

Hospital Flow Professional Development Program

October 20 – November 12, 2020

**Agenda is subject to change*

Week One: Session One - Tuesday, October 20, 2020

Time	Topic
11:00 AM– 11:15 AM	Welcome, Overview of IHI, and Setting the Stage <i>Pat Rutherford, RN, MS, Vice President, IHI</i>
11:15 AM– 12:15 PM	Looking at Flow as a System <i>Lloyd Provost, MS, Statistician, Associates in Process Improvement and Frederick C. Ryckman, MD, retired Senior Vice President for Medical Operations, Cincinnati Children's Hospital Medical Center</i> <p>Making meaningful and sustainable changes to hospital operations, including patient flow, requires recognizing the interdependent nature of every facet of the hospital. Understanding hospital-wide patient flow requires looking at the whole system of care, not just individual patient care units or subgroups of patients. A system is an interdependent group of items, people, or processes working together toward a common purpose.</p> <p>After this session, participants will be able to:</p> <ul style="list-style-type: none"> • Depict hospital flow as a system issue • Begin planning a hospital-wide flow measurement strategy for their organization • Describe how the adoption of “simple rules” can guide system-wide learning and action to improve patient flow
12:15 PM – 1:30 PM	Strategies to Achieve System-wide Hospital Flow: Delivering the Right Care, in the Right Place, at the Right Time <i>Lloyd Provost, MS and Pat Rutherford, RN, MS</i> <p>Optimizing patient flow throughout the hospital is essential to ensuring safe, high-quality, cost-effective and patient-centered care. Providing timely access to appropriate care and optimizing hospital flow are both critical levers to increasing value for patients, clinicians, staff and health care systems. In this session, participants will be introduced to IHI’s conceptual framework and the Action Planning Form which outlines key strategies for achieving optimal flow of patients in hospital settings.</p> <p>After this session, participants will be able to:</p> <ul style="list-style-type: none"> • Describe the conceptual framework for system optimization to ensure patient access and flow in acute care hospitals

	<ul style="list-style-type: none"> Utilize an approach for “sense-making” regarding various strategies for managing hospital operations and improving patient flow throughout the hospital Identify high leverage interventions for creating a sustainable system for hospital flow, so that patients receive the right care, in the right place, at the right time
1:30 PM – 1:45 PM	Break
1:45 PM – 2:45 PM	<p>Storyboard Rounds <i>Jane Taylor, EdD</i> Breakout Rooms</p> <p>This session will engage participants in sharing information about their successful initiatives to improve hospital flow and in discussing current challenges they are facing.</p> <p>After this session, participants will be able to:</p> <ul style="list-style-type: none"> Discuss their progress and barriers with other participants and faculty Identify other program participants from comparable hospitals with similar interests
2:45 PM – 3:00 PM	<p>Guidance for Teams & Plans for Next Session <i>Lloyd Provost, MS</i></p>

Week One: Session Two - Thursday, October 22, 2020

Time	Topic
11:00 AM – 11:15 AM	<p>Reflections, Questions, Review Plans for the Day <i>Lloyd Provost, MS</i></p>
11:15 AM – 12:00 PM	<p>Redesign the System: Integrating Lean Thinking with Flow Improvement <i>Jane Taylor, EdD, Improvement Advisor, Institute for Healthcare Improvement</i></p> <p>Like quality improvement, lean thinking is a management strategy focused on improving processes. The core idea of lean involves determining the value of any given process by distinguishing value-added steps from non-value-added steps and eliminating waste so that ultimately every step adds value to the process.</p> <p>After this session, participants will be able to:</p> <ul style="list-style-type: none"> Describe the basic concepts and principles of quality improvement and lean management that improve system performance Identify similarities and differences between lean and quality improvement

	<ul style="list-style-type: none"> • Discuss how the integration of both approaches can augment efforts to improve operational efficiencies and contribute to efforts to improve hospital-wide patient flow • Calculate potential bed capacity from length of stay reductions
12:00 PM – 1:15 PM	<p>Redesign the System: Improving Emergency Department Efficiencies and Patient Flow (Kaiser Permanente South Sacramento)</p> <p><i>Karen Murrell, MD, MBA, FACEP, APIC, Former Process Improvement, ED & Hospital Operations, Kaiser Permanente Medical Center</i></p> <p>This session will present a case study of the ED improvement journey of Kaiser South Sacramento. Key process improvements included the empowerment of all clinicians and staff to learn process improvement skills, including rapid cycle testing of new change ideas. Successful interventions that lead to results that improved ED flow “from front to back” will be discussed. In addition, an innovative model of care in EDs to proactively and reliably addresses many patients’ psychiatric and mental health needs will be described.</p> <p>After this session, participants will be able to:</p> <ul style="list-style-type: none"> • Identify interventions and execution strategies to create a “No Wait” Emergency Department • Consider how to implement a process and culture that promotes timely and efficient patient flow • Describe practical approaches for building clinical competencies of ED staff for treating individuals with psychiatric and behavioral health conditions
1:15 PM – 1:30 PM	<p>Break</p>
1:30 PM – 2:45 PM	<p>Redesign the System: Improving ICU Efficiencies and Patient Flow (Breakout 1)</p> <p><i>Bela Patel, MD, Professor at University of Texas Health Science Center, Regional Chief Medical Officer at Memorial Hermann-Texas Medical Center and Vice Dean of Healthcare Quality at UTHealth and Frederick C. Ryckman, MD</i></p> <p>Breakout Room</p> <p>ICU stays for patients account for the highest costs in hospitals and pose the greatest risk for Hospital Acquired Conditions (HACs). Strategies to optimize care in ICUs fall into five areas: 1) preventing complications, 2) enhancing interdisciplinary communication, 3) assuring downstream bed availability, 4) preventing delirium and 4) compassionate end of life planning. Each of these, when mismanaged adds days and dollars to ICU stays. In this complex environment, care teams must have a standard set of operating principles, clear agreed-upon plans for each patient, and a format to continuously work together to identify barriers and solve problems.</p> <p>After this session, participants will be able to:</p> <ul style="list-style-type: none"> • Identify four tactics that have been successful in reducing the LOS and improving value in ICUs

	<ul style="list-style-type: none"> • Describe how to assure quality and safety for patients while reducing the length-of stay • Identify ways to deescalate care, prevent delirium and promote mobility • Identify ways to use continuous PDSA cycles to improve communication in daily work in ICUs
1:30 PM – 2:45 PM	<p>Redesign the System: Improving Med/Surg Efficiencies and Patient Flow (Breakout 2) <i>Katharine Luther, RN, MPM, Director of Quality at the UTHHealth McGovern Medical School</i> Breakout Room</p> <p>Care teams in medical and surgical units are facing increased challenges due to shorter lengths of stay, an aging population, increased patient complexity and acuity, inefficient care processes and challenges in discharging patients with the “appropriate care” in a timely fashion. Most discharges occur on medical and surgical units, and discharge delays often create bottlenecks that negatively impact patient flow throughout the hospital. Some changes that have increased efficiencies and eliminated waste on medical-surgical units include redesigning admission and discharge processes, geographic assignments for hospitalists, interdisciplinary bedside rounding, improving inter-professional communication, service line standards of care, and care planning with patients and family members.</p> <p>After this session, participants will be able to:</p> <ul style="list-style-type: none"> • Describe key strategies for improving efficiencies and reducing the LOS in Medical and Surgical Units • Identify examples of enhanced inter-disciplinary collaboration and care planning with patients and family members which have resulted in better patient outcomes • Identify opportunities for reducing prolonged hospitalizations and unnecessary bed days
2:45 PM – 3:00 PM	<p>Guidance for Teams & Plans for Next Session <i>Katharine Luther, RN, MPM</i></p>

Week Two: Session Three - Tuesday, October 27, 2020

Time	Topic
11:00 AM– 11:15 AM	<p>Reflections, Questions, Review Plans for the Day <i>Katharine Luther, RN, MPM</i></p>

<p>11:15 AM – 11:45 AM</p>	<p>Memorial Hermann Case Study: A Discussion <i>Katharine Luther, RN, MPM and Bela Patel, MD, Professor at University of Texas Health Science Center, Regional Chief Medical Officer at Memorial Hermann-Texas Medical Center and Vice Dean of Healthcare Quality at UTHHealth</i></p> <p>Achieving successful improvement in overall hospital-wide patient flow is difficult. Ideas for improvement are plentiful, but implementation often fails due to an inability to build the will for change or the processes to successfully implement changes within the complex health care systems. In this session, Memorial Hermann leaders will share in detail how they systematically addressed improving patient flow among their healthcare providers, service lines and clinical units throughout the hospital.</p> <p>After this session, participants will be able to:</p> <ul style="list-style-type: none"> • Identify ways Memorial Hermann was successful in engaging leaders and physicians in managing patient flow • Identify how Memorial Hermann identified clinical leaders to champion efforts to build will and system-wide execution strategies and supported their career development • Describe how Memorial Hermann has prioritized the sequencing of projects to benefit the entire system
<p>11:45 AM – 1:00 PM</p>	<p>Redesign the System: Case Management and Population Health Strategies (Breakout 1) <i>Bonnie Geld, MSW, President, The Center for Case Management</i> Breakout Room</p> <p>Much has been studied about reducing length of stay for surgical/procedural patients using value-stream mapping and other tactics to eliminate waste and create efficiencies. Reducing the length of hospital stays for patients on medicine services require a different approach. Oftentimes, these patients have complex medical and social needs. Tightly managing this population requires 1) engaged clinicians who can agree on care priorities, 2) analytics to understand volumes, delays and variations in LOS, 3) the ability to seamlessly implement new protocols, and 4) continuously identifying patient needs and forging creative connections across disciplines and organizations to improve flow.</p> <p>After this session, participants will be able to:</p> <ul style="list-style-type: none"> • Identify successful strategies for engaging clinical leaders across disciplines and units to improve flow for patients with medical needs • Describe a method for developing and prioritizing a portfolio of projects to improve patient progression to receive the right care, in the right setting, at the right time • Discuss a methodology for establishing a return-on-investment for LOS reductions in this patient population • Understand the effectiveness of a case management plan for the clinical continuum in enhancing patient and organizational outcomes

11:45 AM – 1:00 PM	<p>Redesign the System: Short-Stay Units and Observation Status Patients (Breakout 2) <i>Karen Murrell, MD, MBA, FACEP</i> Breakout Room</p> <p>Observation services are generally defined as a well-defined set of specific, clinically appropriate services, which include ongoing short-term treatment and assessments, to help clinicians decide if patients need further treatment in the hospital or if they can be discharged. There are number of approaches for treating patients who are designated as “observation status”. It has been demonstrated that patients managed in a dedicated, protocol-driven observation unit: get timely diagnostic testing; have shorter lengths of stay and lower overall care costs; and have positive experiences of care. By providing an alternative to hospital admissions, observation units allow hospitals to reserve inpatient beds for patients with acute care needs who need treatment.</p> <p>After this session, participants will be able to:</p> <ul style="list-style-type: none"> • Describe goals and operational principles for providing care for observation status patients • Identify different models of care for observation status patients • Describe the impact that a dedicated Observation Unit can have on throughput and efficiency in your Emergency Department and on inpatient bed utilization
1:00 PM – 1:15 PM	<p>Break</p>
1:15 PM – 2:45 PM	<p>Redesign the System: Using Quality Improvement to Optimize Discharge Efficiency (Cincinnati Children’s Hospital Medical Center) <i>Christine White, MD, MAT</i></p> <p>Bed capacity management is a critical issue facing hospitals, and inefficient discharges impact patient flow throughout the hospital. Lack of standardized discharge criteria contributes to unpredictable discharge timing and lengthy delays. This session will describe how quality improvement methodologies can be utilized to improve discharge process efficiencies and to increase timely patient discharges after patients have met medically ready criteria.</p> <p>After this session, participants will be able to:</p> <ul style="list-style-type: none"> • Describe strategies for focusing discharge planning processes around medical readiness criteria, regardless of time of day • Describe the application of quality improvement principles to improving discharge efficiency • Highlight the key high reliability processes used for implementing and sustaining improvement • Identify strategies for achieving seamless coordination of care within the hospital and across the care continuum for patients with complex medical and social needs

**2:45 PM –
3:00 PM**

Guidance for Teams & Plans for Next Session
Frederick C. Ryckman, MD

Week Two: Session Four - Thursday, October 29, 2020

Time	Topic
11:00 AM – 11:15 AM	Reflections, Questions, Review Plans for the Day <i>Frederick C. Ryckman, MD</i>
11:15 AM – 12:00 PM	Matching Capacity and Demand: Utilizing Data-driven Learning Systems <i>Lloyd Provost, MS and Denise White, PhD, MBA, Assistant Professor, Quality and Transformation Analytics, Cincinnati Children's Hospital Medical Center and Assistant Professor, University of Cincinnati</i> Both demand for care and capacity to deliver care can vary by time of the year, day of the week, shift, and hour. Often, changes can be made to better align system capacity with the expected demand. For example, add or reduce capacity to meet month-by-month variation in patient demand, or create staffing patterns for ED physicians and nurses to match hourly patterns of patient demand. These actions require data to predict and make appropriate staffing and other resource plans. After this session, participants will be able to: <ul style="list-style-type: none">• Appreciate the need for data to understand changes in demand over time.• Describe the concept of a learning system using analytic modeling to match predicted demand• See the potential for modeling long term planning for beds, equipment, and staffing to match predicted demand• Describe strategies for real-time adjustments of capacity to match demand
12:00 PM – 1:15 PM	Matching Capacity and Demand: Managing Spectrum of Demand <i>Katharine Luther, RN, MPM</i> Managing hospital flow is a day-to-day activity whether circumstances involve normal work, unique circumstances, surges or disasters. This effort must be coupled with a learning system that skillfully identifies issues and develops prevention strategies to avoid future problems. IHI's Real-Time Demand and Capacity (RTDC) Management processes, based on management principles, and queuing and constraint theory, has been implemented successfully in a variety of healthcare organizations. In addition, predictive modeling, advanced analytics and command centers can help smooth flow, predict surges and prevent bottlenecks. The application of High Reliability principles overlays an additional level of safety and reliability to this work. After this session, participants will be able to: <ul style="list-style-type: none">• Describe the principles of a real-time capacity demand system and surge planning• Describe steps for creating a learning system for your hospital using flow management principles

	<ul style="list-style-type: none"> Identify ways to use a Command Center for both day to day efficiency and disaster management
1:15 PM – 1:30 PM	Break
1:30 PM – 2:45 PM	<p>Matching Capacity and Demand: Strategies to Optimize Nurse Staffing to Meet Patient Demand <i>Pat Rutherford, RN, MS and Denise White, PhD</i></p> <p>Nurse staffing has been cited as being a key driver of safe, high quality hospital care and optimal patient outcomes. Ensuring you have the right mix of staff on any given day is dependent upon accurate estimations of the number and types of patients that staff will be caring for in inpatient units. Based on historical trends of patient demand, advanced data analytics and clinical evidence regarding the efficacy of adequate nurse staffing, long-term core staffing budgets for nurses and ancillary staff are developed to optimize clinical outcomes and operational efficiencies. Fluctuations of patient demand require additional strategies to adjust near-term staffing patterns to meet day-to-day and shift-to-shift variations in patient volume and acuity. Advanced data analytic models hold promise for capturing real-time data on patient demand, available beds, and nurse staffing for each clinical unit.</p> <p>After this session, participants will be able to:</p> <ul style="list-style-type: none"> Describe methodologies to accurately forecast “seasonal, monthly, day-of-the-week, and time-of-day” patient demand, enabling proactive planning for nurse staffing Identify the principles and strategies for assuring adequate nurse staffing while balancing operational efficiency Discuss various staffing models to provide optimal nursing care at the bedside
2:45 PM – 3:00 PM	<p>Guidance for Teams & Plans for Next Session <i>Jane Taylor, EdD</i></p>

Week Three: Session Five • Tuesday, November 3, 2020

Time	Topic
11:00 AM – 11:15 AM	<p>Reflections, Questions, Review Plans for the Day <i>Jane Taylor, EdD</i></p>
11:15 AM – 12:15 PM	<p>Storyboard Rounds <i>Jane Taylor, EdD</i> Breakout Rooms</p>

	<p>This session will engage participants in sharing information about their successful initiatives to improve hospital flow and in discussing current challenges they are facing.</p> <p>After this session, participants will be able to:</p> <ul style="list-style-type: none"> • Discuss their progress and barriers with other participants and faculty • Identify other program participants from comparable hospitals with similar interests
12:15 PM – 1:15 PM	<p>Matching Capacity and Demand: Using Advanced Analytics for Improvement and Forecasting (Cincinnati Children’s Hospital Medical Center)</p> <p><i>Denise White, PhD, MBA, Assistant Professor, Quality and Transformation Analytics, Cincinnati Children’s Hospital Medical Center and Assistant Professor, University of Cincinnati</i></p> <p>CCHMC has developed a useful method for predicting the need inpatient beds on different units of the hospital using real time data. Historical lengths of stay, occupancy, and other standards were used to translate future activity into bed need. Different and more comprehensive appropriate models for various admit sources such as OR, ED and Direct Admits were developed. This session will explore the integration of advanced analytic data and simulation modeling into a formal improvement processes allows organizations to look forward along with historical data to make improvements in patient flow.</p> <p>After this session, participants will be able to:</p> <ul style="list-style-type: none"> • Understand how the use of advanced data analytics is a vital component for understanding the needs for bed capacity (seasonal, day-of-week and real-time demand) • Identify processes for predicting bed demand and develop strategies for creating flexible capacity for critical care patients • Describe the CCHMC’s “pit crew” approach to bed manage, to coordinated team efforts, to complete critically important tasks for delivering the right care, in the right place, at the right time
1:15 PM – 1:30 PM	<p>Break</p>
1:30 PM – 2:45 PM	<p>Shaping and Reducing Demand: Managing Elective OR Schedules and Predicting Downstream Demand (Cincinnati Children’s Hospital Medical Center)</p> <p><i>Frederick C. Ryckman, MD</i></p> <p>As is the case in many hospitals, surgeons at Cincinnati Children’s Hospital Medical Center scheduled elective surgeries unevenly throughout the week. The scheduling of surgical cases not only effects the operations of the OR, but has an enormous impact on downstream hospital units, including ICUs and the inpatient units where surgical patients are sent. In addition, uneven scheduling of surgical cases can be a significant contributor to “boarding” patients who need to be admitted in the Emergency Department. This session will describe strategies for “smoothing” the</p>

	<p>flow of elective surgical patients through the OR to decrease artificial variability and to create more predictable flows of patients from the OR to downstream units.</p> <p>After this session, participants will be able to:</p> <ul style="list-style-type: none"> • Describe how CCHMC focused on capacity management and patient flow to achieve reductions in OR wait times for urgent surgical cases and increased OR throughput • Identify the critical importance of “flow” management and prediction for correct patient placement and its influence on safety at the bedside • Discuss how proactive capacity management reduces stress and waste frequently experienced by downstream units
2:45 PM – 3:00 PM	<p>Guidance for Teams & Plans for Next Session</p> <p><i>Pat Rutherford, RN, MS</i></p>

Week Three: Session Six - Thursday, November 5, 2020

Time	Topic
11:00 AM – 11:15 AM	<p>Reflections, Questions, Review Plans for the Day</p> <p><i>Pat Rutherford, RN, MS</i></p>
11:15 AM – 12:00 PM	<p>Shaping and Reducing Demand: Value-Added Strategies</p> <p><i>Pat Rutherford, RN, MS</i></p> <p>Health Care Systems must simultaneously provide safe, high quality, patient-centered and value-based care. Optimization of health care delivery systems requires clinicians to provide value-based care that ensures the best health care outcomes at the lowest costs. Many health care systems are moving from volume to value-based care models of care. Relocating care to lower intensity sites of care, while improving outcomes and honoring patient preferences, is one high leverage strategy for improving value by providing the right care, in the right place, at the right time.</p> <p>After this session, participants will be able to:</p> <ul style="list-style-type: none"> • Describe strategies for reducing hospital utilization by: 1) relocating care in hospitals to less intensive care settings, while improving patient outcomes and experiences of care; 2) proactive care management for patients at risk for hospitalizations; and 3) reducing preventable harm. • Calculate the potential impact on bed capacity and hospital-wide patient flow, if these strategies were successful for 25% of patients
12:00 PM – 1:15 PM	<p>Shaping Demand: Systems of Care for Those with Complex Health and Social Needs (Breakout 1)</p> <p><i>Catherine Mather, Director, Institute for Healthcare Improvement</i></p> <p>Breakout Room</p>

	<p>Understanding of the impact of social determinants of health (SDOH) on quality and cost outcomes has led to a movement to create better systems of care for those with complex health and social needs. Addressing access and equity through community collaboration is emerging as an important strategy to improve outcomes. In this session you'll learn how to identify your population, create an asset map of resources for complex populations, integrate SDOH into your program and create community partnerships to address root cause issues for complex populations. A variety of curated tools and resources from the emerging field of complex care and case presentations will inspire and support your design work.</p> <p>After this session, participants will be able to:</p> <ul style="list-style-type: none"> • Describe what is known about “what works” for moving individuals with complex needs and high healthcare costs toward better health and lower costs. • Create an asset map of the resources and key community partners for building an ecosystem response for vulnerable populations in your community. • Apply to your own context a tested process for designing or redesigning care for populations with health equity challenges. • Create a business case to support implementation and sustainability of your complex care ecosystem
12:00 PM – 1:15 PM	<p>Shaping and Reducing Demand: Reducing Avoidable Readmissions (University of California San Francisco Medical Center) (Breakout 2) <i>Maureen Carroll, RN, CHFN, retired Transitional Care Manager, UCSF Medical Center</i> Breakout Room</p> <p>The Hospital Readmission Reduction programs at University of California-San Francisco Medical Center have been shown to drive significant improvements in care for patients – patient education, efficient discharge processes, transitions to home or the next care setting, and the overall patient experience. This session will include an in-depth description the UCSF Heart Failure Program, complex care management, and expansion of Population Health programs to identify those elements necessary for developing and sustaining an effective program, ensuring better outcomes for patients.</p> <p>After this session, participants will be able to:</p> <ul style="list-style-type: none"> • Identify successful approaches to engaging staff and clinicians in all clinical settings for building a cross continuum team • Summarize interventions for complex patients to improve transitions in care after hospitalizations and to reduce avoidable readmissions • Discuss the processes implemented to sustain improvements
1:15 PM – 1:30 PM	<p>Break</p>
1:30 PM – 2:45 PM	<p>Shaping and Reducing Demand: An ACOs Success in Reducing Emergency Department Visits and Hospital Admissions (Breakout 1) <i>Presenter to be Announced</i> Breakout Room</p>

Atrius Health is the Northeast’s largest nonprofit independent multi-specialty medical group. The Atrius Health practices together with VNA Care Network & Hospice serve 675,000 patients across eastern Massachusetts. A national leader in delivering high-quality, patient-centered coordinated care, the Atrius Health medical groups and home health agency & hospice work together, and in collaboration with hospital partners, community specialists and skilled nursing facilities, to develop innovative, effective and efficient ways of delivering care in the most appropriate setting, making it easier for patients to be healthy. As a Pioneer Accountable Care Organization (ACO), Atrius Health has had strong clinical and financial performance -- decreasing unnecessary hospital admissions, helping people recover safely at home and reducing avoidable ED visits. Atrius Health applies the savings from the avoidance of high-cost care to investments in care coordination, training, data analytics, information technology, and other resources serving its Medicare beneficiaries and other patients.

After this session, participants will be able to:

- Describe an innovative medical group’s strategies for delivering “the right care, at the right time, in the right place”
- Identify valued-based care principles utilized by a successful ACO
- Discuss various innovative care models, community-wide collaborations and coordination of care to effectively meet the needs of Medicare beneficiaries

**1:30 PM –
2:45 PM**

Shaping and Reducing Demand: Respecting Individual’s Wishes for End of Life Care (Beth Israel Deaconess Medical Center) (Breakout 2)

Lauge Sokol-Hessner, MD, Associate Director of Inpatient Quality, Beth Israel Deaconess Medical Center
Breakout Room

Structured around the aims of The Conversation Project (an initiative to ensure every person’s wishes for end-of-life care are expressed and respected), this session will present the five principles of Conversation Ready and will identify how health care systems can be ready to receive, record, and respect those wishes for every individual, every time. Clinicians and staff at Beth Israel Deaconess Medical Center have developed reliable ways to engage patients and families to ask what is important to them about their end-of-life care. They record those wishes in the medical record so that they are available at future points of care. At those future points of care, they want to then can retrieve that information and, thereby, do a better job of respecting patient wishes, whatever those wishes may be.

After this session, participants will be able to:

- Describe strategies to engage patients and family members in discussions to understand what matters most to them at the end-of-life
- Identify the five Conversation Ready principles with examples of each in action
- Describe how this approach for advanced illness planning supports your hospital system’s strategies for patient-centered, value-based care

**2:45 PM –
3:00 PM**

Guidance for Teams & Plans for Next Session

Lloyd P. Provost, MS

Week Four: Session Seven - Tuesday, November 10, 2020

Time	Topic
11:00 AM – 11:15 AM	Reflections, Questions, Review Plans for the Day <i>Lloyd P. Provost, MS</i>
11:15 AM – 12:30 PM	Shaping and Reducing Demand: Reducing Low-Acuity Emergency Department Visits (Breakout 1) <i>Don A. Goldmann, MD, Chief Scientific Officer Emeritus and Senior Fellow, Institute for Healthcare Improvement</i> Breakout Room <p>A survey by the American College of Emergency Physicians found that 75% of emergency room doctors reported increases in patient volume since the Affordable Care Act went into effect. The magnitude of avoidable ED visits is compelling with as much as \$21.4 billion in cost annually. Despite the magnitude of overcrowding and the burden on providers in EDs, few health care systems have reduced avoidable ED use. The population-level business case is clear but at the hospital level the ED is still often viewed as a source of revenue. This session will present an overview of innovative initiatives undertaken that have been implemented <i>outside</i> of the hospital to reduce low-acuity emergency department visits.</p> <p>After this session, participants will be able to:</p> <ul style="list-style-type: none">• Describe how this strategy for reducing low-acuity emergency department visits can be utilized in health care systems or accountable care organizations (ACOs) that are pursuing value-based models of care• Understand how the creation and expansion of less costly (and ideally more convenient) alternatives to ED visits can contribute to the reduction in diversions, overcrowding in EDs, and waits and delays for patients with urgent care needs• Describe examples where there has been success in relocating ED care to the right place, at the right time, for the right reason
11:15 AM – 12:30 PM	Shaping Demand: Reduce Unnecessary Bed Days After Patients Meet Clinical-Readiness Criteria (Breakout 2) <i>Pat Rutherford, RN, MS</i> Breakout Room <p>Most acute care hospitals focus on length-of-stay (LOS) outliers, as a proxy for identifying unnecessary bed days in hospitals. LOS outliers may be defined by number of days in the hospital (with some exclusions) or by LOS for patients whose hospital stay extends beyond the normal expected range for their DRG. While the operational definitions vary, most acute care hospitals have been collecting data on “unnecessary bed days”, including the type of care and community-based services that are needed after acute care hospitalizations. Identifying focused opportunities and successful strategies for reducing prolonged hospitalizations and unnecessary bed days for patients who have received necessary hospital care and are clinically-ready for discharge or transfer to a community-based care facility is a crucial step in</p>

	<p>providing the “right care, in the right place, at the right time”. Doing so will reduce the overutilization of hospital beds and costs of care, and at the same time will provide additional bed capacity to improve patient progression throughout the hospital stay.</p> <p>After this session, participants will be able to:</p> <ul style="list-style-type: none"> • Identify opportunities for reducing prolonged acute care hospitalizations and unnecessary bed days • Describe examples of effective strategies and community-based interventions that have been proven to reduce timely transition to home and to community-based settings of care
12:30 PM – 1:15 PM	<p>Open Space <i>Katherine Luther, RN, MPM</i></p>
1:15 PM – 1:30 PM	<p>Break</p>
1:30 PM – 2:45 PM	<p>Creating Value in Health Care: Innovation, Exnovation, and Undiffusion <i>Maureen Bisognano, President Emerita and Senior Fellow, IHI</i></p> <p>Serious problems exist with the quality and cost of health care today. One major cause of these problems is that current payment systems encourage volume-driven care, rather than value-driven care. Physicians, hospitals, and other providers have a responsibility to employ strategies to encourage both higher quality and lower health care costs. One population health strategy is to systematically reduce unnecessary medical care and the overuse of high cost clinical care services by delivering the right care, in the right place, at the right time. Another critical strategy is to explore how care currently being delivered in hospitals can be optimized to deliver safe, high-quality, person-centered care. To do so, hospitals must ensure timely access and patient flow throughout the health care system.</p> <p>After this session, participants will be able to:</p> <ul style="list-style-type: none"> • Describe strategies to decrease overtreatment and the overuse of high cost clinical care services in hospitals • Identify successful strategies for relocating care to less intensive settings of care where costs are decreased, and quality of care and the experience of patients is improved • Describe the critical role of hospitals in the future-state of the health care system
2:45 PM – 3:00 PM	<p>Guidance for Teams & Plans for Next Session <i>Pat Rutherford, RN, MS</i></p>

Week Four: Session Eight - Thursday, November 12, 2020

Time	Topic
11:00 AM – 11:15 AM	Reflections, Questions, Review Plans for the Day <i>Pat Rutherford, RN, MS</i>
11:15 AM – 11:45 AM	Cincinnati Children's Hospital Medical Center Case Study: A Discussion <i>Uma Kotagal, MBBS, MSc, Executive Leader, Population and Community Health, Senior Fellow, Cincinnati Children's Hospital Medical Center and Frederick C. Ryckman, MD</i> Achieving successful improvement in overall hospital-wide patient flow is difficult. Ideas for improvement are plentiful, but implementation often fails due to an inability to build the will for change or the processes to successfully implement changes within the complex health care systems. In this session, Cincinnati Children's Hospital (CCHMC) leaders will share in detail how they built the will to address improving patient flow among their healthcare providers and clinical units throughout the hospital and the execution strategies for achieving desired outcomes. After this session, participants will be able to: <ul style="list-style-type: none">• Identify ways CCHMC was successful in directly correlating patient safety and best medical outcomes to patient flow• Describe the role the Board of Trustees and Senior Leaders played in setting priorities that included patient flow• Identify how CCHMC identified clinical leaders to champion efforts to build will and system-wide execution strategies and supported their career development• Describe how CCHMC has prioritized the sequencing of projects to benefit the entire system, and where could they have accelerated improvement by following a different plan
11:45 AM – 12:45 PM	Utilization of Hospital-wide Metrics to Guide Learning within and across Projects for Achieving Results <i>Jane Taylor, EdD</i> Summarize the various measurement strategies that have been presented throughout the workshop. Discuss the use of Run charts and Shewhart charts to display and analyze flow data. Connect flow project measures to system measures. After this session, participants will be able to: <ul style="list-style-type: none">• Describe a flow dashboard for their organization• Prepare data collection strategies for flow measures in their organization• Describe outcome and process measures for flow improvement projects
12:45 PM – 1:00 PM	Break
1:00 PM – 2:45 PM	Putting it All Together: Strategies to Achieve System-wide Results <i>Pat Rutherford, RN, MS and Lloyd Provost, MS</i>

Quality and safety occupy a prominent place in the strategic plans of many health care organizations. However, a common organizational response to this emphasis on quality and safety is a long list of worthwhile projects and measures that are not well coordinated, let alone capable of achieving system-level results. IHI uses a simple mantra to describe the essential elements for strategic improvement: ***will, ideas, and execution***. You need the ***will*** to improve, you need to have ***ideas*** about alternatives to the status quo, and then you must make it real — ***execution***. Organizations can have good ideas and the will to make changes but fail in their improvement efforts due to the lack of skilled execution. Three important components of execution will be overviewed in this final session.

After this session, participants will be able to:

- Analyze and identify relevant strategies for creating a plan for executing a sustainable system for patient flow, so that patients receive the right care, in the right place, at the right time
- Select high leverage strategies and interventions, and prioritize short-term and long-term initiatives to achieve established performance goals

**2:45 PM –
3:00 PM**

Adjournment and Next Steps
Pat Rutherford, RN, MS