



GETTING YOUR PATIENT INTO THE FAST LANE TO EXIT!

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PURPOSE

Approximately 110 million patients visit emergency departments (EDs) in the United States every year, and 0.5% to 8% of these patients leave before they are seen by the ED staff (Johnson, M., et al, 2009). In 2009, Americans averaged 4 hours and 7 minutes in ED waiting rooms before being seen; and more people are expected to be crowding into EDs over the next several years (Cantlupe, J., 2010). Hahnemann University Hospital became very attentive to ED overcrowding and committed to improving patient flow and reducing ED crowding.

BACKGROUND

Hahnemann University Hospital in center city Philadelphia is a 540 bed academic, Level I Trauma Center and Primary Stroke Center.

We are a 31 bed ED with a patient volume of 45,600 patients per year. The ED leadership team recognized the importance of evaluating and caring for patients as soon as possible; a review of the metrics revealed a definite need for an immediate change in the ED admission process.

2008 Metrics:

- LWBS rate =12%
- Diversions over 1,100 hrs
- Admission holds >12 hrs = 14%
- Admission holds >6 hrs = 23%
- Fast Track TAT >120 hrs min
- Admission LOS >10 hrs
- Organizational LOS = 6.14 days

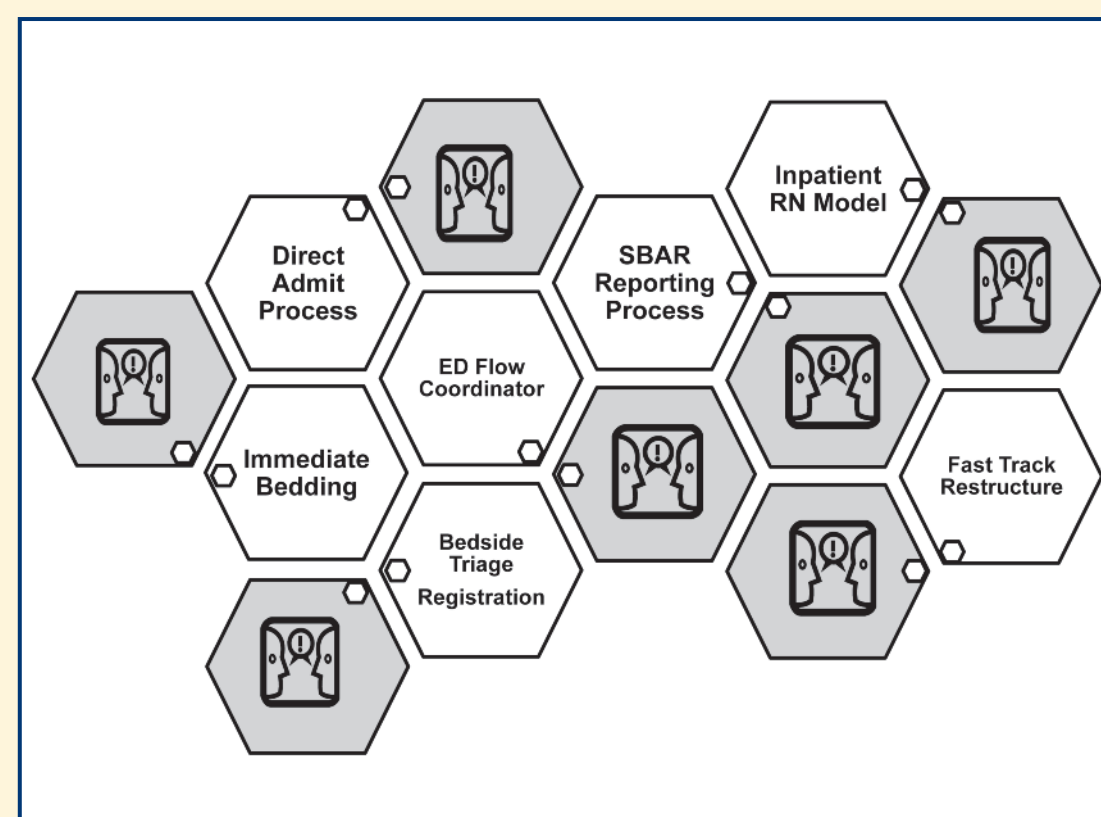
The efforts of an interdisciplinary work team have led to outstanding results in our overall ED admitted patient length of stay metrics.

More specifically:

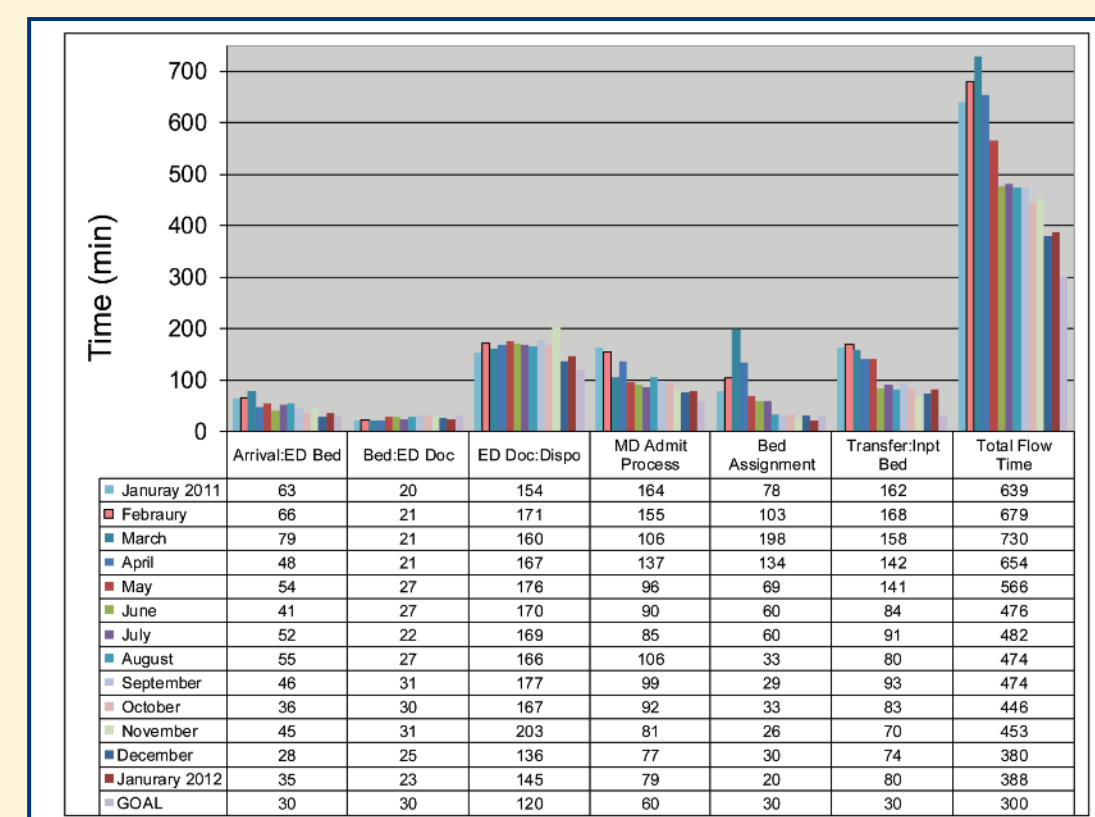
- ED admit LOS 10.5 hrs to 6.3 hrs
- ED arrival to ED bed ↑50% to 30 min
- Time to assign in-patient bed ↓85% 198 min to 30 min
- ED transport time to in-patient bed ↓54% to 74 min



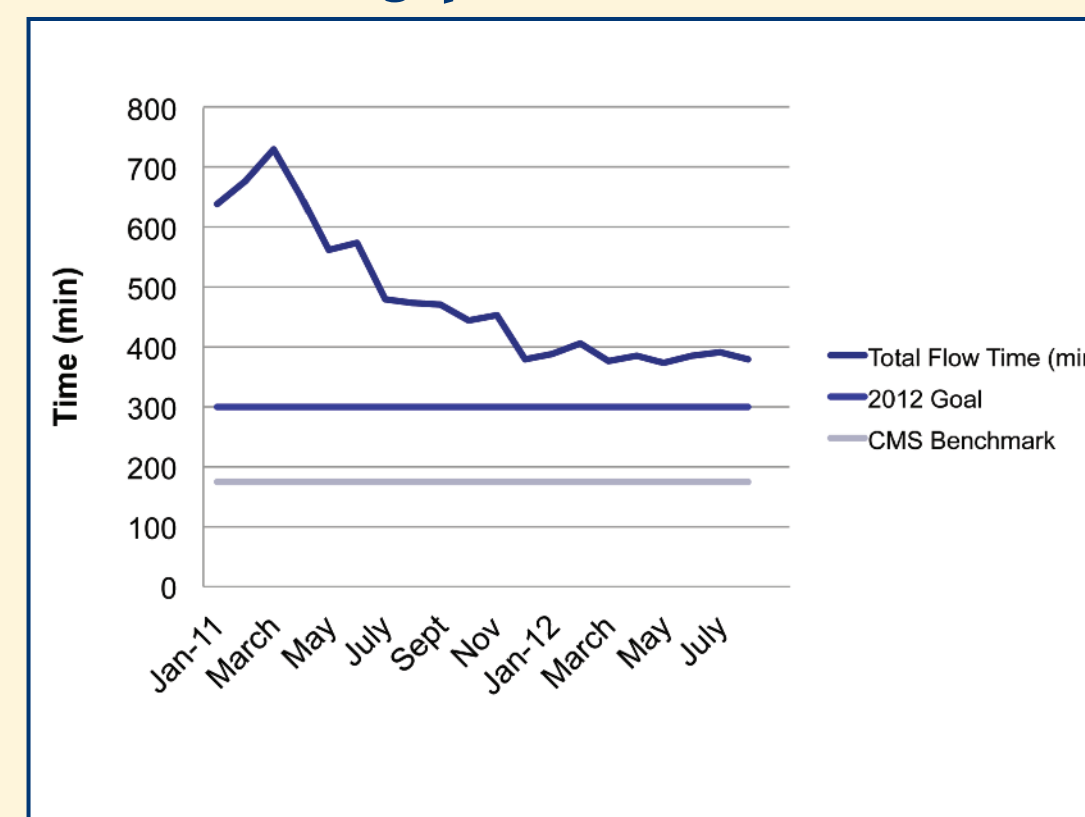
Process Initiatives



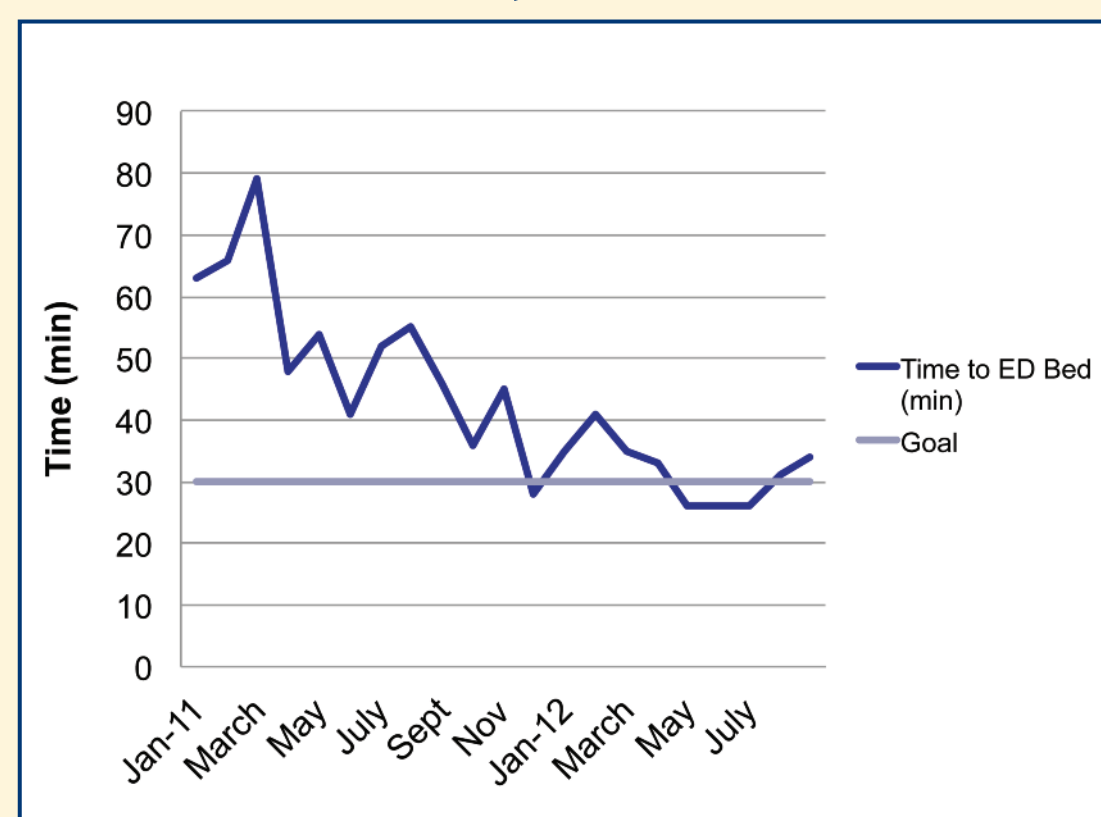
ED Metrics



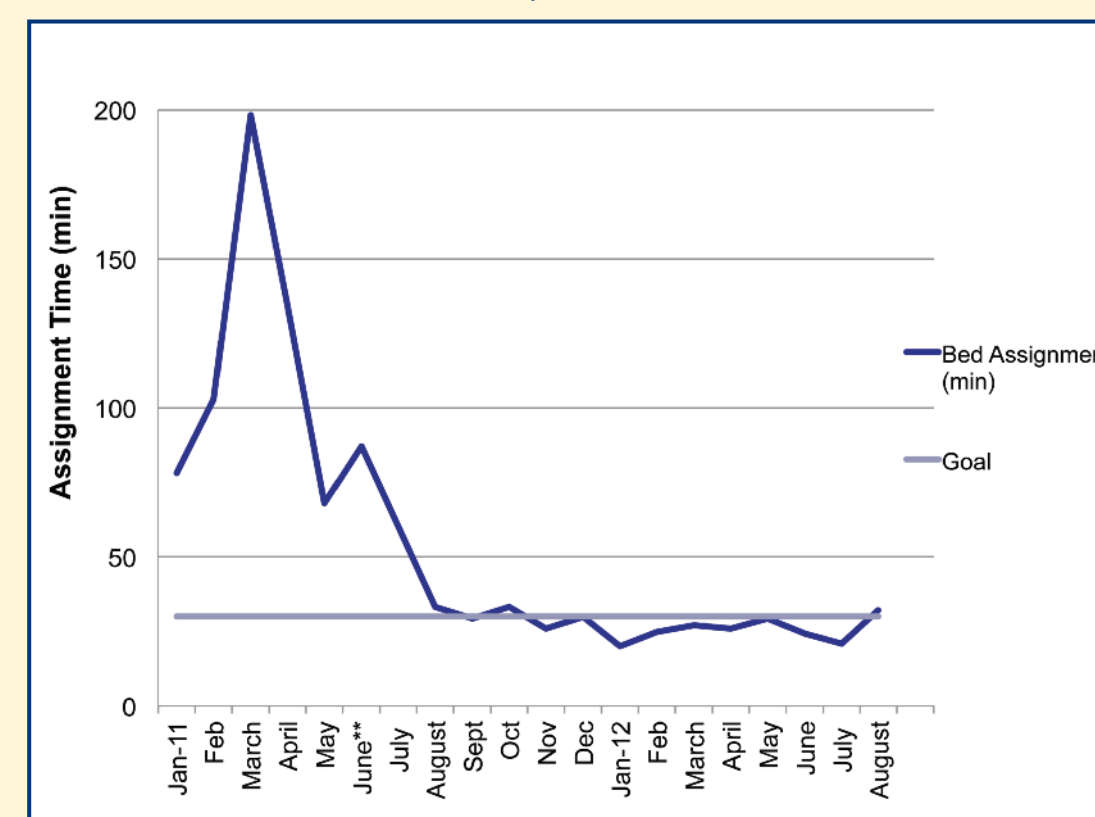
Patient Throughput Total Patient Flow Time



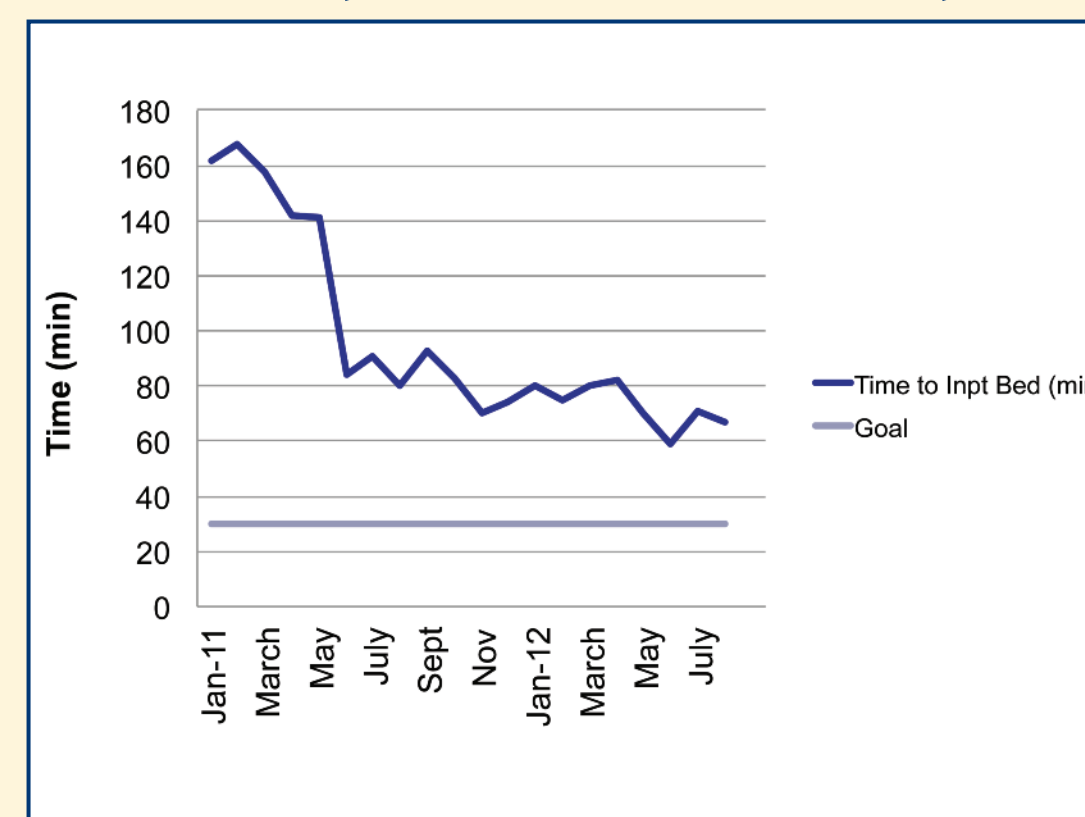
Patient Throughput Arrival to ED Bed



Patient Throughput Bed Assignment



Patient Throughput Bed Assignment to Inpatient Bed



CONCLUSION

A compelling issue was identified that had the commitment of those closest to the problem to own it – a dedicated team of nurses and physicians with support from leadership. In doing so, a cultural shift occurred that focused on quality, which, in health care, should define us, and a systematic plan that included evidence-based ideas was put into place. The quantitative results demonstrate the tremendous success of this innovation. More importantly, the success of the team in doing right by our patients reasserts the fact that a focus on quality provides optimal patient care leading to best patient outcomes.

Delivering high quality care to our patients is of the utmost importance to all staff at Hahnemann University Hospital. With our focus on safety, quality, and service, the Emergency Department

staff embarked on this difficult task of improving our ED Admit LOS rates.

Improving the front-end pressure points and implementing strategies to shrink our ED overcrowding by decreasing LWBS rates, drastically reduced diversion hours, and improved our Fast Track turn-around-times, ultimately resulting in providing a safe and efficient ED for our community.

In addition, back-end barriers were broken down and rebuilt into successful processes to decrease overall admit LOS. The ED to in-patient reporting process was streamlined using SBAR. Additional support to the in-patient areas has been achieved by developing in-patient flow coordinators and a professional practice RN model in an effort to provide high quality care to our patient population.

REFERENCES

Johnson, M., Myers, S., Wineholt, J., Pollack, M., Kusmiesz, A. (2009). Patients Who Walk Out of the Emergency Department. *Journal of Emergency Nursing*. 35, 105-108.

Cantlupe, J. (2010, October). ED Triage: Cut Wait Times, Boost Revenue and Outcomes. *Healthleaders*. 34-40.

Braun, B., Ream, K.A. (2011, July). Ethical Issues of Hospital Crowding Solutions. *Journal of Emergency Nursing*. 37(4). 381-385.