Breaking Down the Silos to Decrease Internal Diversions and Patient Flow Delays

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Abstract

Hospitals strive to admit patients to the units where caregiver competencies align with the patient's condition. When the hospital's census peaks, internal diversions and the associated risks increase, which are intensified when silos exist, as segregated care negatively impacts collaboration and patient safety. In this study, a 600+-bed academic, tertiary care specialty hospital experienced an increase in internal diversions. Within the neuroscience service line, emergent neuroscience transfers from outside hospitals had been declined or internally diverted because of capacity limitations. Formalized processes for improving collaboration between health care providers related to capacity issues were required to decrease internal diversions and improve patient flow and patient safety. A pilot project was conducted on neuroscience units during a process improvement initiative. A hospital-wide internal diversion plan was developed, identifying primary and secondary placement options for all patients requiring hospitalization to support patient flow and patient safety. Forecasting tools were developed to provide units' leadership with current information on expected admissions. Daily capacity huddles were instituted to increase collaboration between patient care units. The interventions trialed during the pilot decreased internal diversions and improved patient flow. The improved collaboration resulted in an 80% decrease in declinations of emergent intensive care unit transfers from outside hospitals due to capacity limitations and a 50% decrease in the number of these patients being internally diverted to alternate intensive care units. The interventions implemented minimized internal diversions and improved patient flow. The transparency of the patient placement process led to an increased collaboration between all participants.

Redesigning Health Care Organizations: The Influence of Government Policy and Methods of Payment

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Abstract

Over the last 5 years, there has been a growing trend toward consolidation in the health care field. As reimbursement moves from a fee-for-service model to a value-based model, there will be continued

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Enhancing Cross-functional Collaboration and Effective Problem Solving Through an Innovation Challenge for Point-of-Care Providers

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Abstract

An internal employee challenge competition is a way to promote staff engagement and generate innovative business solutions. This Spotlight on Leadership focuses on the approach that a large not-for-profit healthcare organization, the Visiting Nurse Service of New York, took in designing and executing an innovation challenge. The challenge leveraged internal staff expertise and promoted wide participation. This model is 1 that can be replicated by organizations as leaders work to engage employees at the point of service in organization-wide problem solving.

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Population Health, Public Health, and Accountable Care:

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ABSTRACT

To identify roles for public health agencies (PHAs) in accountable care organizations (ACOs), along with their obstacles and facilitators, we interviewed individuals from 9 ACOs, including Medicare, Medicaid, and commercial payers.

We learned that PHAs participate in ACO-like partnerships with state Medicaid agencies, but interviewees identified barriers to collaboration with Medicare and commercial ACOs, including Medicare participation requirements, membership cost, risk-bearing restrictions, data-sharing constraints, differences between medicine and public health, and ACOs' investment yield needs. Collaboration was more likely when organizations had common objectives, ACO sponsors had substantial market share, PHA representatives served on ACO advisory boards, and there were preexisting contractual relationships.

ACO–PHA relationships are not as straightforward as their shared use of the term "population health" would suggest, but some ACO partnerships could give PHAs access to new revenue streams.

Read More: http://ajph.aphapublications.org/doi/abs/10.2105/AJPH.2014.302484

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What are the core elements of patient-centred care? A narrative review and synthesis of the literature from health policy, medicine and nursing

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Aim. To identify the common, core elements of patient-centred care in the health policy, medical and nursing literature.

Background. Healthcare reform is being driven by the rhetoric around patient-centred care yet no common definition exists and few integrated reviews undertaken.

Design. Narrative review and synthesis.

Data sources. Key seminal texts and papers from patient organizations, policy documents, and medical and nursing studies which looked at patient-centred care in the acute care setting. Search sources included Medline, CINHAL, SCOPUS, and primary policy documents and texts covering the period from 1990–March 2010.

Review methods. A narrative review and synthesis was undertaken including empirical, descriptive, and discursive papers. Initially, generic search terms were used to capture relevant literature; the selection process was narrowed to seminal texts (Stage 1 of the review) and papers from three key areas (in Stage 2).

Results. In total, 60 papers were included in the review and synthesis. Seven were from health policy, 22 from medicine, and 31 from nursing literature. Few common definitions were found across the literature. Three core themes, however, were identified: patient participation and involvement, the relationship between the patient and the healthcare professional, and the context where care is delivered.

Conclusion. Three core themes describing patient-centred care have emerged from the health policy, medical, and nursing literature. This may indicate a common conceptual source. Different professional groups tend to focus on or emphasize different elements within the themes. This may affect the success of implementing patient-centred care in practice.