GE HealthCare

From paper processes to real-time patient care: Nova Scotia Health Authority implements Canada's first provincial Care Coordination Centre (C3)

Case study: Nova Scotia Health Authority

Background

Nova Scotia Health Authority (NSHA) has established Canada's first province-wide command centre for real-time optimization of patient care delivery by implementing GE HealthCare Command Center Software. The Care Coordination Centre (C3) is one of NSHA's largest digital transformations to date, focused on improving patient throughput across the Health Authority's forty-one facilities and supporting teams to provide better patient care and experiences.

Approach

- Implement six Tiles[1] at the QEII Health Sciences Centre (QEII) in the Central Zone (CZ), the largest Health Campus and home to C3 Hub
- Deploy Capacity Expediter Tile at 41 sites province-wide
- Launch Patient Manager Tile at 11 regional sites

Impact

Increase in timely data & accuracy

91%

From September 2022 to July 2023, there was an increase in EDD[2] Entry Compliance (up to nearly 91%) and an increase in EDD Accuracy on day of discharge across 37 units within the QEII. Acute units experienced a 36% increase in EDD Accuracy on day of discharge to 62.5%.

Click here to view the extended case study.

[1]Tile: A decision support application within the GE HealthCare Command Center Software Platform enabling immediate action and cross-system insight by pulling from source system data in near real-time.
[2]EDD: Estimated Discharge Date

Greater bandwidth for supporting flow

Kim McMahan, C3 Director of Access and Flow across the Central Zone, commented:

"We are resolving escalations earlier and all day using the Patient Manager Tile. We have also been able to branch out from focusing on QEII sites to supporting the entire Central Zone."

Reduction in meeting and reporting time

5 hours saved per day

From June 2022 to June 2023, C3 staff have seen an average of five hours saved per day by each Patient Flow staff member on meetings and reporting with Tile integration into daily operations.

Work continues to integrate the Tiles across the province, and two Tiles remain to be implemented at QEII.

Result

Tiles are replacing stale data reporting and paper processes with automated near-time information, increasing visibility and alignment around capacity pressures and discharge planning barriers. This new way of working is saving time on documentation and phone calls, and giving frontline caregivers time back at the bedside. With continued use, Patient Manager will replace the manual updating of patient bed boards and other tracking tools, which has already occurred for some units at QEII.

"It's about more than just flow. It's bringing it back to patient care. We have to remind people why they got into healthcare. Those aren't numbers on the Tiles. Those are patients."

- Julia Stuckless, Patient Flow Manager at the Halifax Infirmary