Restoring Patient Flow with a Comprehensive Capacity Management Strategy

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Learning Objectives:

- ¹ Identify common patient flow obstacles and barriers.
- ² Describe successful strategies that use technology and data analytics to improve patient flow.
- ³ Define measures of success for improved patient flow and optimal capacity management

Background

Our organization faced several challenges to efficient patient flow

- Length of stay outliers
 ("LOSOs") contributed to daily
 high-occupancy rates
- Lack of reliable communication pathways and assigned roles for teams led to chaos during high- capacity situations
- Without standard process to increase patient flow, hospital care access jeopardized
- Minimal insight for real-time decisions

What and How

Geographic Cohorting

- Service lines matched with space and staff capabilities
- Partners in care model

Clinical Pathways

- Care Progression model foundational for all patients
- Address delays and barriers ASAP

Focus: Increase access to Right Care, Right Team, Right Time

Post-acute Care Partners Network

- New partner relationships
- Engage to promote communication and accountability
- Improved management of LOSOs

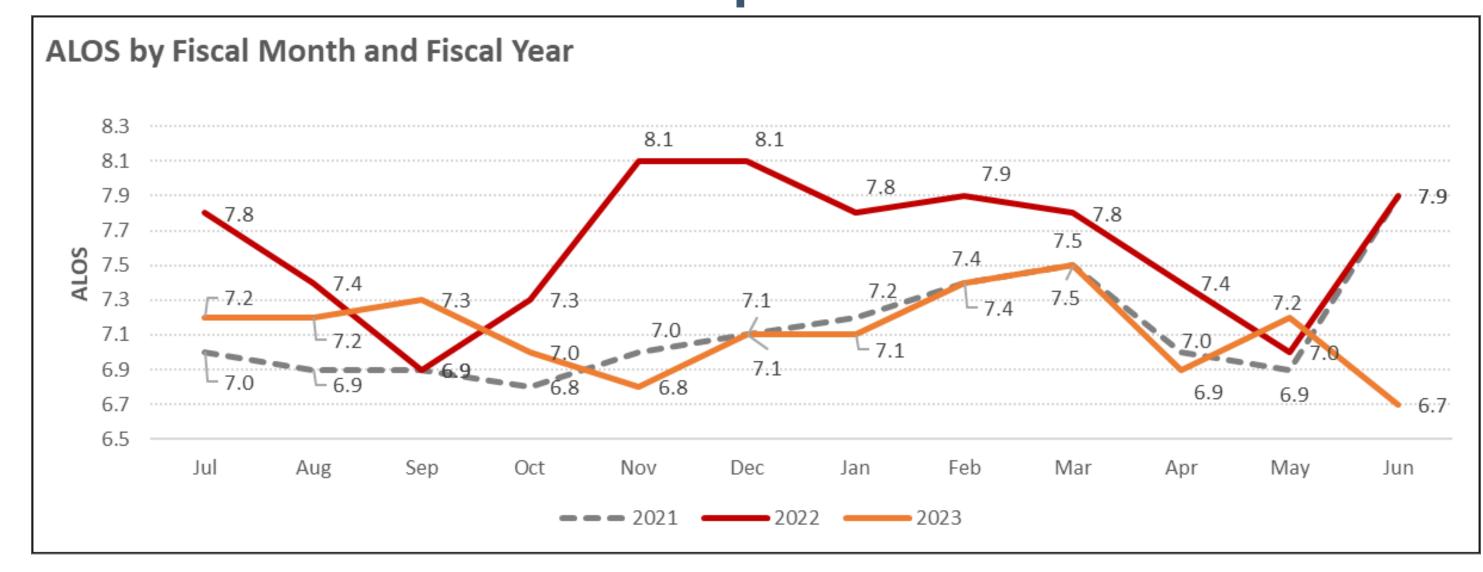
Standardized Daily Work Processes

- High-reliability principles
- Multi-disciplinary rounds
- Clear roles and responsibilities for all teams, including governance

Patient flow
dashboards
provide real-time
data on capacity
and patient flow:
Better Insight,
Better Decisions



Patient Access Impact



- ➤ 0.5 ALOS improvement translates into creation of 40 inpatient beds every day
- ➤ 6.4% increase in admission volume, creating access for 1,729 more patients to hospital-based care



Milestones, Delays and Barriers

Barriers

Potentially unavoidable issues that prevent discharge

SDOH (homelessness), Capacity for Medical Decisions

Multidisciplinary
Rounding
+
Inpatient Flow
Huddles

Delays

Documentation daily allows for targeted efforts to address; expectation to raise awareness drives accountability and transparency

Imaging, Consultation, Financial Counseling

Milestones

"Checklist" of clinical and non-clinical needs for every patient before discharge; all milestones must be reliably "met"

Eat, Breathe, Walk, Transport, Destination

Capacity Levels and Actions

Capacity Level

Actions Managed:

Transfer Protocol
Surge Spaces
Peri-op services
Acute Care
Critical care
Emergency Dept

Care Management

GREEN

Standard operation procedure (SOP)

Surge spaces open unless <30 inpatient beds predicted available

Maximize semi-private

Cap on ICU and floor bed requests

Manage outflow

YELLOW

SOP +
Non-emergent
Redirect (NERD)

Activate surge spaces

Anticipate boarding of up to 10 patients

Aggressively manage discharges

ORANGE

Non-emergent Redirect

Increase surge space census by 10%

Activate transition beds

Double occupy ICUs

Anticipate boarding up to 20 patients

RED

Emergent Redirect

Hold inpatients in PACU

Transition beds operational 24-hours

Anticipate boarding 20+ patients

Discharge patients to sister hospitals