

## Best Practices for JCAHO Patient Flow Standard Compliance

### Introduction

With the Joint Commission on Accreditation of Hospital Organization's (JCAHO) patient flow leadership standard, LD.3.15 surfacing on the radar screen of hospital executives, the need to ensure that they have policies, processes and procedures to address patient flow and safety issues in place, is never more apparent.

Officially, the standard states the need for leaders to

**“... develop and implement plans to identify and mitigate impediments to efficient patient flow throughout the hospital”.**<sup>1</sup>

Associated with the Standard are nine elements of performance<sup>1</sup>;

- 1 Assessing and Planning
- 2 Temporary Bed Location
- 3 Collaborative Process – Planning
- 4 Planning for Care and Services
- 5 Assessment – Specific indicators used to measure patient flow process
  - a. Available supply of patient bed space
  - b. Efficiency of patient care and treatment areas
  - c. Safety of patient care and treatment areas
  - d. Support Service processes that impact patient flow
6. Information is disseminated
  - a. Indicator results are available to those individuals who are accountable for processes that support patient flow
7. Indicator Reporting
  - a. Indicator results are reported to leadership on a regular basis to support planning
    - i. The indicators should be defined
    - ii. The “regular basis” should be defined
    - iii. Any planning that occurs should consider results of those indicators
8. Improvement
9. Planning for Diversion

During a survey, specific patient flow issues that can be evaluated include;

- Time of arrival to time seen by a physician
- LOS in ED
  - General ED indicators such as hours on diversion, left without being seen, incident reports in ED (Calls to security, patient care mishaps, family member incidents, risk management events, etc)
- Transfer time from PACU to ICU
- Turnaround time for lab tests
- Discharge planning

- Patient satisfaction
- Medical staff satisfaction
- Bed turnaround time

Critical to providing this information in a timely, accurate and efficient manner is having the ability report on the myriad steps of patient flow. For hospitals that are managing patient flow manually, this can be a tremendous endeavor; but for hospitals automating those processes, the complexity of the task is dramatically reduced. Since automating those processes is exactly what Tele-Tracking's suite of capacity management and patient flow solutions were designed to do, we conducted a survey to better understand how other clients have leveraged the tools and the reports to satisfy survey requests. The goal of the survey was to provide a document of 'best practices' to assist other clients in their preparation for, and usage throughout, a JCAHO survey process.

## Overview/Results

A series of 10 questions were asked of the entire client base. The questions were designed to identify which reports and/or features of the **Bed Management Suite™** were helpful in addressing the JCAHO Survey process.

Of the more than 190 responses, 78 were from hospital personnel directly involved in collecting or providing data to complete the JCAHO survey process. This represented over 70 individual hospitals providing data and information of their preparation for an upcoming survey, or actual survey experiences. With a client base of more than 645, this represents roughly a 10% response rate (slightly higher if we remove our Canadian clients from the poll as the JCAHO standard is not applicable).

Within this sample set of 78 respondents, 66% replied that they licensed the **Bed Management Suite™** (**BedTracking®** and **PreAdmitTracking™** with the **electronic bedboard™** combined) which as it relates to LD.3.15, is a primary focus for 'best practice' development.

Of the 70 individual hospitals, 36 had been visited by JCAHO within the last nine months; 15 had an unannounced visit and 21 participated in a corporate overview-type visit. The remaining hospitals (40) had not been visited within the last nine months.

The following results will hopefully provide some insight into how your peers have leveraged our solutions to help address the JCAHO Leadership Standard LD.3.15.

## Best Practices

FEATURES:

The survey attempted to define which of a limited set of features or functions within the **Bed Management Suite™**, proved most useful. The 6 features identified were;

- **PreAdmit Window** (also known as the master admissions list or ‘big list’)
- **Timers** (ready-to-move, bed request, bed assignment, occupied)
- **Bed Attributes** (four customized, color-coded attributes)
- **Flags**
- **Projected Census Report**
- **bedboard mobile™** (wireless handheld bed board)

For clients that replied that they used the features, the following chart identifies how effective they found those features:

Features	Extremely Effective	Effective	Moderately Effective	Ineffective
<b>PreAdmit Window™</b>	<b>58%</b>	<b>29%</b>	<b>4%</b>	<b>8%</b>
Timers on <b>PreAdmit Window™</b>	<b>32%</b>	<b>41%</b>	<b>14%</b>	<b>14%</b>
Bed Attributes	<b>50%</b>	<b>27%</b>	<b>15%</b>	<b>8%</b>
Flags	<b>46%</b>	<b>42%</b>	<b>4%</b>	<b>8%</b>
Projected Census Report	<b>40%</b>	<b>25%</b>	<b>20%</b>	<b>15%</b>
<b>bedboard mobile™</b>	<b>Insignificant Data</b>			

The results showed that for all features except **bedboard mobile™**, between 65% and 88% of clients found the tools to be *Extremely Effective* or *Effective*. As a newly released tool at the time of this survey, **bedboard mobile™** has a much smaller adoption rate which may explain the low response rate.

REPORTS:

The next portion of the survey focused on reports or information derived from reports that were helpful in documenting the hospitals ability to comply with the requisite elements of performance.

From the survey, the following report types proved most useful:

- Average Response Time
- Bed Turnover
- Processing Time Analysis
- Average Discharge/Transfer per time of day
- Ready-to-move timer metrics
- Employee Statistics

- Dispatch to Complete

The following chart explains how well the reporting information addressed the surveyors' requests.

Completely	37%
Adequately	41%
Less than Adequately	10%
Inadequately	12%

Additionally, 33% and 40% said that it took less than 15 minutes or less than one hour respectively to produce the reports/show information. In a manual process, 43% of the respondents said it would have taken 1 to 3 days to collect data and produce an acceptable report.

An even more interesting note showed that 21% responded that some of this data would not have been available in a manual process.

## Comments

We received many very interesting and insightful comments during this survey.

One of the most noteworthy was that while the reports provided helpful data, simply showing and explaining the accuracy and comprehensiveness of the **Bed Management Suite's** approach to automating patient flow, many of the surveyors' requests were satisfied.

This makes sense, especially when reviewing several of the 9 elements of performance, specifically;

- Assessing and Planning
- Temporary Bed Location
- Planning for Care and Services
- Assessment – Specific indicators used to measure patient flow process
  - o Available supply of patient bed space
  - o Efficiency of patient care and treatment areas
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The ability to immediately visualize the entire hospital's bed availability at a



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glance with the **electronic bedboard**® addresses many of these elements. Additionally, the **electronic bedboard**® allows for a better understanding of pending and confirmed discharges or transfers helping to address the planning components of the elements of performance.

Below is a selection of helpful comments received during the survey:

“JCAHO surveyers (sic) were impressed with the Rapid Admission Process that have been created, and the installation of BED TRACKING assisted with, and is part of our process.”

“We use the Average response analysis (sic) report for our Patient Flow committee. [W]e report that on our dashboard for both Average response and Average overall turnaround times. We also use the compliance report for nursing.”

“They asked to see turn around times on discharge room cleans by status.”

“There are 2 meetings during each day with nurse managers and those responsible for the movemant (sic) of patient flow and she was there to witness the process of reporting. [S]he didn't ask to many questions. [S]he mostly just observed. She liked what she saw.”

“[A]s part of corporate orientation - addressed surveyors concern that hospital had a plan to deal with capacity surges - showed projected census, discussed bed cleaning TAT and showed master admission list emphasizing PreAdmit window with paging functionality to unit point persons - also incorporation of projected census information into alpha page bed alerts.”

“Flex staff to meet capacity demands.”

“[P]rocessing time analysis helped [identify] patient flow through our hospital and data for the tracer methodology, bed history helped with compliceance (sic) in prompt reporting of discharges and transfers for proper bed usage.”

“[T]here were no requests to look at reports, etc. The focus was on the process and how do we ensure patient safety during periods of extremely high census, holding pts in ED, PACU, etc.”

“The real time data that we can export out to create any report need is very helpful.”

“Don't get fixated on reports or data; you certainly need data, but the focus was on how we used the information to make improvements and decisions.”

For more information about this Best Practice, please contact:

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<sup>1</sup> **SOURCE:** JCAHO