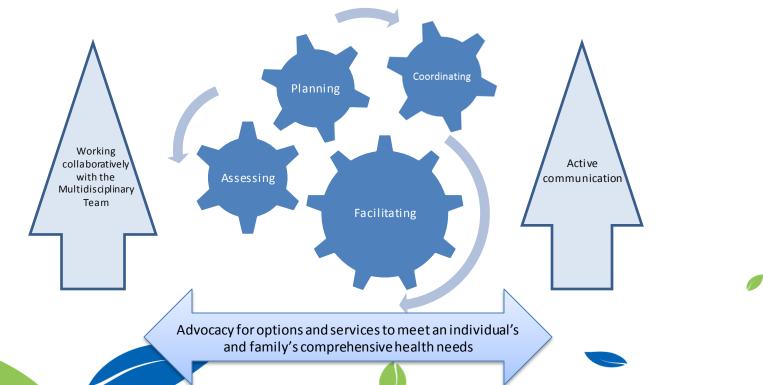
Seham Henidy, RN, Director of Nursing

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Case Management Department.

• Case Management is the engine for facilitating patient's flow at HGH with a great clinical outcome.



VISION

Enhancing patient flow at HGH.

THROUGH

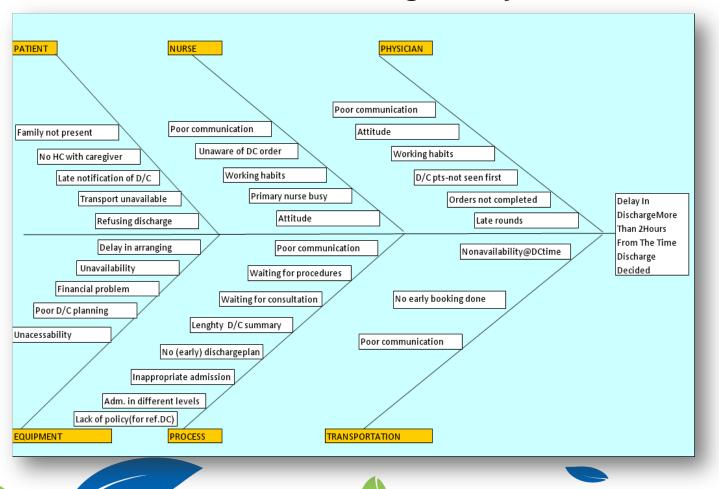
- Early patient discharge
- Efficient utilization of hospital beds
- Cost effectiveness



About Case Management

- Established in 2006
- <u>4</u> Departments and <u>10</u> Medical Teams across <u>30</u> units.

Causes of Discharge Delays



Strategies to Improve Discharges

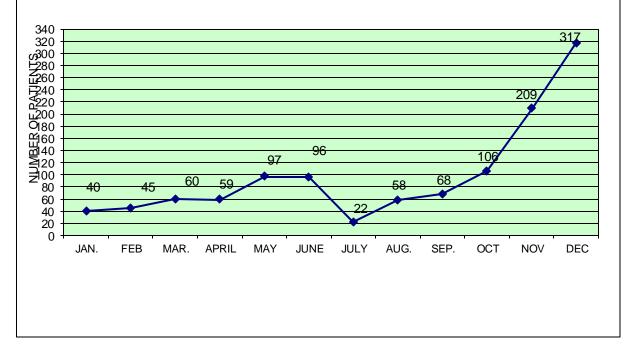
The Team



Discharge Lounge



DISCHARGED PATIENTS THROUGH DISCHARGED LOUNGE -2015



Open IV suite ----- Reduction in L.O.S



Electronic Patient list on Each Ward.

	HGH-NURSING DEPARTMENT-3SOUTH3 (MALE MEDICAL UNIT) LUCARENT DATE: 17/04/2016 MANUAL UPDATE DATE: Sunday, 17 April 2016 CURRENT TIME: 13:33:54 MANUAL UPDATE TIME: 0140H												eneral Hospital									
NO.	PATIENT'S NAME	HC.NO.	DIAGNOSIS	DOA	TRAN. IN DATE	TRANS. IN FROM	AGE	SEX	NAT	TEAM	CONSULTANT NAME	SPECIAL TY	TYPE OF ISOLATION	TB PATIENT	EDD	Days in Hospital	NO. OF SUR. CANCELLATION	SURGERY STATUS	PROCEDURE DELAYING DISCHARGE	FOR TRANS. TO	MODE OF TRANSPORT	COMMENTS
350-1	HASSAN.ALI	1111122	CAP	14/04/2016			50	м	QAT	18	DR.ELMUT AZ	MEDICAL	STANDARD		4	3					STRETCHER	
350-2	MANOJ.KUMAR	1111122	AKI VS CKD	12/04/2016			28	м	NEPAL	5A	DR.WANIS	MEDICAL	STANDARD		5	5					AMBULATOR Y	
350-3	HAMAD SALEM	1111122	FEVER FOR INVTN	06/04/2016			76	м	QAT	OTHER	DR.AMIN	MEDICAL	STANDARD		17	11					STRETCHER	DM
350-4	GAAFER MOHD	1111122	MENINGIO ENCEPHELITI	04/07/2016	16/04/2016	MICU	73	м	SUDANI	4 A	DR NAGHAM	MEDICAL	STANDARD		15	5					WHEELCHAI R	DM
351-1	INAMULLAH KHAN	1111122	G.LBLEEDIN G	04/04/2016	14/04/2016	MICU	66	м	PAK	2A	DR.MARK	MEDICAL	STANDARD		17	2					STRETCHER	
351-2	HUSSEIN AHMED AL BALUSHI	1111122	ESRD	24/10/2012	08/01/2016	5N1	50	м	OMANI	48	DR.RAMSY	MEDICAL	STANDARD		17	1253					STRETCHER	
351-3	RIYAD AHMED	1111122	PLEURAL.EF FUSION	04/09/2016	13/04/2016	453	57	м	INDIAN	18	DR.ELMUT AZ	MEDICAL	STANDARD		17	-137					AMBULATOR Y	
351-4	MOHD JOMEH	1111122	HYPONATRE MIA	15/04/2016			70	м	IRAN	2A	DR.MARK	MEDICAL	STANDARD		17	2					STRETCHER	DM
353-1	IBRAHIM HAJI	1111122	GE	04/05/2016	15/04/2016	MICU	25	м	PAK	18	DR ELMUTAZ	MEDICAL	STANDARD		7	-17					WHEELCHAI R	
353-2	SALEM.SAAD	1111122	MULTIORGA N FAILURE	19/03/2016			87	м	QAT	5A	DR.WANIS	MEDICAL	CONTACT		ιτ	28					STRETCHER	ON VENTILATOR, DM/ ON CONTACT ISOLATION
353-3	KAMAL HUSSEIN	1111122	sepsis	03/11/2016	31/03/2016	micu	61	м	sudani	3A	DR.FATIMA	MEDICAL	STANDARD		LT	-196					STRETCHER	DM,ON VENTILATOR SUPPORT
353-4	ANAS PUTHAN	1111122	SEIZURE+AKI	09/04/2016	11/04/2016	MICU	29	м	INDIAN	48	DR.RAMSY	MEDICAL	CONTACT		2	8					WHEELCHAI R	
354	SAIF RASHID	1111122	BODY	22/09/2012	30/08/2015	MICU	28	м	QAT	1A	DR.SHIREE N	MEDICAL	CONTACT		LT	1285					STRETCHER	ON VENTILATOR ON CONTACT ISOLATION
355	FAHID RASHID	1111122	STATUS EPILEPTICUS	06/05/2014	26/06/2014	453	19	м	QAT	3B	DR.NEDIA	MEDICAL	STANDARD		LT	701					STRETCHER	ON VENTILATOR
360	HUSSEIN MOHD	1111122	PULMONARY EMBOLISME	28/10/2015	28/11/2015	MICU	75	м	QAT	5A	DR.WANIS	MEDICAL	STANDARD		4	169					STRETCHER	WITH TRACHEOSTOMY
361	MOHD AHMED	1111122	LIVER CIRRHOSIS	30/01/2015			73	м	QAT	4 A	DR.NAGAM	MEDICAL	STANDARD		20	437					STRETCHER	DM
362	SHEKH ASAD	1111122	? PTB	16/04/2016			23	м	NEPAL	4 A	DR NAGHAM	MEDICAL	AIRBORNE ISOLATION		22	1					AMBULATOR Y	
363	KONESPARAM	1111122	PLEURAL T.B	12/04/2016			26	м	SRILANK AN	4 A	DR.NAGHA M	MEDICAL	AIRBORNE ISOLATION		22	5					AMBULATOR Y	

NEGATIVE PRESSURE ROOM

EXCEED 14 DAYS / FOR DISCHARGE /EXCEED EDD

LONG TERM PATIENTS SEEN AND ACCEPTED BY LONG TERM / LONG TERM REHAB TEAM

- POST OPRATIVE PATIENTS
- PATIENTS POSTED FOR SURGERY TODAY

MEDICAL	18	NO. OF RIO TB	0
G.SURGERY	0	NO. OF SUR. CANCELLATION	0
UROLOGY	0	LONG TERM PT	4
NEUROSURGER	0	OCCUPIED BED	18
TRAUMA	0	VACANT BED	0
VASCULAR	0	PENDING MIRI	0
ORTHOPEDIC	0	PENDING CT	0
BARIATRIC	0	PENDING U/S	0
OTHERS	0	PENDING HISTOP.	0
NO. OF ACTIVE TB PATIENTS	0	POSTED FOR SURGERY TODAY	0

TOTAL BED CAPACITY 26 BEDS

Daily Morning Huddle and Bed Capacity Meeting.



Date:

Unit:

HGH - Unit Predicted Discharge "R" Sheet

The following form should to be used by the unit Charge Nurse and Case Manager at the Unit Bed Huddle at 07h30, & 14h00 daily

	AM Prediction								
	Patient Deta	ails		Action	PM Follow Up				
Patient Name	HC No.	HC No. Room Discl No. 2 Ye		Actions Required to enable discharges by 2pm	By When – Time	Person Responsible for Actions	By 2pm Y / N	Predicted in AM Y/ N	Time of Discharge

Version 3 – Jan 2015



Unit:

HGH - Unit Bed Huddle Summary Capacity / Demand Sheet

	Pre	dicted Capacity		Actual D	emand	Unit Status by	Action Plan		
						2pm			
Time	Available	Total Number	Number of	Total Number of	Number	Difference between	AM – Action & Plan to Increase	Person	
	Beds	Discharges /	Discharges /	Admissions /	Admissions /	No. Discharges &	Capacity	Responsible	
		Transfers out of	Transfers by 2pm	Transfers in to	Transfers in by	No. Admissions			
		Unit		Unit	2pm				
AM									
Huddle									
07h30								1	

The following form should to be used by the unit Charge Nurse and Unit Case Manager at the Unit Bed Huddle at 07h30, 09h45 & 14h00 daily

+

	Ca	pacity @ 2pm		Unit Status @ 2pm	Comments & Learning				
Time	Available Beds	Total Number Predicted Discharges / Transfers out of Unit @ 2pm	Number of Predicted Discharges / Transfers by 2pm	Difference between No. Discharges & No. Admissions	Reasons for Delay in Admission to Unit What went well & what could improve?				
PM Huddle 14h00									

1. Available bed - An available bed means a bed that is - vacant, staffed and ready to receive the patient at time of the huddle

2. Number of discharges / transfers out include - the number of discharges / transfers out of the unit to other units / hospitals or home

3. Number of admissions / transfers in include - the number of admissions / transfers into the unit from ED, PACU, Critical Care, other units or hospitals

4. Unit Status - what is the status of unit if number of admissions is higher than discharges - i.e. discharges 0 & admissions = 3 - Status = -3 (RED)

Version 3 – Jan 2015

Date:

Opening of Bayt Al Dayfa

New patient recovery center opens in Hamad Bin Khalifa Medical City Last week saw the official operang of Bact Al Dhiyafah, a new care center for patients who have received hospital treatment but no impartequite scale method intervention.

Typically, a patient would be referred when no further medical intervention is required tollowing a surgical or other medical

The facility is staffed by HMC nurses who visit their patients at least twice a day and monitor their recovery progress, ensuring any prescribed medicines are correctly administered. Doctors are on call in case of an escalation of any clinical issue.

Ms. Elizabeth Thebe, Acting CEO for Remain Hospital, which operates the sent. said that she expects the service to be stateed regulary. "We have had seen assessed in the Bayt Al Dhiyatan concept from clinical consultants around the HMC network and we are already recovery referrals. Currently, we are two-thirds full and it is clear that this is a much meaded service that will oldmatoly benefit the timely recovery of patients and improve their overall conditions and allow them to more smoothly integrate back into

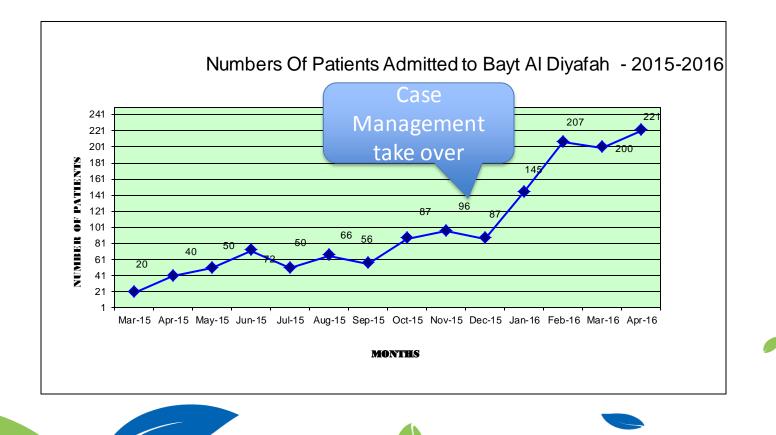
in to coordinate and

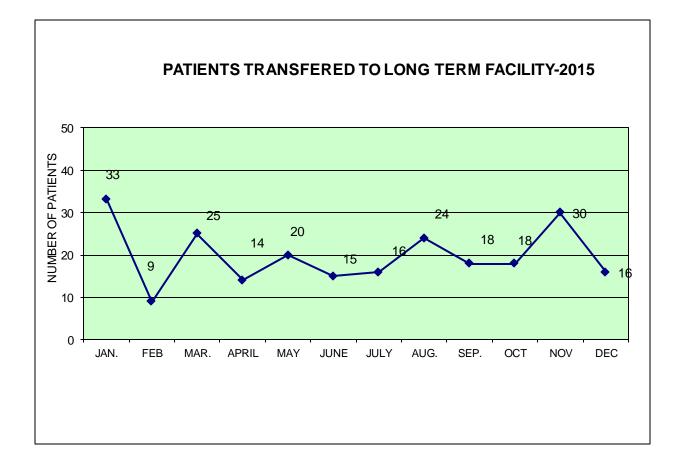
Bays Al Drevatals provides a 4O-best service there is a proving the proving and Annual service a reserve and the service of a constitution of a service of the se who have been treated within HAC and were much them there there are a second to be a sec testine discharge. Operation of the new target above forgetaits to this up acute Instance builts for choice with research industriant

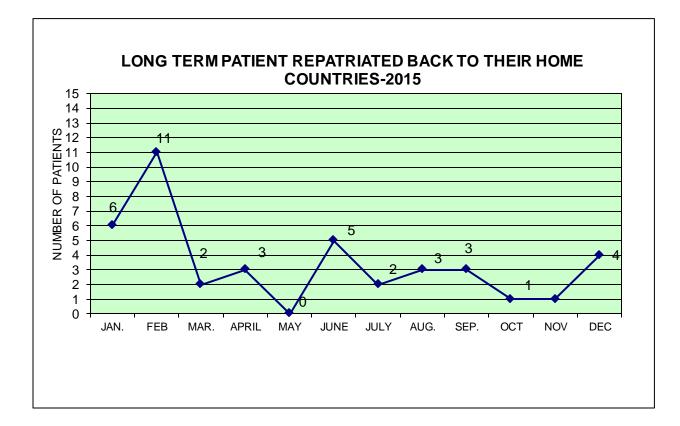
Patients are referred to Bayt Al Drivetab by HMC cleaceans, with the criteria for transferring patients into the facility including them mending to be mechanity and investment states, about next second along, able to complete all daily activities. strate to see address to be The official launching...



Discharges Through Medihostel







Clinical Bed Management and scheduling system was developed.



Strategies to Improve Discharges

- Transforming Unit Base Case Manager to Team Base Case Manager
- * Physician led discharges for 7 days / week.
- * Discharge planning policy was developed.

Strategies to Improve Discharges

- * Moving discharges to the morning before peak arrival times.
- * long term care strategy increase RH and ENAYA.
- Pre-discharge care such as health teaching, referrals and take home medication should be done at least one day prior to actual discharge.

New Role in Medicine

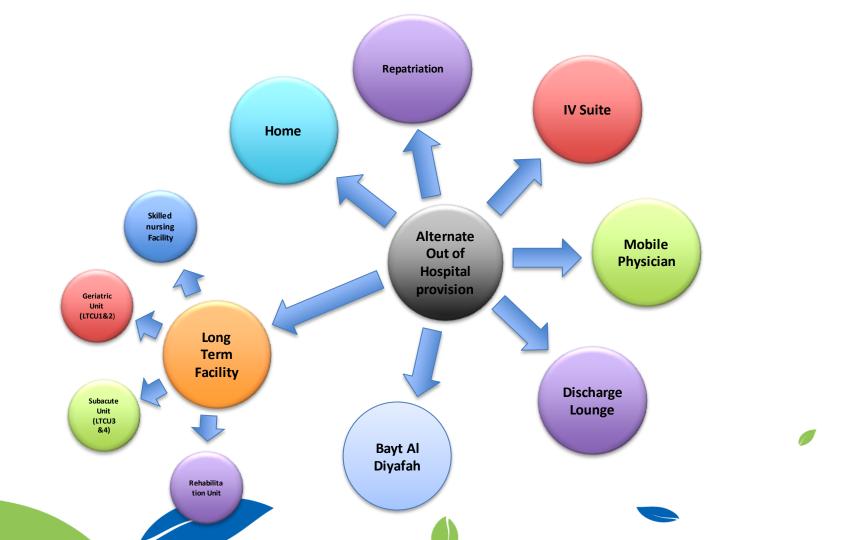
- Comprehensive assessment.
- Daily Multidisciplinary Rounds.
- Proactive Discharge Planning.
- Develop an integrated system for a seamless flow of patients across the continuum of care.
- Effective use of Multidisciplinary Resources
- Coordination of medical equipment
- Education primarily about healthy lifestyle behavior and self-care.
- Throughput and safe transition of care.

Team Base Case Managers



Advantages of Team Based CM:

- Attendance @ daily ward round.
- Enhances clinical experience.
- Increase awareness.
- Improved team communication. Increase awareness of physician about CM Role.
- Improved relationship with ward staff.
- Early discharges



Thank You

Questions & Answers



Flow Simulation Exercise

- 1. 4 teams.
- We will give you an example of a "bed crisis" day in Hamad General Hospital.
- 3. You can discuss for 15 minutes
- 4. Your team will make top 3 recommendations on what to do to resolve bed crisis

Scenario – 17th April 2016 – 09h00 AM

Specialty	ED Pending Admissions	Elective Admissions	Predicted Discharges	Avg. Length Wait
ED Medicine	24	0	10	30 hrs.
ED Surgical	11	0	20	13 hrs.
ED Critical Care	7	2	4	12hrs.
ED Cardiology	10	0	8	15 hrs.
ED Others	9	0	5	12 hrs.
Elective Surgery	-	25	See above	-
Total	61	27	47	-
Beds available now	HGH	AWH	нн	тсн
	0	3	0	4

Conclusions

- Presented Medicine but in Reality Whole Hospital
- Team Work = Great Ideas
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 - Djamous@hamad.qa
 - <u>shenidy@hamad.qa</u>
 - cvolker@hamad.qa