

NYU WINTHROP HOSPITAL

DRIVING RESULTS IMPROVING CARE

Patient Flow Data and
Joint Commission Compliance



NYU Winthrop Hospital, a 591-bed university-affiliated medical center and New York State designated Regional Trauma Center, has a commitment to medical education and research, in addition to offering a full complement of inpatient and outpatient services.

“We are proud of the growing and diverse community we serve and the personal approach to patient care that is the cornerstone of our organization,” says Ann Hanford, Director of Patient Flow. “That’s why when we saw the opportunity to utilize TeleTracking data to demonstrate compliance with The Joint Commission’s [TJC] standards on patient flow, we moved forward with developing a comprehensive plan to meet those standards.”

TJC Patient Flow Standard (LD.04.03. 11) and the nine Elements of Performance (EPs)

- **EP1:** Hospital has processes that support the flow of patients throughout the hospital
- **EP2:** Hospital plans for the care of admitted patients who are in temporary bed locations (PACU or ED)
- **EP3:** Hospital plans for the care of patients placed in overflow locations
- **EP4:** Criteria guide decisions to initiate ambulance diversions
- **EP5:** Hospital measures and sets goals for the components of the patient flow processes
- **EP6:** Hospital measures and sets goals for mitigating and managing the boarding of patients who come through the emergency department
- **EP7:** Individuals who manage patient flow processes review measurement results to determine whether goals were achieved
- **EP8:** Leaders take action to improve patient flow processes when goals are not achieved
- **EP9:** When the hospital determines that it has a population at risk for boarding due to behavioral health emergencies, hospital leaders communicate with behavioral health care providers and/or authorities serving the community to foster coordination of care for this population

Triggers for the Survey

- Visible overcrowding / high occupancy
- Admitted patients in portals of entry without bed assignments
- High bed request to assign times
- Late discharges
- Delays in transfer of patients to assigned beds

Survey Essentials

- Decrease overcrowding
- Provide timely care to patients through minimization of delays
- Maintain patient safety

TJC Expectations

- Demonstrate compliance with each EP
- Identify patient flow opportunities for improvement
- Develop action plans
- Outcomes achieved can be demonstrated and data is available to validate improvements



In 2015, NYU Winthrop set out to improve organizational efficiency. The corporate goal was simple—to improve patient throughput—Ann and team quickly identified a number of tactics to make this goal a reality. For example: engaging the entire organization, and developing action plans, setting thresholds, targets and stretch goals while regularly measuring goals versus actual performance. Employment of tactics would help demonstrate the improvements between 2015 and 2017, many of which revolved around optimizing the use of TeleTracking.

Data was also critical to NYU Winthrop's success with The Joint Commission requirements. It gave them a concrete way of determining the changes that needed to be made to demonstrate that they were meeting the elements of performance.

“The first action I initiated was to run TeleTracking reports to see what our baselines were in key areas,” says Hanford. “EVS, Patient Transport, and Patient Placement were critical. When I saw what our baseline performance was, I was able to identify performance improvement opportunities, establish goals and set up action plans that I knew would have an impact on patient throughput,” she continues.

The first priority identified was to improve the efficiency of the bed cleaning process

THE GOAL: decrease bed turnaround time by improving the response time of EVS personnel.

THE TACTICS: educate and motivate staff regarding goals vs. actual performance; deploy iPhones to improve communication; eliminate zones during high-volume bed cleaning time of day; create dashboards to display EVS status breakdown, daily average response and turn times, and confirmed discharges by unit.

THE OUTCOMES: impressive 50% improvement in response times after the action plan was implemented. “We’re very, very happy to see those outcomes and strive to continuously get better and better,” adds Hanford. “Bed turnaround time is an extremely important part of the patient flow puzzle.”

A second priority identified was to improve bed placement times for newly admitted patients

THE GOAL: decrease the bed request (decision to admit) to bed occupy time.

THE TACTICS: use of TeleTracking's PreAdmitTracking application to support action plans such as: centralizing the bed placement process; no longer allowing services/units to assign beds; hardwiring the Ready-to-Move functionality; establishing patient assign to bed occupy goals; and adding portal views on every patient care unit and in each portal of entry.

THE OUTCOMES: “We transported patients in a timely manner once the bed was assigned, which decreased our request to occupy by at least 50%,” says Hanford. “This also impacted patient satisfaction as we’re starting to see some of our HCAHPS scores improve.”

The third performance improvement priority identified was to enhance the situational awareness of patient discharge status on each unit

THE GOAL: increase the number of pending patient discharges (pending to confirmed), and better predict the projected discharge date and time.

THE TACTICS: implementation of PatientTracking Portal views on all units and in all portals of entry. In addition, all patient care units must identify pending patient discharges 24 hours in advance; pended patients must be notified of projected discharge date and time a minimum of one day in advance; additional tests / procedures needed for discharge identified in TeleTracking; a discharge order interface that would trigger a confirmed discharge. “A unique use that we implemented included taking advantage of the comments field in PreAdmit Tracking to enter any additional tests/procedures that the patient needs to complete prior to being medically cleared for discharge earlier in the day,” says Hanford. “The schedules are distributed to the ancillary areas responsible for completing these tests / procedures to prioritize the pended patients to ensure timely completion and result reporting.”

WITH THE OVERALL CHANGE IN ORGANIZATIONAL CULTURE IN MAKING PATIENT FLOW A TOP PRIORITY, WE BELIEVE THE CHANGES WE'VE MADE ARE SUSTAINABLE, AND WE'RE LOOKING FORWARD TO THE NEXT STEPS.

THE OUTCOMES: Winthrop increased their pending discharge compliance rate from a baseline of 25% to as high as 67%. They also doubled the percent of discharges by 12 noon and the median discharge time has decreased by 90 minutes.

A fourth performance priority identified was to improve the efficiency of patient transport

THE GOAL: decrease the total patient transport trip time

THE TACTICS: reconfigure all transport zones within the physical layout resulting in a greater number of lateral versus vertical transports; set department goals for response times based upon metrics; educated staff regarding performance expectations/goals; deployed iPhone devices to improve communications; deployed dashboards for visibility; motivated managers and staff and held them accountable for results; closely supervised all patient transport activities and intervened immediately as necessary.

THE OUTCOMES: decrease in the average time from transport request to dispatch from 17.45 to 11.27 minutes; transport request to complete dropped from 45 minutes to 32 minutes; test to room transport trip times dropped from 30 to 18 minutes; all the while transport volume increased from 8,340 to 10,508.

“In addition to improving efficiency, these changes have had a very positive effect on patient experience,” adds Hanford. “I’ve been a patient and I know how frustrating it is to have to wait. By getting patients where they need to be quicker, they’re happier and more satisfied.”

Overall, the patient flow improvements at NYU Winthrop have had a positive impact on clinical, operational and financial metrics. Clinical: Patient safety increased while bed request to occupy time decreased. Operational: Efficiency improved by patient transport trip time decrease achieved. Length of stay also decreased with through discharged patients departing earlier in the day and the subsequent increase in the percent of patients discharged by noon. Financial: Costs are down from the improvements achieved. And this is just the beginning. NYU Winthrop continues to monitor data, reviewing it monthly, to develop and implement and identify variances to develop and implement corrective action plans.

“We were honored to not only receive The Joint Commission accreditation, but to also have zero recommendations for improvement regarding patient flow. In addition, with the overall change in organizational culture in making patient flow a top priority, we believe the changes we’ve made are sustainable, and we’re looking forward to the next steps. This includes maturing the use of our dashboards, and eventually implementing a logistics/transfer center. If we can make things more streamlined for even one patient, all of the effort will be well worth it,” concludes Hanford.



ANN E. HANFORD, MA, BSN, RN // Director of Patient Flow at NYU Winthrop Hospital

Her passion for automation and data led her to successfully implementing a stand-alone electronic ICU nursing documentation system in the early days of the healthcare “computer age.” Ann challenged and grew her organization’s IT department capabilities early on with the successful implementation of their first internet/web based healthcare application: an electronic admission request system on behalf

of patients whose discharge plan included inpatient post-acute care. Ann was most recently instrumental in advancing electronic automation of patient care at her organization when she implemented her own custom inpatient scheduling system for all ancillary tests & procedures. Ann holds a Master’s Degree in Nursing Informatics from New York University along with a Bachelor of Science degree in Nursing.