Getting Patients Out of Your Emergency Department

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Ms. Stuart began her career at TechSolve in 2011. In her support of the healthcare industry, she has employed process improvement and change management in various areas of hospitals and health systems including emergency departments, surgical services departments, inpatient units, catheterization laboratories, physician offices and pharmacies.

Ms. Stuart earned her Master in Health Services Administration from Xavier University and her Bachelor of Science in Industrial and Management Systems Engineering from West Virginia University. She also holds certification in Lean Healthcare from the University of Tennessee.
Emergency Department Wait Times

• Short Door to Provider Times are great!

• But what about the rest of the 295 minutes* in the Average Admitted LOS?

* CMS Average Admitted LOS for Large Volume Hospitals
Admit Decision to Depart ED

Recommended Practices:
1. ED Bed Ahead
2. Inpatient Bed Ahead
3. Streamlined Admit Orders
4. Call Escalation
5. ED to Inpatient RN Report
6. No Black Out Time
7. Reverse Triage
8. Timely Inpatient Bed TAT
9. Surge Plan
ED Bed Ahead

• How early in the process do we know the patient is likely to be admitted?
• Experienced Triage RNs are 90% - 95% accurate
• Share the knowledge via tracking board
Inpatient Bed Ahead

- Each Inpatient Unit consistently plans ahead
- Real-time is best… but not always feasible

- Off-going Charge RN makes 1st, 2nd, and 3rd Admission Assignments
  - RN and Room #
  - Pending Discharges
- Updated assignments sent to House Supervisor every 2 hours from each Charge RN
Streamlined Admit Orders

- Trust among ED Physicians and Admitting Physicians
- No additional workup done in the ED
- Basic Bridge Orders to cover nightshift (12 Hrs.)

- Patient Information ✓
- Diagnosis ✓
- Appropriate Unit ✓
Call Escalation

- Clearly defined time expectations and accountability

- Inpatient Bed Assignment

- ED Physician to Admitting Physician Call
ED RN to Inpatient RN Report

• Utilize EMR

**SBAR**
Situation | Background | Assessment | Recommendation

Inpatient bed assignment made
ED RN calls Inpatient RN to review SBAR

- **Inpatient RN available?**
  - Yes: ED RN and Inpatient RN review SBAR
    - Patient is transported to floor
  - No: Inpatient RN has 15 minutes to review SBAR and call with questions
    - Patient is transported to floor
    - Inpatient RN can ask questions during bedside report
No Black Out Time

• Patient progression should not stop due to shift change
• Plan ahead!
• 30 minutes prior to inpatient shift change request beds for all ED Admissions
  ✓ ED Bed Ahead, Inpatient Bed Ahead, Call Escalation
• 15 minutes prior to inpatient shift change patient transported to unit to participate in bedside report
Reverse Triage

- ED Charge RN re-triages patients in ED beds and moves appropriate patients to “Launch Beds”

- Grant Inpatient Units access to ED tracking board so Inpatient Charge RNs can “pull” ED patients
Timely Inpatient Bed TAT

- Ensure patients are removed from board as soon as they leave

- Direct communication with Housekeeping
Surge Plan

• Create basic list of clinical and non-clinical duties other hospital staff can be responsible for completing during Surge

• Inpatient Unit Directors and RNs start admission history and assessment on patients boarding in ED

• Attendings take over care of boarding patients
Not Just an ED Issue

ED Admits, Direct Admits, Surgery Admits, and Unit Discharges by Hour

- Direct Admits start at 8a and continue throughout the day
- Surgery Admits peak at 9-10a
- Unit Discharges peak at 2p
- ED Admits start climbing at 1p and continue throughout the day
## Recommended Practices Results

### Average Admit Decision to Depart ED Time

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Questions