

Ward Pull

What is Ward Pull?

The concept of "Pull" is a principle of *Lean Thinking*.

Pull - means doing work in response to actual customer demand (Lean Lexicon, 2008, pp80-81). In healthcare, pull can also refer to the concept of "pulling" the patient along their journey rather than pushing them, this requires that wards/units upstream are involved in controlling their own work flow and request their next patients rather than having them sent to them.

Ward Pull is a decentralised bed management model with the aim to get the right patient, in the right place, at the right time, the first time. It is based on ward staff being responsible for identifying patients requiring admission to their ward and authorising those transfers, rather than patients being allocated by a third party.

Why did we need Ward Pull?

Flinders Medical Centre implemented a central bed management model in 1998. Despite this centralised control there had been an increase in elective patient cancellations, extended Emergency Department (ED) waits and an increasing number of patients admitted to wards other than the right ward for their specialty needs. Also in the past, when extra beds were made available, this did not result in improvement in the extended ED waits.

The implementation of a new bed management system for the organisation was a key strategy to improve the coordination and management of limited bed stock, and thus patient journeys, within an environment of competing demands.

How does Ward Pull Work at FMC?

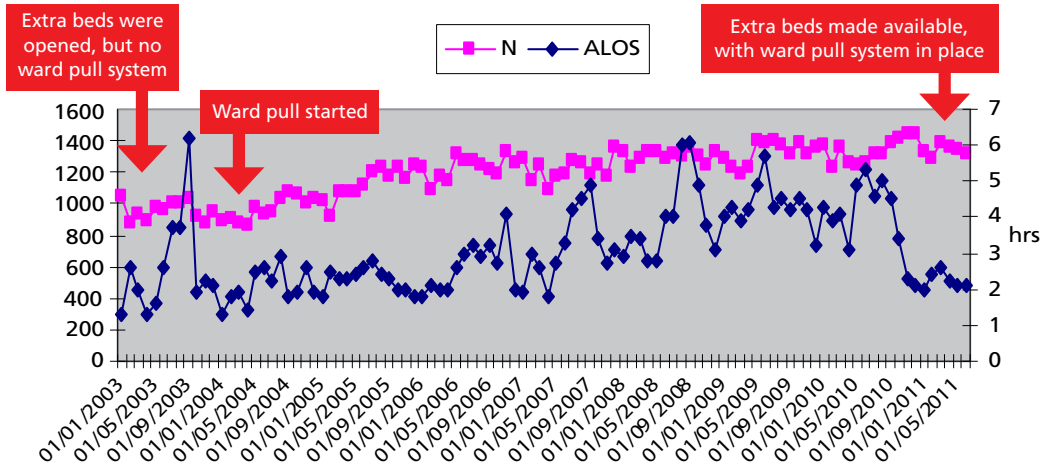
- > **Pull priorities** for each ward are documented and become the standard. The decision of which patients to pull into the ward next is based on those who have waited longest are pulled in first, within the context of ward pull priorities.
- > **The Next Best Place** is also determined based on clinical skills required and ideally geographical proximity to the home ward, to help reduce "safari" ward rounds.
- > **Designated ward staff** are responsible for identifying appropriate patients to pull from usual feeder wards and areas.
- > **The Bed manager role is now called the Central Flow Coordinator (CFC)** and refocussed from a forcing to a facilitating function. The CFC facilitates a daily bed management meeting with the aim of the new role being to assist in the prioritisation of admissions based on hospital pressures. CFC deals with complex flows, while wards are responsible for their normal patient flows.
- > **After hours and weekends, there is a Streaming Nurse** to support a coordinated approach to patient flow across the organisation, primarily focussed on unplanned work and responding to flow pressures as they arise.

Patient Flow Outcomes

The data are over time from pre ward pull to 2011.

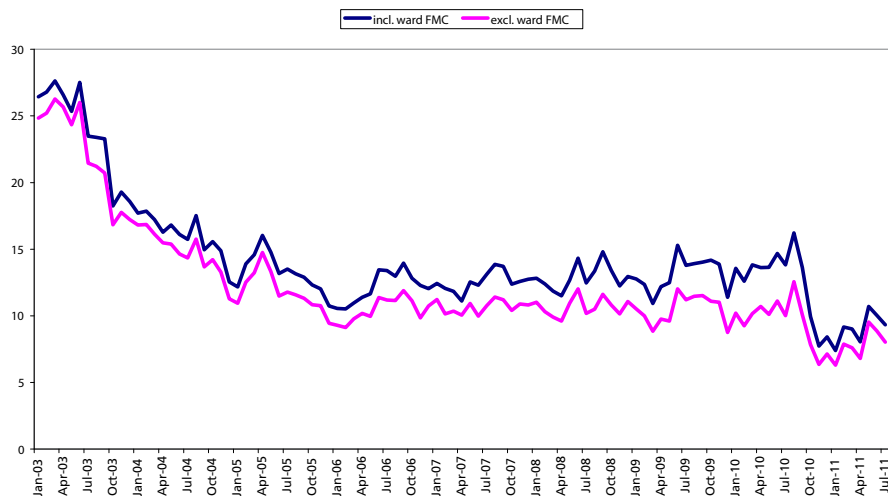
- > A decreased time from admission to bed, in the context of increasing admissions.

FMC ED Average time from admission to leaving ED. Adult Div Med. & Surg.



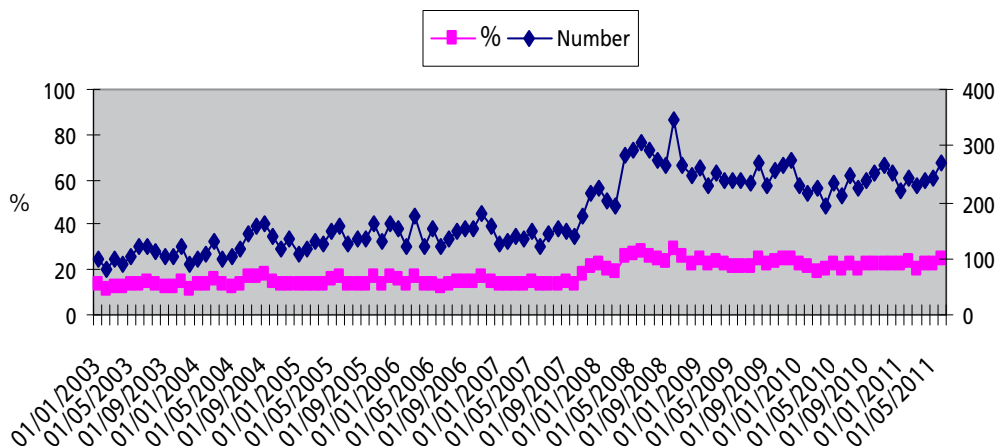
- > 5% reduction in the number of outliers (wrong patient on wrong ward) admitted to pull wards

FMC Ward Outlier %



- > Increase in discharges before 11am

FMC Adult discharges by 11am Divisions Medicine & Surgery



Staff Outcomes

2004 when the process was started, feedback from staff was:

- > 85% of respondents preferred ward pull to a central allocation system
- > All respondents felt it was a more effective system for getting their own patients to the ward
- > All respondents felt it gave more control and satisfaction at ward level

Benefits for staff

- > More patients in the right place.
- > Medical staff have less “safari” ward rounds. “Safari” ward rounds are where medical staff have to walk all over the hospital to see all of the patients under their team.
- > Nurses have more control and responsibility and accountability for the right patients coming to their ward
- > Safer for patients – better communication as teams who are familiar with working together are looking after the patient. Those who are familiar with a patient’s condition are the ones who are looking after the patient – better compliance with pathways; pick up subtle deterioration sooner.
- > Less ward swaps. Saves 2 hours per move.
- > The benefit of standard work is all can know how it works especially new shift coordinators, shift workers and relievers.

Stability and Spread

- > The Ward Pull model is now the system for managing beds 24 hours a day 7 days a week.
- > Streaming Nurses work across 7 days and support Ward Pull after hours and on weekends.
- > The ward staff continue to be motivated to get their own patients and this has been the only incentive required for them to support Ward Pull.
- > It is critical to build in mechanisms and structures to monitor and review and continuously improve the process.

Reference

Lean Enterprise Institute. (2008) Lean Lexicon a graphical glossary for Lean Thinkers. 4th Edition, The Lean Enterprise Institute, USA, pp80, 81.

For more information
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