



Our Journey: Decreasing Time from Decision-to-Admit to ED Departure



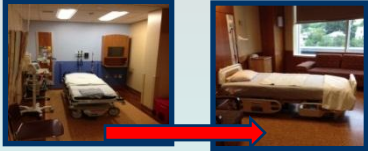
The Miriam Hospital
A Lifespan Partner

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Purpose



To optimize patient flow, decrease time from decision to admit to ED departure, and reduce ED diversion hours by engaging a whole hospital response that would facilitate pulling admitted patients from the ED and placing them in inpatient beds

Design

Quality Improvement Project

Setting

Teaching, urban emergency department with 61,000 visits



Participants

Emergency Nursing, ED Physicians and Medicine Directors

Diagnostic Imaging Safety Officer

Representatives from 38 departments

Relevance/Significance



Based on the principles of Lean/Six Sigma, an Operational Excellence project titled *Status Indicator and Back-up Plan* began in 2012

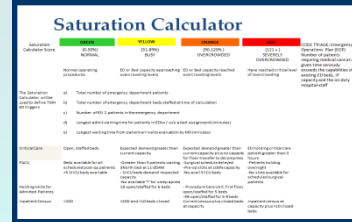


Lifespan
Operational Excellence (OpX)

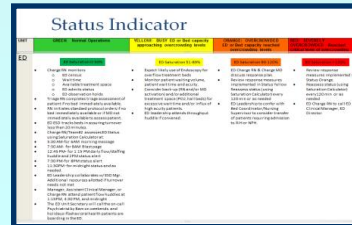
This project demonstrates how nursing and involvement from 38 departments can connect quality, safety and staffing to improve admit to ED departure and reduce ED diversion hours

Methods

Key tools that were developed and implemented in September 2012 included a status indicator grid, status alerts, and status alert standard work

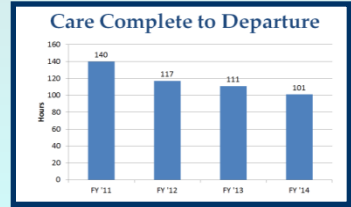
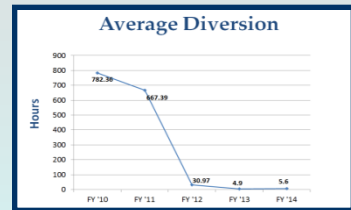


Using an alert color scheme, the status indicator grid defines capacity management based on identified standard work



There is now a leveled methodology to improve flow and accommodate surge

Results/Outcomes



Implications

Decision to admit to ED departure management is dynamic

It is important to have hospital processes and supporting tools to continuously evaluate and allow for real time changes

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