



THE CREDIT VALLEY HOSPITAL AND TRILLIUM HEALTH CENTRE, TRILLIUM SITE: THEIR PATIENT FLOW JOURNEY

Background

The Credit Valley Hospital and Trillium Health Centre is a newly merged hospital serving Mississauga, West Toronto and the surrounding communities. It is one of Ontario's largest academic health services networks and has a teaching affiliation with the Mississauga Academy of Medicine at the University of Toronto Mississauga. The organization has more than 1,300 beds and serves a local catchment area of over one million local residents as well as people from other communities across Ontario.

The Credit Valley Hospital and Trillium Health Centre offers a number of specialized regional programs and has the largest free-standing day surgery centre in North America. The organization attracts international attention for its innovative approach to providing safe, high-quality healthcare services and has received numerous national awards for quality and innovation, including the Order of Excellence.

The Journey Begins

The patient flow journey at the Trillium site started long before the merger, as the pressures of a rapidly growing urban community challenged hospital resources and traditional models for accessing care. At the Trillium site there has been a focus on patient flow for over a decade. In 2005, however, the executive of the hospital, in collaboration with the board, launched a new approach—a Patient Flow Task force, which provided more focus and structure to tackle the issue.

“At that point our access to care for admitted patients was extremely challenging, and our daily admissions were high. Our emergency department [ED] had 52 stretchers and many days we would find ourselves with 40 to 50 admissions without beds,” says Susan Bisailon, Executive Director of Clinical Operations, Trillium Health Centre. “This constant pressure for in-patient care weighed heavily on everyone and was constantly on the mind of the staff, senior team and board. The hospital continued to introduce key strategies across the organization to address the demand for services, yet patient flow pressures continued, with increased volume and acuity in the EDs at all sites. The merger has enabled patient flow strategies to be shared between both sites, however.”

At first, the task force focused on opportunity areas that were seen as “low-hanging fruit,” to help improve flow. Several of its earlier successes focused on protocols for patient flow, for example, and the examination of referral patterns, ED capacity, and discharge and urgent clinics. Early success in tackling these issues set the stage for what would become a cross-organizational focus on bed management and improving patient flow across patient care units.

The change seemed subtle, but was really quite fundamental, Bisailon notes. “Before, everyone was working hard to provide access, but they were working in silos—which is the way many hospitals function. The discussions and engagement across the hospital enabled staff to focus on the change in a concerted, organized way. These initial gains were important and support was received from the CEO, senior leadership and the board to continue their work and to integrate the strategies into our daily operations. It helped us understand the importance of engagement and focus with a coordinated oversight that continues today. The Ministry of Health and Long-Term Care’s pay for performance targets furthered our commitment: we became more focused on metrics in order to advance access to care and performance.” (Pay for performance links financial incentives to the achievement of quality improvement goals in hospitals, including better access to care, improving the patient ED experience and faster admissions to inpatient beds).

BRINGING DATA ON-BOARD

As the hospital’s strategies matured and staff became more engaged, the commitment to changing processes through focusing on data became critical. Staff and team meetings were data-driven and focused on the measurement of performance, so that available resources and the demand for care could be brought into balance. This focus enabled the Trillium site to create a comprehensive picture of the organization and the demands placed on it by the community, and then to allocate resources to increasing access, especially to inpatient beds.

Staff were now able to understand, on a daily basis, the admission pressures from multiple areas, including the ED (which averages 40–50 admits per day), surgery (25–30) and other areas, including clinics, urgent care and the community. This knowledge enabled the hospital to develop strategies, policies and procedures for front-line and administrative staff on how to proceed and better manage patient flow, every day. Staff became more educated about the importance of access to care and the need to improve processes as well as decrease wait times.

THE LEAN CONNECTION

The Patient Flow Task Force evolved into the Patient Flow Steering Committee, which began to advance process redesign using methodologies such as Lean. In 2006, a number of projects using the Lean methodology were initiated. “Lean thinking and the methodology for improvement have allowed us to bring together all the departments and community partners to identify the ‘waste’ our processes, from entry into the system in the ED through the transition to the community,” notes Peggy Goff, Quality and Patient Safety Advisor. The projects began in the ED and then moved to other areas, including admissions, the patient units and patient transportation. “Using Lean methods enabled us to have a different approach to improving patient flow as well as create excitement with the staff in the ED and other areas of the hospital,” says Bisailon. “Initially, we were challenged in limiting the scope of our projects so that we could achieve the largest impact, but eventually many successful projects were launched, all contributing to improved patient flow. And this, in turn, generated increased awareness the organization about how to tackle complex issues such as patient flow across many departments and units.”

Ongoing commitment from hospital leadership was a critical success factor in the organization’s efforts to improve

What is Lean?

Lean is a quality improvement methodology that uses many of the same tools and methods used in general quality improvement systems. Lean techniques are used by front-line teams, who are the experts on their processes, to redesign those processes. Value Stream Mapping is an example of a Lean methodology, and one that The Credit Valley Hospital and Trillium Health Centre employed in the ED as well as other areas of the hospital. It involves the use of quality improvement tools by front-line teams working on a “value stream” or process that affects residents.

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. Flo continues to need quality care in the right setting and the system needs to support her and her family in getting there.

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

Source: The Ontario Health Performance Initiative, Ministry of Health and Long-Term Care, *The Flo Collaborative*, Backgrounder: Quality Transitions for Better Care, 2007.

patient flow. The Lean projects also helped staff really begin to understand what kinds of reorganization and changes were needed, not only in the ED but across the continuum of care and extending into the community. “The relationships created between the ED and the mental health team were invaluable and affected how we continue to work daily on our operational flow pressures,” says Melissa Mann, ED Charge Nurse.

Other provincial initiatives, such as the Flo Collaborative and ED PIP (Emergency Department Process Improvement Program), enhanced system changes and helped demonstrate that patient flow issues were not just an ED problem but a systems issue. To support the internal organization of patient flow, a leadership model was developed with supporting roles and functions that reported into an accountability framework for patient flow. This was a critical success factor and a key enabler for the Trillium site, and provided a solid foundation and governance model for the patient flow portfolio.

This internal patient flow leadership model evolved over several years as strategies changed and resources became available to support patient flow. At first, the hospital hired education support, which proved to be invaluable in identifying the key principles and protocols that were needed to guide the organization. “The principles of bed management provided the foundation or framework for how we conduct our daily business, to help us keep up with the demands for access to all our inpatient beds,” says Janice Cicoria, Manager, Patient Flow.

Over time, resources were secured to hire a manager, and, once this individual was on board, roles and responsibilities on both the admissions and discharge ends were redesigned, as well as key roles on units and across the organization. Newly aligned roles in the patient units supported the discharge planning processes and off-hours administrative support, through a newly created Patient Care Coordinator (PCC) role, which provides direction and support for patient flow.

For over a decade, we have been committed to creating positive experiences for our patients—from the front line to the executive level—including ongoing organizational change that improves the quality of and access to care for patients.

– Patti Cochrane, Vice President Patient Services, Quality/CNE, Trillium Health Centre site

HOME FIRST AND A FOCUS ON ALC

Over time, the hospital has seen increased volumes and acuity in its ED as well as its alternate level of care (ALC) cases. In 2009, it introduced the Home First initiative, which was a critical success factor behind improving patient transitions into the community and decreasing the hospital's ALC cases and days. Home First is an improvement initiative that was designed and developed with key partners, including the local community care access centre (CCAC) and other stakeholders in the Mississauga Halton Local Health Integration Network (LHIN).

The Home First initiative was very successful: the ALC percentage dropped from 18% to its current, sustained level of 8%. The focus on ALC was crucial to the hospital's ongoing success and continues to be sustained: ALC cases have been reduced from approximately 135 to the low 50s. The hospital also redesigned its operations to help advance engagement with the Community Care Access Coordination (CCAC) and its community partners and thereby reduce ALC cases and focus on safe transitions. The Joint Discharge Operations, for example, meets daily and reviews the status of all ALC patients who require transitions from hospital to the community or post-acute locations. Operations also maintains a weekly review of patients who require chronic placement after acute care. As well, the Trillium site participated in a provincial steering committee under the direction of Cancer Care Ontario and became a beta site for ALC software implementation.

It's a constantly evolving strategy, making sure you keep your eyes focused on where you're going, where your growth spots are, what you need to do next. It's about having a common purpose around access and flow, about having the data to help drive improvement. You have to be very proactive—the minute you take your eyes off it, it's gone.

— Susan Bisailon, Executive Director of Clinical Operations,
Trillium Health Centre site

USING DATA TO DRIVE IMPROVEMENT

In 2009, a request-for-proposal process brought the Medworxx Patient Flow Diagnostic Program on board. The company's utilization management software is used for bed management by a number of major hospitals in Canada, and its solutions are customized to fit the needs of each organization. The integration of this data management solution into the committee's work aligned processes and aspects of the hospital's operations to focus on patients who were ready for discharge, and identify the key barriers to transition from the hospital. The introduction of Medworxx supported the organization's decision to use data to drive change, while keeping a vigilant, constant eye on the process—putting patient flow at the front and centre of everything the organization does.

Initially, individuals were seconded into roles as Utilization Management Resource Nurses, to help staff on the patient care units learn how to enter the right data and to deal with their questions and concerns related to the software. Ongoing education was provided with the support of Medworxx until staff from across the acute care and complex care unit were comfortable entering data and generating status reports. The units developed a champion model that is led by the clinical leaders and clinical quality care leaders who utilize the Medworxx information on a daily basis to identify barriers to patient flow and patients who are

ready to go home. “The utilization management software has been an excellent tool in identifying delays, and we have been able to make improvements in these areas to decrease length of stay,” notes Pam Williams, Utilization Management Resource Nurse. Since then, data collection and the reports generated through this process have become an integral part of the organization’s patient flow journey.

Moving Forward

The merger of The Credit Valley Hospital and Trillium Health Centre has provided an opportunity to leverage the knowledge and experience of patient flow leaders across both sites to advance the organization’s flow agenda. As the organization enters the preliminary stages of clinical integration, it has developed strategic goals for patient flow, including harmonizing processes and practices across all sites towards the goal of a common, streamlined patient experience. Annual planning processes, such as the organization’s ED Pay For Results, also provide an opportunity to further the spread of consistent practices and develop new ways of tackling the organization’s patient flow and bed management challenges. There is now an ability to leverage the respective strengths and successes of both sites to enhance performance across the organization. “The merger has given us the opportunity to examine our practices and implement strategies that were successful thereby improving our performance,” says Kathryn Hayward-Murray, Vice President Patient Services and Quality at the Credit Valley Hospital site.

One of the key priorities the organization’s annual Quality Improvement Plan (QIP) is improving its access to care and 30-day readmissions wait times. “With this challenge—as with all the others we have faced in the past few years—we will build out our patient flow strategy piece by piece in response to our current needs and challenges. We really have a good understanding of our next focus,” says Bisailon. “The successes of the past few years have taught us that this is an organic model that needs nurturing, constant innovation and refinement, the use of multiple strategies and—most importantly—a leadership model and focus that will push improvements to the next level.”

Bisailon stresses that the main challenges in the future will be the constant growth the merged organization is experiencing and the many pressures that accompany that growth: the upward shifts in patient demand for timely access, which seem destined to become part of the healthcare landscape in Ontario; the effect of demographics on the system as Ontarians age; cost-containment issues; and how to build capacity in the community through the LHINs, CCACs and other organizations and agencies.

Leadership is now immersed in creating the merged organization’s strategic plan and, Bisailon notes, issues of flow and access will be front and centre in this process and a key priority for the future. “It’s on the agenda because of our community needs and our strong commitment to creating processes and strategies that ensure our patients receive timely access to care.”