Chapter 24
Regina Qu'Appelle Regional Health Authority—Safe and Timely Discharge of Hospital Patients

1.0 Main Points

Since our 2015 audit of Regina Qu'Appelle Regional Health Authority's processes for safe and timely discharge of hospital patients, it has made good progress in improving those processes. By early March 2017, Regina Qu'Appelle had implemented eight of eleven recommendations, and was working to implement the remaining three.

Regina Qu'Appelle needs to:

- Document consultations with interdisciplinary care providers in a way that facilitates a co-ordinated approach to patient care for each patient
- Complete chart audits to analyze compliance with its policy to document patient instructions and discuss those instructions with patients before discharge
- Conduct medication reconciliations prior to discharging patients

Timely patient discharge is key to patient flow within a hospital and plays an important role in patient safety.

2.0 Introduction

Our *2015 Report – Volume 1,* Chapter 14 concluded that Regina Qu'Appelle had, other than the following four areas, effective processes for the safe and timely discharge of hospital patients from its two largest acute-care facilities (Regina General and Pasqua Hospital). It needed to:

- Require the preparation of comprehensive, multi-disciplinary patient care plans
- Provide post-discharge healthcare providers with complete and timely transfer information to maintain continuity of care
- Develop additional strategies to discharge patients in a timely manner
- Enhance systems to monitor performance related to patient discharge

We made 11 recommendations.

To conduct this review engagement, we followed the standards for assurance engagements published in the *CPA Canada Handbook – Assurance*. To evaluate the Regina Qu'Appelle's progress towards meeting our recommendations, we used the relevant criteria from the original audit. Regina Qu'Appelle's management agreed with the criteria in the original audit.

We reviewed Regina Qu'Appelle's policy and procedure manuals, standard work, and other relevant documents that relate to patient discharge. In addition, we visited both the Regina General and Pasqua Hospitals in Regina to test a sample of patient files, and observe visual cues (e.g., whiteboards) in use on a sample of wards.

3.0 Status of Recommendations

This section sets out each recommendation including the date on which the Standing Committee on Public Accounts agreed to the recommendation, the status of the recommendation at March 1, 2017, and Regina Qu'Appelle's actions up to that date. We found that Regina Qu'Appelle had fully implemented eight of our recommendations and made progress on the remaining three.

3.1 Improvements in Completion of Timely Admission Assessments

We recommended that Regina Qu'Appelle Regional Health Authority follow its policy to complete admission assessments of patients within 24 hours of admission. (2015 Report – Volume 1; Public Accounts Committee agreement September 17, 2015)

Status – Implemented

Regina Qu'Appelle's policy requires staff to complete admission assessments within 24 hours. Since our 2015 audit, management implemented a number of targeted actions to increase awareness of the policy and actively monitor compliance. For example, it:

- Reminded staff about Regina Qu'Appelle's Standards of Care policy requiring admission assessments be completed within 24 hours.
- Did chart audits of over 500 newly admitted patients to assess level of compliance with its policy—it found that 93% were completed within 24 hours. It found that those outside of the 24-hour requirement were completed within 48 hours.

Based on patient files we tested, staff completed admission assessments within 24 hours 80% of the time. Staff completed the other 20% within 48 hours.

3.2 Consultations with Interdisciplinary Care Team Members Not Always Reflected in Nursing Care Plans

We recommended that Regina Qu'Appelle Regional Health Authority require healthcare professionals involved in patient care prepare a comprehensive, multi-disciplinary patient care plan. (2015 Report – Volume 1; Public Accounts Committee agreement September 17, 2015)

Status – Intent of Recommendation Partially Implemented

Regina Qu'Appelle is not documenting consultations between care providers consistently.

Subsequent to our 2015 audit, management decided not to proceed with a comprehensive, multi-disciplinary patient care template. Instead, management expects each patient's nursing care plan to document interactions with interdisciplinary care team members (e.g., dietitians, pharmacists).

For 60% of patient files we tested, consultations documented on the care provider's stand-alone care plans were inconsistent with the nursing care plan for the patient. The nursing care plans did not always reflect consultations held with other interdisciplinary team members.

Documenting consultations between care providers in the nursing care plan provides complete information to help healthcare professionals make decisions regarding the patient's care while in hospital. Not documenting consultations may result in an unco-ordinated approach to patient care.

3.3 Use of Accountable Care Unit Improving Communication with Physicians

We recommended that Regina Qu'Appelle Regional Health Authority implement a strategy to facilitate communication with physicians to better co-ordinate patient discharge timeframes. (2015 Report – Volume 1; Public Accounts Committee agreement September 17, 2015)

Status – Implemented

Regina Qu'Appelle is using Accountable Care Units as its main strategy to facilitate communication with physicians to better co-ordinate patient discharge timeframes.

An Accountable Care Unit uses a team-based approach to patient care and actively involves all members of the team, including the patient and family. The Accountable Care

Unit includes a hospitalist[1] as a key member of the interdisciplinary team. Management indicated having a hospitalist as part of the care team improves communication with the physicians and allows for better co-ordination of patient discharge timeframes.

It conducted a successful Accountable Care Unit pilot at the Pasqua Hospital from March to August 2016. Based on data provided by management, the Accountable Care Unit improved many aspects related to quality of care (e.g., reduced patient advocate complaints, better nutritional outcomes, less code blue events). [2] The data also showed improvements in patient flow through reduced lengths of stay.

At March 2017, Regina Qu'Appelle was assessing options to expand the Accountable Care Unit to both the Pasqua and General Hospitals inpatient units.

In addition, Regina Qu'Appelle was training new physicians as part of their orientation to the health region. The training outlines the physician's role as part of the care team including discharge planning.

3.4 Monitoring of Policy to Document Patient Instructions Needed

We recommended that Regina Qu'Appelle Regional Health Authority follow its policy to document patient instructions and discuss those instructions with patients before discharge. (2015 Report – Volume 1; Public Accounts Committee agreement September 17, 2015)

Status – Partially Implemented

While Regina Qu'Appelle plans to increase awareness of the policy related to patient discharge instructions and actively monitor compliance, by early March 2017, it had not finalized or implemented these plans.

It had expected to start chart audits in December 2016. By early March 2017, it had not completed chart audits to analyze compliance with its policy or set out its expected rate of compliance.

For patient files we tested, 86% of them contained documented discharge instructions signed by patients prior to discharge to show the plan was shared and discussed with the patient.

Not maintaining documentation of patient instructions increases the risk that patients may not be provided with all of the information needed to prepare them for discharge. This may result in serious negative health implications and unplanned re-admissions.

[1] A hospitalist is a physician (employed by Regina Qu'Appelle) who specializes in caring for patients while they are in the hospital. While on duty, hospitalists do not see patients outside the hospital, therefore, they can give their complete attention to hospital patients.
[2] A code blue is a term used to alert hospital staff to an area where a person is having or is in a cardiac/respiratory arrest.

3.5 Visual Aids Consistently Used to Provide Critical Information about Estimated Discharge Dates and Goals

We recommended that Regina Qu'Appelle Regional Health Authority consistently use visual aids (e.g., whiteboards at the bedside) to provide patients with critical information about the estimated discharge date and goals. (2015 Report – Volume 1; Public Accounts Committee agreement September 17, 2015)

Status – Implemented

Management implemented a number of targeted actions to increase the use of visual aids (e.g., whiteboards at the bedside) within its hospital wards. These actions include:

- Conducting an Accountable Care Unit pilot at the Pasqua Hospital—see **Section 3.3** for details
- Establishing standard work and supporting education on interdisciplinary bedside rounds including the use of white boards
- Completing audits on the use of whiteboards as part of bedside rounding audits

For wards we visited at the Regina General and Pasqua Hospitals, white boards were consistently filled out and were used more often than in 2015. Visual aids enable patients and health care providers understand the barriers they need to address prior to discharge and support a safe and timely discharge.

3.6 Mechanisms to Support Timely Completion of Discharge Summaries in Place

We recommended that Regina Qu'Appelle Regional Health Authority ensure physicians complete discharge summary information on a timely basis as required by the rules for medical staff. (2015 Report – Volume 1; Public Accounts Committee agreement September 17, 2015)

Status – Implemented

Regina Qu'Appelle improved the timeliness of discharge summary completion as well as its monitoring of physicians. Practitioner Staff Bylaws (Bylaws) require physicians to complete discharge summaries within seven days. Practitioner Affairs and the Regina Qu'Appelle Board approved the Bylaws in 2014.

Since 2015, Regina Qu'Appelle took considerable steps to support the timely completion of discharge summaries. Key steps taken since 2015 include the following. Practitioner Affairs:

- Communicated discharge summary timeliness expectations to all Regina Qu'Appelle physicians
- Completed weekly audits of discharge summary completion
- Obtained reasons for incomplete charts from physicians with 20 or more incomplete charts
- Sent letters warning disciplinary action to or temporarily suspending privileges of physicians not complying with the Bylaws

For patient files we tested, physicians completed discharge summaries within seven days 70% of the time (2015 audit: less than half the time).

3.7 Medication Reconciliation Policy Developed but Not Always Followed

We recommended that Regina Qu'Appelle Regional Health Authority establish a policy for completing medication reconciliations prior to discharging patients. (2015 Report – Volume 1; Public Accounts Committee agreement September 17, 2015)

Status – Implemented

We recommended that Regina Qu'Appelle Regional Health Authority require staff to follow the policy when completing medication reconciliations prior to discharging patients. (2015 Report – Volume 1; Public Accounts Committee agreement September 17, 2015)

Status – Partially Implemented

In November 2015, Regina Qu'Appelle approved a new medication reconciliation policy but staff are not always following it.

The policy requires staff to complete a medication reconciliation for each patient at transition points of care (i.e., admission, transfer, referral, discharge). It requires staff to use a standard medication reconciliation form. To help staff use the policy, management developed a medication-at-discharge implementation plan to guide the required steps and timing of activities.

For patient files we tested, staff were not consistently following the policy. Medication reconciliations at discharge were not completed in 66% of those files. In addition, staff were not always using the standard medication reconciliation form required in the policy.

Medication reconciliations can help to manage the risk that inaccurate medication information is communicated across transitions of care. Not consistently performing medication reconciliations at discharge may lead to adverse drug-related incidents or unplanned readmissions.

In 2016, Accreditation Canada identified a requirement for Regina Qu'Appelle to meet the medication reconciliation required organizational practice (ROP) standard. It required Regina Qu'Appelle to submit a plan outlining how it would fully implement the medication reconciliation ROP by the next survey in 2019. Regina Qu'Appelle submitted a plan and it was accepted by Accreditation Canada. The plan involves Regina Qu'Appelle's replacement of the current paper-based system with an IT system.

3.8 Strategies to Support Discharging Patients

We recommended that Regina Qu'Appelle Regional Health Authority develop strategies to achieve its target to discharge patients early in the day. (2015 Report – Volume 1; Public Accounts Committee agreement September 17, 2015)

Status – Intent of Recommendation Implemented

Since our 2015 audit, Regina Qu'Appelle has shifted its efforts from achieving a targeted percentage of discharges before a specified time to identifying and addressing barriers to safe care progression and discharge. In addition, it established and is using a process to better support patient discharge.

At the time of our 2015 audit, Regina Qu'Appelle had a target of 80% of discharges taking place before 2 p.m. Since 2015, management discontinued use of this target because it found focusing on achieving the target was having unintended consequences such as pressuring staff to discharge patients too early.

Since our audit, Regina Qu'Appelle has started to implement strategies to encourage discharging clinically fit patients earlier in the day. For example, it has broadened the scope of its use of General Practitioners through its hospitalist program. Hospitalists are General Practitioners whose primary focus is the general medical care of hospitalized patients.

Regina Qu'Appelle has implemented a "one week in, one week off," ten-hour day contract with its hospitalists. The remainder of the time, the hospitalists are on call. This provides a 24-hour physician presence in the hospital at all times. Having more hospitalists readily available in the hospital enables better co-ordination of patient care and response to questions or emergencies as they arise.

Although hospitalists can only discharge their own patients, hospitalists in the Accountable Care Unit (ACU) facilitate more effective bed management. This is done by sharing of information during interdisciplinary bedside rounds to identify patients clinically fit for discharge.

By March 2017, the ACU had shown progress in facilitating patient flow. Better patient flow enables more effective bed management and facilitates safe and early discharge of clinically fit patients. Management indicated that Regina Qu'Appelle plans to replicate the ACU model of care throughout its hospitals.

In addition, Regina Qu'Appelle has put into place a barrier escalation process. Under this process, a department head or the senior medical officer can approve the discharge of

patients that are clinically fit when the most responsible physician is unavailable to discharge them.

3.9 Performance Measures Used and Reported On

We recommended that Regina Qu'Appelle Regional Health Authority establish performance-based measures and targets for patient discharge. (2015 Report – Volume 1; Public Accounts Committee agreement September 17, 2015)

Status – Implemented

We recommended that Regina Qu'Appelle Regional Health Authority report on performance-based measures and targets for patient discharge to senior management and the Board of Directors of Regina Qu'Appelle Regional Health Authority. (2015 Report – Volume 1; Public Accounts Committee agreement September 17, 2015)

Status – Implemented

Regina Qu'Appelle tracked metrics to help it assess the success of its Accountable Care Unit pilot project. As part of this project, it tracked patient flow metrics such as length of stay, emergency room wait times and interdisciplinary bedside rounding. It reported this Accountable Care Unit data to senior management as part of this pilot.

We observed that Regina Qu'Appelle used its corporate patient flow wall to track metrics on key patient care for various units in the Regina General Hospital. Senior management have wall walks twice a month to monitor these metrics. For metrics that are off target, Regina Qu'Appelle requires senior managers within the unit to establish a corrective action plan.

Regina Qu'Appelle annually monitors its readmission rates against The Canadian Institute for Health Information[3] benchmarks. These benchmarks provide information about how Regina Qu'Appelle is doing compared to its peers, and provincial and national averages.

Regina Qu'Appelle's 2017-18 Business Plan includes initiatives around length of stay reductions and quality care transitions, with proposed measures assessing estimated versus actual lengths of stay for defined target groups and decreasing readmissions rates by 5% for the same target groups.

Regina Qu'Appelle's Board considers emergency department length of stay to be a key indicator of patient flow, including patient discharge. The Board receives quarterly reports on emergency department average lengths of stay.

[3] Canadian Institute for Health Information is an independent, not-for-profit organization that provides essential information on Canada's health system and the health of Canadians (www.cihi.ca/en).