

<http://medicalconnectivity.com/2009/02/05/national-patient-flow-survey-2008/>

National Patient Flow Survey - 2008

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A little over a year ago I wrote about a patient flow survey underwritten by StatCom. This past fall, StatCom published their [survey for 2008](#) (registration required). Some interesting changes were reflected in the latest survey.

Of those surveyed (n=237, 59% of which were C-level, 19% directors) a number of findings jumped out. First, a large majority (89%) said their hospitals have poor patient flow - by itself not particularly surprising. Market adoption of bed management applications showed a 12% increase over 2007, going from 48% to 52%. It struck me that around half of the execs admitting to poor patient flow in spite of already having bought a patient flow solution (albeit a limited “bed management solution”).

More than Bed Management

There are a number of conclusions one can draw from this incongruity. As noted in my post last year, a lack of solid quantitative operational performance data makes improving patient flow difficult. You have to be able to measure it before you can manage it, as they say.

How care is delivered also impacts patient flow. Critical care units (ICU, telemetry, high dependency units) are a common patient flow bottleneck. This bottleneck results from inappropriate admissions where attending physicians want monitoring for patients that don't really meet the admission criteria for the unit. Implementing variable acuity units, where equipment like patient monitors and staffing levels are allowed to float with a patient's acuity, can improve the ability to deliver the appropriate level of care without incurring the overhead found in a typical critical care bed.

Another conclusion one might draw from hospitals with bed management software that still claim poor patient flow, is that these applications have been poorly implemented. The likelihood of implementation issues is reinforced by this quote from EVP of client services for StatCom, Ben Sawyer,

Healthcare executives say overcoming behavioral patterns poses the greatest challenge [to realizing patient flow improvements], followed by resistance to change...

Bad habits and laziness on the part of hospital staff would be inexcusable. But most everyone I've met in health care wants to do the right thing. They just don't want to have

to do their already demanding jobs in addition to extra work created by poorly designed or configured workflow.

Finally, while many patient flow vendors have options to sell bed management by itself, but most of them have solutions that offer far more than just bed management. Frankly, bed management is the easy part.

The Root of the Problem

When considering the cause for poor patient flow, executives blamed poor communications 67% of the time. Poor scheduling and resource utilization (36%), and things like a lack of beds and staff (36% and 34%) rounded out the causes of poor patient flow. It would be interesting to know if there was any data that would shed light on just what “poor communications” meant to the executives surveyed.

I suspect that the lack of quantitative data mentioned above might somehow be conflated with poor communications. But communications is clearly the culprit when the silo organizational structure of hospitals is considered in light of the need to coordinate patient flow across multiple silos.

Crossing Silos

One challenge the study highlights is a problem with almost any solution targeting the point of care, building consensus among all the stakeholders. The survey noted that 76% of hospitals have committees targeting patient flow and capacity, up from 64% the year before. Almost any automation or new product used at the point of care impacts multiple stakeholder. The mish mash of meds administration, bed turn over, bedside charting, computers on wheels, wireless phones, nurse call, alarm notification — it’s all interrelated, you can’t make a decision about one without impacting another. And of course any decisions made impact nursing, medical staff, environmental services, biomed, and other ancillaries requires participate and buy-in from each group.

Increasingly hospitals are organizing cross functional teams to look at these multi faceted problems. Of those with patient flow committees, only 54% reported that committee recommendations were implemented (and we can assume that only a portion of those implemented were successful - although this was not reported). Again, progress was indicated when comparing the 2008 implementation rate to the 43% rate for the year before.

Technology to the Rescue

Being a vendor who, you know, sells things, StatCom asked a lot of questions about technology. What they referred to as tracking technologies might better be termed visibility technologies. Only 12% of hospitals show waiting times or patient progress to patients or their families. Those that do, use information accessible on computers or phones (calls or voicemail) by a wide margin - 70% and 67% in 2008. Grease boards

(29%), digital displays (19%) and mobile devices (12%) lagged considerably. The leading technologies (computers and phones) were used by humans to convey that information to patients and their families. Technologies with the lower adoption levels convey this data to patients and families directly. I'm surprised hospitality paging isn't used more for communications to patients and their families.

No self respecting survey would omit a look at new technologies under consideration. Here the number one technology to help track patient status is bar coding at a whopping 62%. A distant second at 38% is patient tracking software, then tablets/PDAs (33%), RFID (29%), and inpatient scheduling software (23%). With bar coding at almost double the next closest choice, this seems to be indicative of the unrealistic expectations that continue to surround the technology. It's as if bar codes - by themselves - will save us from meds administration errors, improve patient flow, and who knows what else. This list of technologies - a category of application software, computer hardware, and another auto ID technology (RFID), describes the components of an overall solution rather than competing ways to do the same thing.

If the market's success with bar coding on smart infusion pumps and point of care meds administration systems is any indication, this should be the last choice for tracking patient status.

In an increasingly crowded market, any vendor sponsored survey has to look at what sets them apart from their competitors. StatCom is lucky to have some meaningful differentiation. While other vendors consider thinking like hospitals an advantage, StatCom has looked to other industries for new ideas and techniques that will improve patient flow. Their value proposition is "real time, proactive coordination of resources to pull patients through the care process." This contrasts with the more passive approaches of visibility or monitoring. I'm surprised they didn't add bed management to the list, although it probably would have scored an embarrassingly low percentage.

There's a lot of great data in the survey. Be sure to download your own.