Patient flow is like one of those domino tournaments you watch on TV—if one domino misses the one in front of it, the whole process stops.

How well organizations keep their dominos lined up has a lot to do with how well they perform in today’s environment, both clinically and financially, notes Toni Cesta, RN, PhD, FAAN. Cesta will keynote the OR Business Management Conference May 2 to 4 in Tampa, Fla, in a talk entitled, “The Changing Health Care Landscape: Where Do We Go from Here?”

For hospitals, the landscape is bumpy.

“What we’ve seen in the past 10 years is the ratcheting down of reimbursement due to managed care penetration,” Cesta says. Medicare reimbursement is also dropping. At the same time, costs are rising.

Lengths of stay are shorter.

“This is a double-edged sword—it allows you to move more patients through the system, but they’re sicker,” she says.

This in turn raises patient safety issues because staffing ratios often haven’t risen to match patients’ severity of illness.

And with ambulatory surgery, more well-reimbursed surgical cases are moving out of the hospital, leaving a higher proportion of medical patients whose care isn’t as well reimbursed.

What do hospitals do about the big squeeze?

One answer is optimizing patient flow—moving patients through the system as efficiently and safely as possible.

Cesta is one of the few nurse leaders in the country with the title of vice president for patient flow optimization, which she holds with the nation’s third largest health system, North Shore-Long Island Jewish Health System based in Great Neck, NY.

What does a patient flow optimizer do? Cesta chuckles and says, “We identify points in the patient flow process, do a gap analysis to find out where the bottlenecks are, and work on how the process can be improved.”

Cesta’s role is to help hospitals streamline so they can make the most of the capacity they have. She has worked with teams that apply Six Sigma to patient flow processes and has developed metrics to measure improvement.

Working across boundaries

In her keynote, Cesta will discuss why perioperative services managers have an important role in patient flow and capacity management. She’ll also cover key metrics managers can use for measuring flow.

Increasingly, managers need to work across boundaries to resolve flow issues, she notes.

“If you’re having a problem in the perioperative department, you may not just be able to fix periop,” she says. “You may also need to fix the emergency department, discharge planning, and other areas.”

Variability in the elective surgical schedule can affect the availability of inpatient beds. Gaps in OR utilization can reduce a hospital’s potential revenue. Patients may end up boarding in the postanesthesia care unit because there aren’t enough beds elsewhere.

Cesta notes that a new standard from the Joint Commission on Accreditation of Healthcare Organizations requires hospitals to do a better job of managing their capacity crunches. The standard calls on leaders to make sure patients receive the same level of safe and timely care throughout the organization—in other words, if
patients have to stay in the PACU overnight, can you demonstrate they are receiving the same level of care they would receive on a medical-surgical unit or the ICU? How well the health system uses its capacity and other resources has an influence on the quality and safety of its services, Cesta notes.