Proposal for the Establishment of a NALHN Central Flow Unit:

11 September 2015

B. MacFarlan & C. McKenna
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1. Background

The South Australian healthcare system is based on a traditional design that has evolved over many years. It is not congruent with a contemporary health environment and emerging specialist practice and limits our capacity to cope with current and future state health demands and complexities, and our obligation to provide the best quality service possible.

Northern Adelaide Local Health Network is adopting new models of care, new ways of working and reconfiguring our services including better partnering with our fellow health care providers to ensure that people can get the right care at the right time in the right place.

Significant focus will be placed on improving patient access and patient flow in our hospitals. Improving patient flow will create capacity in our system. This capacity will enable the many services changes, relocation and or consolidation of services that will be required to improve consistency and quality of care across the system.

Patient access and flow improvement initiatives will help streamline the patient’s journey through the system and avoid unnecessary time spent in the Emergency Department and hospital. They will create capacity and support the right care at the right time in the right place for our patients.

To facilitate improvement in patient access and patient flow across our hospitals, NALHN has established a Patient Flow Taskforce and developed a whole of hospital flow improvement program.

Initiatives include:

1. ED / Hospital Avoidance: preventing avoidable presentations and admissions;
2. ED Length of Stay Performance: streamlining ED patient assessment, discharge and inpatient admission;
3. Patient Flow and Hospital Occupancy: Improving the logistical management of the networks bed stock, use of predictive modelling to support proactive capacity and demand planning, better partnering with country and other metropolitan health services including SAAS and improving rates of day surgery and day of surgery admissions;
4. Discharge Strategies: better discharge planning and management of patient discharges, better linkages with the primary health sector and improve timeliness of placement of patients awaiting residential aged care and respite beds.
2. Proposal for the establishment of Central Flow Unit

Critical to any organisation’s patient flow improvement strategy is the ability to manage the complex and challenging logistics of demand and capacity management.

Equally important is the organisation’s ability to understand current and future state demand patterns, bed usage, LOS patterns, and the ability to develop demand management plans in advance.

To strengthen NALHN’s capability in these areas it is proposed that the role of the networks two hospital site Bed Managers (Lyell McEwin and Modbury Hospital), and the organisation’s Operations Planner be relocated to one Central Flow Unit. This would be located at the Lyell McEwin Hospital. The current Bed Manager roles and functions would be modified and rolled in to one strategic and logistics Hospital Flow Manager (HFM), that will manage both sites.

To support this change NALHN would be required to adopt new bed management systems and processes across the network. Key changes include:

- Establishment of a decentralised bed management model of “ward pull” whereby the divisions and ward staff are responsible and accountable for the placement of all emergency, elective and internal patient transfers within their division;
- Realignment of all external hospital transfers to NALHN to a central position for management and coordination of admission;
- Establishment of hospital flow trigger points that pre-determine the HFM’s actions;
- Establishment of morning Capacity Management Planning meetings (focus is on today, tomorrow and issue resolution)
- Establishment of afternoon capacity management planning meeting (focus is on closing morning meeting action items and planning for next day, including issue identification and resolution planning). This meeting is only expected to be required short term as the organisations morning capacity management planning meeting matures. It will only be organised if the organisation is on AMBER alert at 1500hrs in the afternoon.
- Establishment of a formal After Hours Handover meeting /communication to DNC’s.

3. Central Flow Unit - Service Model: An alternative approach to demand and capacity management to support patient flow

The purpose of a Central Flow Unit is to be the network’s strategic logistics centre for patient flow across the two hospital sites.

Establishment of such a unit represents a significant system change for NALHN in relation to:

- Daily bed management and demand escalation processes where the Divisions and clinical wards will take the lead role in emergency, elective and internal hospital patient allocations, and the Hospital Flow Managers will
become responsible for incoming hospital transfers and escalation management across NALHN.

- Short and Long term demand and bed capacity planning where the Divisional Directors in collaboration with the Chief Operating Officer, Hospital Flow Manager and the NALHN Operations Planner will be required to develop annual and speciality capacity plans to meet the changing requirements of NALHN.
- The following paper describes the role and function of a Central Flow Unit

**3.1. Central Flow Unit - Role and Function**

The role of the Central Flow Unit is to operate as the logistics centre for proactive capacity and demand management for the networks hospital sites.

To achieve this, the unit will:

- Establish systems, practices and processes that support daily patient flow management practices;
- Lead and monitor the hospitals capacity (bed) management practices across the network including coordination of the networks capacity escalation protocols;
- Triage and placement of all external hospital requested admissions to the networks hospital sites;
- Provide expertise in predictive analysis & tools to forecast demand in advance and plan how the organisation will meet this demand;
- Provide a strategic capacity planning function i.e. winter bed modelling, Christmas closures, bed configuration etc.as directed by the Chief Operating Officer;
- Provide advice on staffing requirements over these predictive periods;
- Provide a performance monitoring, evaluation and business analyst function for the network.

Core functions of the Central Flow Unit include:

- Hospitals Flow Management
- Patient Flow Performance monitoring and reporting
- Service Improvement
- Strategic Demand Management and Capacity Planning

**3.2. Bed Management Model**

Operating as a one site two campus model, the Central Flow Unit will proactively manage the organisation’s capacity and demand management practices using both a centralised and decentralised “WARD PULL” bed management approach. Patient Flow Business Rules, escalation triggers and process flow maps will be developed to support the new NALHN bed management model.

Centralised bed management activities that will be led by the Central Flow Unit Hospital Flow Manager include:

- Capacity and demand management
- Escalation management including Internal Load Levelling (ILL) & Metro Load Levelling (MLL) activities
- Bed Allocation of Inter-hospital Transfers (excluding Inter-hospital Rehabilitation and Geriatric Evaluation & Management (GEM), and TCP Transfers). Sub-Acute manage their own transfers through a waiting list system.
- Allocation of Modbury Emergency Department patients to Lyell McEwin inpatient beds
- Allocation of Lyell McEwin Emergency Department patients to Modbury Hospital Beds
- Bed Allocation of Non ED Emergency Direct Admissions (e.g. from OPD)

3.3. Ward Pull - decentralised bed management model
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 refers to the concept of “pulling” the patient along their journey rather than pushing them.

Ward Pull is a decentralised bed management model aimed at getting 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 (emergency, elective and internal hospital transfers) to their ward and authorising those transfers, rather than patients being allocated by a third party bed manager role.

Under the Ward Pull model wards and Divisions will be accountable and responsible for the daily management of their emergency, elective and internal hospital patient allocations within agreed commissioned bed stock and timeframes. Where this does not occur against agreed timeframes, Divisions led by the Hospital Flow Manager, will be required to participate in the networks internal flow escalation protocols against an agreed trigger metrics.

3.4. Hours of Operation
The Hospital Flow Management function on the Central Flow Unit will operate from 8:00am to 11.00pm, seven day a week.

The Operations Planner function including performance reporting, strategic planning and demand management will operate five days a week between the hours 8.00 am – 4.00pm.

3.5. Staffing Model
The proposed model structure includes:

- 1 x Hospital Flow Manager 8:00am – 11.00pm
- 1 x Operations Planner

<table>
<thead>
<tr>
<th>Role</th>
<th>Working Hours</th>
<th>FTE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital Flow Manager</td>
<td>0800-1600 with paid 30 minute meal break 1500-2300 with paid 30 minute meal break</td>
<td>7 days week 3.02 FTE</td>
</tr>
<tr>
<td>Operations Planner</td>
<td>8.00am- 4.00pm</td>
<td>1 FTE</td>
</tr>
</tbody>
</table>

3.6. Location
The proposed Central Flow Unit will operate from a centralised working hub
based within the second floor administrative areas at the Lyell McEwen Hospital.

3.7. Role of the Hospital Flow Manager

The Hospital Flow Manager position provides a strategic, hospital flow management service across the network from the hours of 8.00am-11.00pm. This includes maintaining up-to-date knowledge of the organisations current and future state (24hrs) demand and capacity status and emerging trends / issues impacting patient flow (i.e. patient delays). A key element of the role includes responsibility for activating and coordination the hospitals demand management escalation protocols.

Key responsibilities of the Hospital Flow Manager include:

- Be the delegated authority for bed management and patient flow management on behalf of the organisation;
- Oversee the daily capacity management practices of the divisions following implementation of the new “PULL” bed management model across the network’s hospital sites;
- Support the Chief Operating Officer lead the networks morning Capacity Planning Meeting (focusing on daily demands and capacity requirement, allocations (led by divisions) and issue identification and resolution and planning for next 24 hours.);
- Support the Chief Operating Officer lead the networks afternoon capacity planning meeting (focusing on closing am action items and planning for next 24 hours.);
- Monitoring hospital flow including timeliness of divisional placements for elective, emergency and internal hospital transfers;
- Actioning internal flow escalation protocols against agreed trigger metrics. This includes reducing bed stock numbers at times of low demand and occupancy and collaborating with Duty Nurse Coordinator to adjust staffing requirements accordingly;
- Triage and placement of all incoming patient transfers to the networks hospital sites;
- Escalation Management: At times of peak demand, the Central Flow Unit will be responsible for enacting NALHN’s demand management escalation policy including the coordination of a network wide response to support internal and external load levelling in collaboration with the Executive on call;
- Service Improvement including the development and implementation of strategies to maximise the efficient and effective use of the networks commissioned bed stock including but not limited to:
  i. Working with Division to streamline bed management systems and processes across the network including review of current procedures for escalation management and inter hospital / inter network flow;
  ii. Establishment of escalation process for stranded patients;
  iii. Work with SAAS to develop and establish improved patient transport solutions.
3.8. Role of the Operations Planner

The Operations Planner plays a role in both operational demand management and strategic capacity planning.

Key responsibilities include:

- **Operational Planning**
  
  i. Provide advice on patient flow on a day by day basis to the Hospital Flow Manager and Chief Operating Officer including early identification of issues and escalation, through use of data analysis and other key stakeholders.

  ii. Develop, maintain and monitor Capacity Management Tools, McKesson Capacity Planner (Cap Plan), to ensure site configurations and reports are accurate for whole of hospital and divisional metrics.

- **Performance monitoring and reporting**

  i. The Operations Planner will be responsible for managing reports linked to Key Performance Indicators relating to patient flow on a daily, weekly and monthly basis.

- **Service Improvement**

  i. Provide education to key stakeholders to maximise benefits of Cap Plan and ensure tools are being used optimally.

- **Strategic Capacity Planning**

  Planning at the strategic level is undertaken by the Operations Planner under the direction of the Chief Operating Officer, in conjunction with Divisions and Hospital Flow Manager to assist in:

  i. Seasonal demand management and bed allocations (3-6 monthly) to assist in planning for seasonal variances in demand and appropriate bed allocation.

  ii. Planning for maintenance and other down-time – is carried out for various departments such as the operating theatres based on data related to peaks and troughs in demand.

  iii. Special event planning – is carried out for holiday seasons such as Christmas/New Year, Easter and significant public holidays to maximise efficiency in staffing and bed resource management.

3.9. Governance

Staff working in the Central Flow Unit will work under a matrix governance structure. From a daily operational perspective the unit will report directly to the Chief Operating Officer.

Nursing staff within the unit will also have a professional reporting line to the Director of Nursing & Site Manager; Modbury Hospital.

To deliver the core functions of the unit a close working relationship between the Hospital Flow Manager, Operations Planner and Division Directors, Wards, Emergency Department Patient Flow Coordinator and Duty Nurse Coordinator will exist.
3.10. **Visualisation Analysis – Monitoring patient flow at a glance**

Data visualisation is a key enabler to improve demand and capacity management as it provides the organisation with “quick insight” into how patient flow within the hospital sites is performing in as close as possible to real-time.

NALHN has a number of visualisation tools to monitor patient flow across its two hospital sites including SA Health OBI, HASS, ED Whiteboard, McKesson Capacity Planner, and the inpatient Patient Flow Board. These tools are excellent at providing “at a glance” information” on patient flow, barrier to flow and visual alerts when flow is interrupted or demand is exceeding capacity. Unfortunately these tools are not integrated, requiring the user to log in and out of window screens, nor are they visible unless the user is in front of a computer screen.

To enable better use of these tools, the Central Flow Unit will have “at a glance” patient flow visibility tools displayed on five wall mounted screens. They will show SA Health OBI, LMH ED HASS, Modbury ED Whiteboard and LMH and Modbury Hospital CapPlan. It is also envisaged that tools will be made available on relevant wards, thus enabling staff to monitor ED activity and outlier information. Future state will include video conferencing in the hub, thus ensuring a more centralised model.

3.11. **Capacity Management Meetings**

Three short 15 minute demand and capacity management planning forums will be held daily.

**3.11.1. Daily whole of hospital Capacity Management Meeting:**

The weekday morning 11.00a.m Capacity Management Meeting will act as the networks main capacity management planning forum and include a whole of hospital approach. Initially, this meeting will be held in the CEO Boardroom LMH and video linked to the Modbury Hospital Boardroom. The purpose of the meeting is to provide a snapshot status report on the networks hospitals capacity to meet projected demand, identify pending risks and current issues or barriers to patient flow.

The forum will be chaired by the Chief Operating Officer and attended by
representative from each division, Emergency Services (MH/LMH), patient support services (ISS & Spotless) Pharmacy, Radiology, Allied Health, Operations Planner, Duty Nurse Coordinators and Hospital Flow Manager. Those that attend this meeting must have authority to make decisions on behalf of their division / work unit.

Information shared at this meeting includes current and expected (next 24hrs) patient movements including admissions (elective and emergency), discharges, and internal & approved external hospital transfers in. The following is an example of the meeting agenda:

1. Assess current patient demand
2. Determine patient allocation: Elective, Emergency, internal / external transfers by Division
3. Issues of concern
4. Required actions, who is responsible and the timeframe.
5. A record of the meetings action items will be maintained by the Hospital Flow Manager and emailed out immediately to effected staff for noting.

Weekend morning, 11.00a.m. Capacity Management Meetings will be held in the CEO Boardroom LMH and video linked to the Modbury Hospital Boardroom. This forum will be managed in the same manner as the weekday Capacity Management Meeting however participants will be reduced to the Hospital Flow Manager, Ward Team Leaders and Emergency Department representative from both Lyell McEwen Hospital and Modbury Hospital.

3.11.2. Afternoon Capacity Management Meeting:
The afternoon capacity management meeting at 3.00 p.m. is a by EXCEPTION meeting only. This will occur when either hospital is on RED at the am meeting or either hospital is on RED at 3.00p.m. The purpose of the meeting is to act as a follow up meeting to ensure all actions from the morning have been completed and where appropriate mitigation strategies have been developed and put in place. If called – representatives from the am’s attendees list will be applicable.

This meeting will also occur on the weekend as required but with limited participation.

3.11.3. Night handover Capacity Management Meeting
A third 15minute 10.00pm phone handover meeting is also proposed between the Executive on Call (when the organisation is on AMBER as per OBI), Hospital Flow Manager, Night Duty Coordinators and Medical / Surgical overnight registrar.

4. Role of the Clinical Divisions
4.1 Ward Pull - decentralised bed management model
Under the Ward Pull model, wards and Divisions will be accountable and responsible for the daily management of their emergency, elective and internal hospital patient allocations within agreed commissioned bed stock and timeframes. Where this does not occur against agreed timeframes, Divisions led by the Hospital Flow Manager, will be required to participate in
the networks internal flow escalation protocols against agreed trigger metrics.

4.2 Performance monitoring and reporting
A set of key patient flow performance indicators will be developed by the Central Flow Unit Operations Planner in collaboration with the Chief Operating Officer. Monitoring and reporting of performance against these flow metrics will be incorporated into each Division's Monthly Performance Meeting. This will enable Divisions to evaluate how well they are performing in relation to demand and capacity management and provide opportunity for ongoing improvement in patient flow management for both the Division and the Centralised Flow Unit.

4.3 Service Improvement
For the Central Flow Unit to reach its full potential as the logistics centre for proactive capacity and demand management for the network, Divisions will be required to work with the unit to develop and establish systems, practices and processes that will support daily patient flow management practices. In addition Divisions will be required to assist with the development and implementation of visual tools to display critical patient flow information and flow reports that maximise the effective use of data to support the efficient use of the networks commissioned bed stock.

4.4 Strategic Capacity Planning
Planning for future state resource requirements is a critical component of an organisation's patient flow improvement strategy. Completion of seasonal/annual reviews and future state modelling or forecasting based on commissioned activity is a key component of the Central Flow Unit’s service model. This work will be led by Chief Operating Officer and the unit's Operational Planner. Other critical strategic capacity planning work includes:

- Seasonal demand management and bed allocations (3-6 monthly) to assist in planning for seasonal variances in demand and appropriate bed allocation.
- Planning for maintenance and other down-time – is carried out for various departments such as the operating theatres based on data related to peaks and troughs in demand.
- Special event planning – is carried out for holiday seasons such as Christmas/New Year, Easter and significant public holidays to maximise efficiency in staffing and bed resource management.

4.5 Visualisation Analysis – Monitoring patient flow at a glance
Like the Central Flow Unit, access to “at a glance” patient flow information will be critical for the Divisions at both sites to execute the Ward Pull bed management model and ensure patient flow is occurring efficiently. Work in this area has already commenced under the leadership of the IMPACT discharge program. It is proposed that this work will be continued, however implementation of visual tools to display critical patient flow information relevant to the clinical areas across both sites will continue to evolve.
4.6 Capacity Management Meetings
Short 15 minute, whole of hospital central demand and capacity management planning forums will be held daily seven days per week. While representation will differ between weekday and weekend meetings as per 3.11.1, Divisions will be required to attend these meeting with information relating to current and expected (next 24hrs) emergency admissions, patient movements including discharges, internal & external transfers, patient admissions for elective, emergency and internal transfers and approved external hospital transfers in.

Divisions will also be required to attend an afternoon capacity management meeting at 3.00 p.m. when either hospital is on RED at the am meeting or either hospital is on RED at 3.00p.m.

Requirement for afternoon Capacity Management meetings will be coordinated by the Hospital Flow Manager.

5. Central Flow Unit Budget Requirements
The additional costs of the Central Flow Unit are proposed to be minimal with the current LMH and Modbury Hospital bed manager positions merging into the one central Hospital Flow Manager role but with extended hours of operation. (See estimated costs and staffing table below).

Due to role modification, staff currently working in these positions will be requested to submit an Expression of Interest for the new Hospital Flow Manager position with appointments made in line with SA Health HR principals.

### Staffing profile

<table>
<thead>
<tr>
<th>Current State</th>
<th>Working Hours</th>
<th>FTE</th>
<th>Actual Cost (inclusive of base costs: pen, super, Allowances etc.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>LMH Bed Manager x 1</td>
<td>8.00am-4.30pm</td>
<td>1.50 FTE</td>
<td>$211,600</td>
</tr>
<tr>
<td>Backfill</td>
<td></td>
<td>0.38 FTE</td>
<td>$76,633.33</td>
</tr>
<tr>
<td>MH Bed Manager x 1</td>
<td>8.00am-4.00pm</td>
<td>1.40 FTE</td>
<td>$201,600</td>
</tr>
<tr>
<td>Backfill</td>
<td></td>
<td>0.18 FTE</td>
<td>$36,300</td>
</tr>
<tr>
<td>Operations Planner</td>
<td>8.00am-4.00pm</td>
<td>1 FTE</td>
<td>$90,500</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td><strong>4.5 FTE</strong></td>
<td><strong>$616,633</strong></td>
</tr>
</tbody>
</table>
### Proposed State

<table>
<thead>
<tr>
<th>Proposed State</th>
<th>Working Hours</th>
<th>FTE</th>
<th>Actual Cost (inclusive of base costs: pen, super, Allowances etc.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Central Hospital Flow Manager x 1</td>
<td>8.00am-4.00pm</td>
<td>7 days week</td>
<td>1.50 FTE</td>
</tr>
<tr>
<td>Central Hospital Flow Manager x 1</td>
<td>3.00pm-11.00pm</td>
<td>7 days week</td>
<td>1.50 FTE</td>
</tr>
<tr>
<td>Backfill</td>
<td>8.00am-4.00pm</td>
<td>5 days week</td>
<td>1 FTE</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td></td>
<td>4.34 FTE</td>
</tr>
</tbody>
</table>

#### Start-up - Infrastructure costs

Once off infrastructure costs are expected to be approximately $10,000 however this will be dependent on the final location of the unit. Current estimated costs include:

<table>
<thead>
<tr>
<th>Infrastructure Requirements</th>
<th>Estimated costs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Relocations cost associated with network cable, telephones etc.</td>
<td>$500</td>
</tr>
<tr>
<td>Purchase of 5 x 46” Phillips - Signage Solutions Q-Line displays with 3 year warranty screens to display critical patient flow information</td>
<td>$5000</td>
</tr>
<tr>
<td>Associated infrastructure costs such as data cabling and power points:</td>
<td>$3,000</td>
</tr>
<tr>
<td>Hire of 2 x PC box</td>
<td>$1,100</td>
</tr>
<tr>
<td>HASS licence ($400 per licence)</td>
<td>$400</td>
</tr>
<tr>
<td>Total</td>
<td>$10,000</td>
</tr>
</tbody>
</table>

### 6. Future State

Close working relationships exist between the Hospital Flow Manager and the hospitals’ site Duty Nurse Coordinators and Clinical Practice Consultants.

To strengthen these relationships and maximise transparency of real-time information for nurse rostering purposes, it is recommended that these positions be considered for relocation or realignment to the Central Flow Unit.

### 7. Evaluation

A formal evaluation plan for the Central Flow Unit has not yet been developed. It is envisaged that there will be ongoing evaluation as the unit evolves. Once the Hospital Flow Manager role has been fully established, an evaluation process will be undertaken at three months post implementation.
of integrated model. Modification may be needed to processes within the unit, dependant on evaluation. Despite this the key measureable benefits expected includes:

- Implementation of streamlined systems, practices and processes that support daily patient flow management practices across the organisation;
- Reduced patient waiting time in the emergency department once decision to admit is made;
- Reduced outlie rates with patients allocated to the right area first time;
- Reduced use of flexed beds;
- Early alert to capacity issues resulting in early implementation of capacity management strategies;
- Reduction in capacity escalation requests;
- Avoidance of Hospital Diversions;
- Transparency of information relating to demand and capacity status across the network;
- Establishment of annual and speciality capacity management plans to support the efficient allocation of resource bed to match demand;
- Closure of beds when demand and occupancy are low

8. Implementation

Establishment of the Central Flow Unit represents a significant system wide change for NALHN. A detailed implementation plan has not yet been developed however analysis of the work content indicates the unit could be operational by 1 October 2015, subject to dependency resolution. The following table provides a high level view of proposed key milestones dates:

<table>
<thead>
<tr>
<th>Key Milestones (WIP)</th>
<th>Timeframe</th>
<th>Dependency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phase 1:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Align Bed Managers role’s and functions across both sites</td>
<td>13 July 15</td>
<td>• Staff agreement</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• ANMF Consultation</td>
</tr>
<tr>
<td>2. Commence cross hospital bed management meetings</td>
<td>13 July 15</td>
<td>• Access to videoconferencing facilities</td>
</tr>
<tr>
<td>3. Industrial Body Consultation (ANMF)</td>
<td>August 2015</td>
<td>•</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Consultation with stakeholders</td>
<td>September 2015</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Key Milestones (draft)</th>
<th>Timeframe</th>
<th>Dependency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phase 2:</td>
<td>30 August 2015</td>
<td></td>
</tr>
<tr>
<td>1. Develop WARD PULL bed systems, principals, practices and processes</td>
<td>17 Aug. 15</td>
<td>• Divisional signoff</td>
</tr>
<tr>
<td>2. Develop load levelling protocols across sites</td>
<td>17 Aug. 15</td>
<td>• Executive signoff</td>
</tr>
<tr>
<td>3. Develop NALHN Hospital Transfer IN protocol</td>
<td>17 Aug. 15</td>
<td>• Executive signoff</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• SAAS signoff</td>
</tr>
<tr>
<td>4. Develop Hospital Flow Manager</td>
<td>17 Aug. 15</td>
<td>• Executive signoff</td>
</tr>
<tr>
<td>“trigger points”</td>
<td></td>
<td></td>
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<tr>
<td>------------------</td>
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<td></td>
</tr>
<tr>
<td>5. Develop Visual Analysis Tools</td>
<td>30 August 15</td>
<td>• Access to ED patient information systems</td>
</tr>
<tr>
<td>6. Collocate LMH Bed Manager and NALHN Operations Planner to new Central Flow Unit Location</td>
<td>30 Aug. 15</td>
<td>• Agreement on Unit Location • Data and Cabling requirements</td>
</tr>
</tbody>
</table>

**Phase 3:**

<table>
<thead>
<tr>
<th></th>
<th>28 September 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Implement Visual Analysis Tools</td>
<td>14 Sept.15</td>
</tr>
<tr>
<td>2. Implement WARD PULL bed management model</td>
<td>21 Sept. 15</td>
</tr>
<tr>
<td>3. Go Live with NALHN Hospital Flow Manager Role</td>
<td>28 Sept. 15</td>
</tr>
</tbody>
</table>

**Phase 4:**

<table>
<thead>
<tr>
<th></th>
<th>1 October 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Co-locate (if applicable) LMH DNC and CPC Role to Central Flow Unit</td>
<td>1 Oct. 15</td>
</tr>
</tbody>
</table>

Timelines are an indication only, but this is a priority initiative for NALHN.

As previously stated, modification to processes is expected until the Central Flow Unit is fully operational.