

The PEAT Program (Patient Express Admit Team)

| Classification of This Practice | | | |
|----------------------------------|--|----------------------------------|--|
| Process Measures | | Outcome Measures | |
| <input type="radio"/> | | <input type="radio"/> | |
| Legend | | | |
| N/A | Measures or evidence of results not available in this category | N/A | Measures or evidence of results not available in this category |
| <input type="radio"/> | No evidence of improvement in process measures | <input type="radio"/> | No evidence of improvement in outcome measures |
| <input checked="" type="radio"/> | Demonstrated improvement in process measures over the short term (< one year) | <input checked="" type="radio"/> | Demonstrated improvement in outcome measures over the short term (< one year) |
| <input checked="" type="radio"/> | Demonstrated sustained improvement in process measures over the longer term (> one year) | <input checked="" type="radio"/> | Demonstrated sustained improvement in outcome measures over the longer term (> one year) |

The Registry is intended to promote the sharing of improvement practices. It is not expected that users could necessarily implement a practice without making contact with the organization which submitted the practice. Therefore, we strongly encourage you to get in touch with the contact person listed in the practice if you want further information.

This Practice has been published in a journal
 This Practice has been published in a peer-reviewed journal
 Posting Date: 27/07/2006
 Last Updated: 18/12/2006

LHIN: Central East

1. The Categories of Practice

Improving Efficiency through Process Redesign

2. Organization Name

Peterborough Regional Health Centre

Organization web address: <http://www.prhc.on.ca/>

Organization description

The 341-bed Peterborough Regional Health Centre (PRHC) currently operates on two sites and services a population of more than 300,000 in four counties. PRHC is the region's largest employer with a staff of approximately 2,000 and boasts more than 600 volunteers. The Health Centre will consolidate once the construction of a new facility is complete in 2008. The 715,000 square-foot structure, to be built on what is now the PRHC's Hospital Drive Site parking lot, will accommodate up to 494 beds.

3. The Type of Organization

Acute/Emergency Hospital (including inpatient and ambulatory care)

4. Objective

To improve the admission process for patients admitted through the ER - patient focused, coordinated and thorough.

5. Background & Timeline

The admission process for patients being admitted through the Emergency department was often untimely, unfocused, and incomplete. These admissions were fragmented and task-oriented. The everchanging environment in ER lead to multiple care givers and communication therefore was disjointed and at times both families and patients felt frustration. In December 2002 the VP Clinical/CNO examined a new concept being used in the US for the admission of patients. The new process "A virtual admitting unit" in theory is a cost center without a physical space where staff admit patients to the Health Centre in a timely, focused, and thorough manner and facilitate the patient getting into the bed on the inpatient unit. This model is patient-focused, coordinates care, and improves interdepartmental communication. The program was

implemented December 2004. It took 2 years from concept to creation - December 2002 to 2004. At the time of its inception, this was the only program of its kind in Canada.

6. Practice Changes

Formation of a multidisciplinary team for business case development;

Research and benchmarking into best practice on this topic;

One site visit to a US site where the concept had been working;

The implementation (using same multidisciplinary team) included the following tasks- stakeholder information sessions, development of new job descriptions for RNs, recruitment and orientation of RNs, development of processes, procedures, forms, and other tools to aide new process, evaluation criteria:

Key Success factors: Support from senior administration; selection of experienced staff who could champion the effort and provide leadership for the program; initial communication; ongoing evaluation; enough communication to gain buy-in from stakeholders.

7. Measures

| Name/ Description | Formula (e.g. numerator and denominator) | Definitions of Components in the Formula | Data Source(s) | Frequency of Reporting the Measure |
|---|---|--|---|--|
| LOS data | comparing LOS for PEAT and Non-PEAT patients | | Hospital Information System | Every 6 months |
| Patient Satisfaction | Comparing satisfaction amongst "PEAT" patients. | | Surveys | Every patient |
| Staff Satisfaction | comparing staff satisfaction with program over time | | Surveys | Every 6 months for first year, then annually |
| Number of Patients admitted through the program | Simple count of patients admitted through the program | | All patients who have been admitted through the PEAT process are flagged for data collection. | Monthly |

8. Results of Practice Changes

Indicator/Results

LOS

- Results indicate that LOS has been decreasing for patients who were admitted through the PEAT program in specific Case Mix Groups eg: CMG 140 COPD, LOS for PEAT program admissions is 3.16 days less than Non-PEAT admissions
- 1 year data shows that LOS is diminished through the PEAT admission process
- Also, PEAT nurses are admitting patients with higher RIW's than non-PEAT admissions

Patient Satisfaction

- Survey results continue to indicate a high degree of satisfaction with the process as well as patients feeling that they are being "well cared for"
- Survey results also show that the patients and families feel informed about care expectations and length of stay.

Staff Satisfaction

- Staff survey results indicate that the new process is valuable to nursing staff on the inpatient units as it helps them focus more on implementing the patient's care plan sooner

Number of Patients • 130-160 per month

9. Lessons Learned

A very positive unanticipated result of this new program is the leadership role that the PEAT nurses have assumed with their colleagues. This program has provided an opportunity for these seasoned R.N.'s to forge new alliances with their colleagues by modeling positive behaviour and best practice. This has been an opportunity for the PEAT team to coach and mentor their colleagues throughout the organization. As well, the PEAT nurses have been able to improve the relationships between the ED and the inpatient units by modeling a collaborative approach to patient care. As the program expands we hope to capitalize on these types of nursing leadership opportunities within our organization.

-ongoing communication to ensure staff throughout the hospital understand the roles and responsibilities of these nurses working in this program.

Ø In June 2005 this program was presented at the National Health Care Leadership Conference in St. John, New Brunswick, presentation entitled "Virtual Admitting, A Journey from Concept to Creation".

Ø Subsequently, the Health Centre has received inquiries and had site visits from other facilities wanting to implement similar programs.

Ø Inquiries and visits have been from Hospitals across North America including Newfoundland, Ontario (5 hospitals), Michigan, Colorado, and Florida

-This program has also been presented at the 2006 Nursing Leadership Network Conference March 2006, presentation entitled "An Innovative Approach to Leveraging the Leadership Potential of Seasoned Nurses".

10. Additional Information

11. Improvement Team

NOTE: This is a list of the original development team, this team no longer exists in its original form:

Janice Kaffer, Manager Inpatient Surgical Unit (Chair)
 Mike Vandenbroek Utilization Consultant
 Elaine Barringer Emergency – staff representative
 Karen Ayotte Medicine – staff representative
 Andrea Keating Surgery – staff representative
 Sue Robertson Volunteer Services
 Darlene Mack Patient Relations/Utilization
 Catherine Brumwell Specialty Medicine
 Brenda Rosborough Admitting
 Bev Reid GRASP
 Gord Rance Hospitality Services
 Ken Hendry Hospitality Services
 Leanne Armstrong, Manager Emergency Department

12. Contact Information

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13. Attachments

An Innovative Approach to Leveraging the Leadership Potential.ppt

14. Registry Status