Creative Thinking

Building an Understanding of Patient Flow

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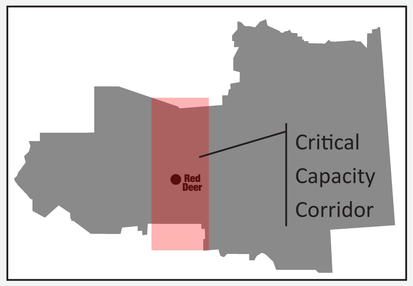
The Opportunity

- **Some hospitals in Central Zone consistently operating near, at, or over capacity while others consistently have available capacity.**



- **Senior leadership and physicians desired a new approach to better understand the barriers to transfer patients across the Zone**

43-136%
Average bed occupancy at Central Zone hospitals[1,2] (2017/18)

1,840
Patient Bed Days spent in Over Capacity Spaces at RDRHC[3](2016/17)

214
Instances of Over Capacity Protocol Activation at RDRHC[3](2017)

Project Definitions

Repatriation: returning a patient to their home hospital

vs

Transfer: moving a patient to another hospital for same or lower level of care; not their home hospital

Understanding Risks

- We sought to identify people/groups that could be negatively affected by system changes
- Five (5) key groups were identified: Patients & Families, Physicians, AHS Staff, EMS, and AHS as an organization
- **TRIZ Methodology:** large group activity to identify worst possible scenario of inputs and outputs for a transfer
- **CROWD SOURCING Methodology**: small groups brainstormed to identify risks for each of the five (5) groups
- **CROWD SOURCING Methodology**: small groups brainstormed actions to mitigate risk

Unlock creative thinking using

Liberating Structures

TRIZ

Create space for innovation by helping a group let go of known limiters of success. Encourages heretical thinking and creative destruction, creating opportunity for renewal with innovation[4]

3-step process: 1) list all you can do to achieve the WORST possible result; 2) identify anything on the list that currently happens; 3) what steps will you take to stop doing the things on your second list

How was it used? Brainstormed the worst possible outcomes of patient transfer and identified mitigation steps

Crowd Sourcing

Help a large crowd quickly generate and sort their bold ideas for action. Tap into group wisdom to find patterns and identify priority areas[4]

How was it used? Multiple small groups worked together to populate around the *Risk* diagram with known risks for each group; large group reviewed the notes to find patterns; seven (7) high priority areas of action were identified and formed the basis for the seven (7) Working Groups

Outcomes

- Identified seven (7) themes of action to create an effective transfer process; Working Groups were founded for each theme
- Each team developed weekly targets for rapid PDSA cycles
- New tools and processes from the Working Groups were tested in a Table Top Simulation in April 2018, need for modifications were identified
- Updated versions were tested with staff in a second Table Top Simulation in June 2018
- Continued front line learning with rapid PDSA is underway at Red Deer Regional Hospital Centre

		Alberta Quality Matrix for Health: Dimensions of Quality					
		Acceptability	Accessibility	Appropriateness	Effectiveness	Efficiency	Safety
Working Groups	Access to Specialized Services		●			●	
	Alternate Level of Care (ALC)			●		●	
	Criteria for Transfer			●	●	●	●
	Handovers—Provider Communication					●	●
	Patient Facing Communication	●					●
	Patient Flow Coordinators			●		●	
	Transportation					●	●

References:

1. AHS Tableau “Acute Care Occupancy”
2. AHS Tableau “AHS Rural Hospital Occupancy / Central Zone”
3. RDRHC Presentation: *Zone Wide Patient Flow Planning,* Dec 2017
4. Lipmanowicz H. and McCandless K.. *The Surprising Power of Liberating Structures*. 2013.

Alberta Health Services