Implemented “iCAN - A Management Model Leveraging Technology to Improve Floor Processes”

Background

- Communication gap between ED and In-Patient Services
- High Decision & Transfer Times
- Lack of on-floor monitoring and patient tracking tools
- Data unavailable to identify recurring issues
- Delayed response times for specialty consults
- Delayed decisions due to a manual process
- Unavailability of hospital beds causing choking in ED+
- High waiting for inpatient beds increased LOS
- Extended Lab process
- Delays in sample movement
- Inefficient telephonic nursing handovers: Transfer Time extended by 20 mins
- Non-Urgent radiology tests ordered from ED: Extended Decision time & LOS
- Unnecessary waiting at triage due to delay in bed status update
- Patient dissatisfaction

Innovation

ANALYSIS

- On-floor issues are IDENTIFIED with the help of a Live Service Board
- The on-floor issues are COMMUNICATED to stakeholders and repetitive issues are logged
- Delays are eliminated by ensuring required change is ACTIVATED
- Continuous process improvement activities are NAVIGATED on-floor

Shift Lead Position was designed to implement the iCAN model in the Emergency Department to streamline floor operations and strengthen inpatient partnerships

REDESIGN

PILOT

IMPLEMENTATION

Results

Business Process Reengineering Team

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- LOS reduced 10.3 hours to 8.7 hours (Admissions)
  - 61% admissions within 8 hours (Target 60%)
- LOS reduced 3.25 hours to 2.95 hours (Discharges)
  - 72% discharges within 4 hours (Target 70%)
- More than 50% decrease in average monthly LBUEB (left because of unavailability of ED bed)
  - 390 per month to 166 per month

50,200 hours ED bed hour saving

Potential capacity to cater to 20 more patient visits per day in ED

Potential savings in hospital revenue of $3.5 million at 75% efficiency