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Hard Science and Soft Science Work Together to Improve Patient Flow

By Christy Dempsey, RN, BSN, MBA, CNOR

Nursing shortages/staffing, physician shortages, ED overcrowding, ORs bursting at the seams, diversions, medical errors, quality of care, costs skyrocketing, reimbursement plummeting... These issues are in the hearts and minds of hospitals and healthcare policy makers.



How can hospitals address these issues? One effective and sustainable way is by managing variability in patient flow, looking at staffing patterns and securing a collaborative commitment by hospital and physician leaders to execute a performance and quality improvement strategy. This process combines the soft science of change management, utilizing physician support and strong leadership commitment with the hard science of real-time data analysis.

This process should take the form of a phased approach. Using rigorous data analysis and proven operations management strategies, such as queuing theory and simulation modeling, along with the management of political, social and financial management issues, allows each phase to build upon the previous phases. Political issues related to physician recruitment and retention, strategic planning and the marketplace must be taken into account and considered either constraints to work around or opportunities for improvement. Social issues include lifestyle matters often centered around call responsibilities, clinic hours and hospital obligations for physicians. Financial management concerns include physician compensation, contribution margin, and reimbursement. All of these issues must be considered when implementing any full scale improvement project such as organizational patient flow improvement. This process of

collaboration and operations management science builds trust, communication and a track record of success for both the project and the organization overall.

Each phase culminates in a trial implementation period at which time processes are tweaked based on data and operations management techniques until the optimal process is achieved. Important for the success of this methodology are transparency and consistency in sharing metrics associated with performance improvement, quality, safety and patient flow. This dynamic process assures active participation of both physicians and hospital leadership and the realization of progress. The group then becomes a team of passionate change agents who identify opportunities for improvement and obstacles to progress.

A prime example of this collaborative approach can be found in the patient flow improvement projects undertaken at St. John's in Springfield, Mo, WellStar Kennestone in Marietta, Ga., and Heartland Health in St. Joseph, Mo. The efforts of these three hospitals have resulted in quality improvement and financial gain in terms of cost reduction and revenue enhancement. The hospitals significantly improved urgent/emergent OR waiting times, reduced peaks/valleys in the elective census and, in the process, improved the physician and hospital relationship.

Christy Dempsey, RN, BSN, MBA, CNOR, is senior vice president for clinical operations of PatientFlow Technology, Inc. Ms. Dempsey is a registered nurse with over 20 years experience in perioperative nursing, perioperative and emergency services management, supply chain and materials management and physician/hospital collaboration. In her role as SVP of clinical operations, she serves as project director and clinical/operational expert for PatientFlow Technology client implementations.