## Achieving Hospital-wide Patient Flow

### April 22 – 24, 2020 · Birmingham, England

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| Day One · Wednesday, April 22, 2020 |
| Time | **Topic** |
| 9:00 am – 9:30 am | **Registration** |
| 9:30 am–9:45 am | **Overview and Expectations** |
| 9:45 am–10:30 am | **Flow is a System: How Good is Yours?**Evaluate your system during this introduction to key concepts and principles of managing flow including, reducing demand, shaping demand and matching capacity and demand as well as the leadership roles of building will, sharing ideas and assuring execution of changes. |
| 10:30 am–10:45 am | **Self-Assessment: Hospital-wide Measures** |
| 10:45 am – 11:15 am | **Tormented by Long Waits for Patients in the Accident & Emergency? Let’s Start There***Faculty*Focusing on drivers that extend the ED journey for patients, impacting on timely assessment and treatment in ED, lengthening hospital stay, increasing risk for patients and staff can serve as a platform to evaluate current systems and consider disruptive changes to smooth flow. |
| 11:15 am–11:30 am | **Break** |
| 11:30 am–12:30 am | **Strategies to Achieve System-wide Hospital Flow: Delivering the Right Care, in the Right Place, at the Right Time** Implementation of key strategies serves to optimise flow throughout your organisation while assuring safe, high quality, cost effective care. Recognising and incorporating key levers of successful flow management into your organisational plan is crucial to success. |
| 12:30 pm–13:15 pm | **Lunch** |
| 13:15 pm –14:00 pm | **All Teach, All Learn: Storyboard Rounds**Share your successes and learn from others. |
| 14:00 pm –14:30 pm | **Self-Assessment: Accident & Emergency***Faculty* |
| 14:30 pm –15:30 pm | **Urgent and Emergency Care****Part 1: Everything’s an Emergency—or Not***Faculty*The pillars of A&E care -registration, triage, seen by clinician and disposition—provide segments for evaluation, parallel pathways and consolidation to assure flow. Ward and ICU admissions and discharges home and to alternative care settings, requires distinct measures to evaluate and best practices to assure optimal care.After this session, participants will be able to: |
| 15:30 pm–15:45 pm | **Break** |
| 15:45 pm –16:00 pm | **Self-Assessment: Observation / Short-Stay** |
| 16:00 pm–17:15 pm | **Urgent and Emergency Care****Part 2: Short Stay or No Stay**Often patients are caught in the rhythms and processes inherent in A&E’s resulting in unnecessary admissions of short stay patients (0-2-day stays) or less than optimal management of special populations – mental health, end of life, frail elder and children. Optimising alternatives to A&E care can help reduce demand for inpatient A&E services. |
| 17:15 pm –17:30 pm | **Daily Reflections on Learning**Wrap -Up/Daily Summary |

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| Day Two · Thursday, April 23, 2020 |
| **Time** | **Topic** |
| **9:00 am – 9:30 am** | **Reflections, Questions, Review Plans for the Day****Self-Assessment: Critical Care Measures** |
| 9:30 am – 10:30 am | **Within the Walls: Intensive Therapy Unit (ITU), Cardiothoracic ICU (CTU) are is Critical, Wards Clear the Way**Optimising critical care practices shortens stays, assures safety and improves quality. Staying on top of ideal care enhances flow. Review five tactics including de-escalation, delirium prevention and early ambulation to shorten stays while improving outcomes. Wards must be tightly managed to provide downstream bed availability and are essential partners in flow. Learn how rounding, delay identification and managing complex needs matches capacity to demand. Recognising, tracking and reducing flow failures enhanced flow and safety.  |
| 10:30 am – 10:45 am | Break |
| 10: 45 am – 11:00 am | Self-Assessment: Medical Surgical Measures |
| 11:00 am – 11:45 am | **Using Improvement Tools to Optimise Ward Care**Efficiently running wards are the hub of flow management. The day-to- day work lends itself to continuous improvement in efficiency if leaders are adept at using improvement tools and rapid cycle testing. Learn how effective leaders include families and patients on rounds, assure interdisciplinary collaboration, reduce waste and improve flow by building improvement into day-to-day practice.  |
| 11:45 am – 12:30 pm | **Optimising Discharge**Timely, smooth discharges are a key aspect of managing flow. Incorporating estimated day of discharge and segmenting patients into short, mid-range and long stays allows staff to systematically work towards goals. Optimising tools of discharge when medically ready, Criteria Led Discharge (CLD), Outpatient Parenteral Antimicrobial Therapy (OPAT), discharge planning to avoid readmissions, advanced care planning (end of life) including “What Matters to Me”, and managing chronic illnesses help reduce demand for hospital beds. |
| 12:30 pm – 13:15 pm | Lunch |
| 13:15 – 14:00 | **Improving Surgical Flow****Part 1: Shaping and Reducing Demand by Improving Surgical Flow**Elective surgical cases are by far the biggest contributors to flow delays, patient backup and gridlock. Often overlooked, these cases should be the focus of any flow management plan. Emergent cases present specific challenges although they are much more predictable and manageable than recognised. Learn analytic tools to smooth surgical flow as well as tactics to work with surgeons to foster compliance. |
| 14:00 pm – 14:15 pm | Self-Assessment: Operating Room Measures |
| 14:15 pm – 15:00 pm | **Improving Surgical Flow****Part 2**While scheduling of cases can greatly reduce flow variation, there is much to be gained by optimal management of patients both pre and post operatively. Tactics include patient selection, Day of Surgery Admission, optimising Enhanced Recovery after Surgery (ERAS), pre-operative screening, early ambulation, hydration management. Downstream prediction of bed needs to assure availability coupled with Criteria Lead Discharge (CLD), early rounding and tightly coupled teams prevent recovery room backups and case delays due to bed availability.  |
| 15:00 pm – 15:15 pm | Break |
| 15:15 pm – 17:00 pm | **Developing a Linked Measurement System to Support Efforts**Effective flow management throughout an organisation hinges on a measurement system designed to assist staff in evaluating flow needs, tracking progress of changes implemented, designing strategies for seasonal variation and preventing surges and gridlock. Learn benefits of a linked system of measures incorporating processes – length of stay (LOS), readmissions, ambulatory turnaround time (TAT), and A&E efficiency – safety- flow failures, incident, harms – and staff and patient satisfaction as well as turnover. Topics covered include transparency, vector of measures, levels of detail, selecting the right family of measures for your organisation, frequency of tracking, trending and evaluation.  |
| 17:00 pm – 17:30 pm | Daily Reflections on Learning |

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| Day Three · Friday, April 24, 2020 |
| Time | **Topic** |
| 9:00 am – 9:15 am | Reflections, Questions, Review Plans for the Day |
| 9:15 am – 10:45 am | **Matching Capacity and Demand: Managing Spectrum of Patent Demand**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 skilfully 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 organisations. In addition, transparent measures, effective huddles and command centres with real-time, accurate information 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. Creating a learning system for your hospital using flow management principles. Learn to use a Command Centre for both day to day efficiency and disaster management. |
| 10:45 am – 11:00 am | **Break** |
| 11:00 am – 12:30 pm | **Shaping Demand: Working Outside the Walls**Many aspects of managing patient flow within the hospital occur outside the walls of the hospital. This section will focus on optimising planning services to both avoid admission and assure safe discharges with adequate follow up. Often community resources are unrecognised and hence untapped. Identifying and linking with appropriate resources is essential for safe care. Competition is the frequently the enemy of optimal flow. By understanding the drivers of competition and collaboration, clinicians can leverage collaborative practices to foster cooperation.  |
| 12:30 pm – 13:00 pm | Lunch |
| 13:00 pm – 14:15 pm | **Leadership is Crucial: Role of Leaders in Assuring Success**At its beginning and end, a successful flow program is only as good at the leadership surrounding it. Leaders must be adept at building will for change, linking changes with quality and safety, assuring accountability, identifying clinical champions and developing skills in others. This section will focus on critical aspects, culture transformation and behaviours leaders must engage in to drive needed changes within their organisations. |
| 14:15 pm – 15:00 pm | Putting it all Together: Planning for Action |
| 15:00 pm – 15:30 pm | **Wrap Up, Final Discussion, Faculty Coaching** |