

Be A Bed Ahead: The Pull vs. Push System



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Reason for Improvement

Problem Statement: A clear and solid admissions process is vital to Veteran care. The admissions process works best when there is timely and reliable communication avenues between the sending and receiving areas (in addition between sending and receiving facilities), where defined work flow rules exist. Communication lines become blurred when dependent upon unreliable mechanisms for obtaining the required information. This project is an endeavor to improve timeliness of Veteran flow to the inpatient bed by improving the reliability of the communications process.

Scope: Veteran Flow from Emergency Department to Receiving Inpatient Unit.

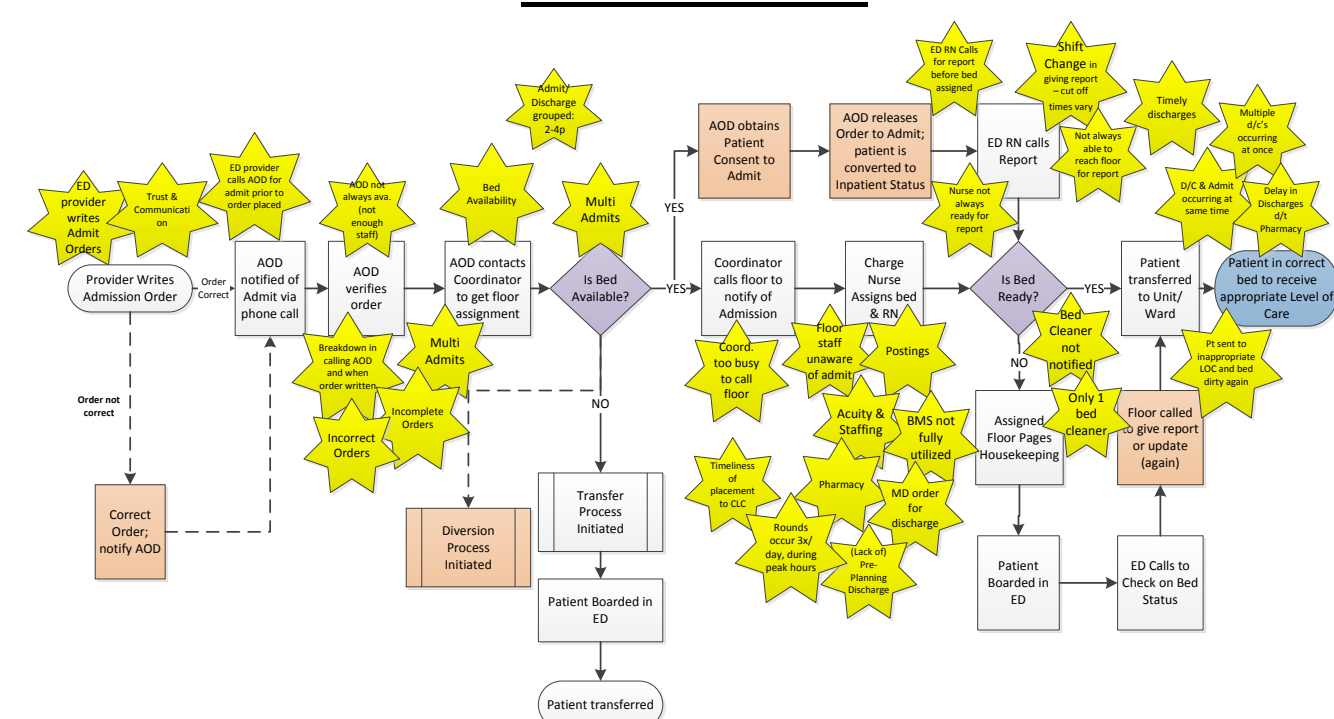
Trigger:

Process Start – When the provider writes the order to admit.

Process Stop – When report is given between the Emergency Department (ED) and the accepting unit.

Limitations: Flow focus on admission process from ED to acute care only.

Current State



Current State Attributes		
<ul style="list-style-type: none"> Majority of issues surrounding the communication and decision-making part of admission process Duplication of phone calls across all affected areas for Veterans admitted from the ED “Silo Effect”- staff felt need to “call back” for clarification or updates, leading to lack of trust between departments Rework and wasted time Staff confusion and frustration 		
Pillar	Metric	Current
People	Average number of phone calls per Veteran admission	12 - 13
Quality	Communication from accepting unit within 15 minutes	Accepting unit does not call
Service	Customer Satisfaction: Press Ganey Scores 1) Speed of Admissions 2) Overall Admission	1) 86.5 2) 88.8

Objective/Aim

Objective/Aim: Improve Veteran flow within the admissions process by improving communications between the ED and accepting units. Attributes include streamlined process, reduced silo effect, clear understanding of roles and satisfied customers.

Target State

Pillar	Metric	Current	Target
People	Average number of phone calls per Veteran admission	12 - 13	50% reduction
Quality	Communication from accepting unit within 15 minutes	Accepting unit does not call	75% compliance
Service	Customer Satisfaction: Press Ganey Scores 1) Speed of Admissions 2) Overall Admission	1) 86.5 2) 88.8	2% improvement

Summary of Project

The “Be-a-Bed-Ahead”, identified by the Institute of Healthcare Improvement (IHI) system, addresses the delay in moving patients from one point of care to the next. Under this system, inpatient units anticipate demand and have a bed ready into which a patient can be moved (“pulled”) rather than “pushed”) as soon as the demand occurs.

WHAT is a “pull” system? A proactive process of admissions and transfers to facilitate flow throughout the hospital with many positive results such as decreasing wait times, helping to plan discharges and decreasing hospitalizations. The “pull” is defined as proactively calling the unit where the patient is located instead of “push”(getting the patient out of a unit).

WHY should we use a “pull” system? To improve Veteran satisfaction by pulling our Veterans to the appropriate LEVEL OF CARE at the appropriate TIME.

HOW do we do it?

Step 1: Charge RN receives phone call from Nursing Coordinator. She/he will provide Veteran’s information. Call goes ONLY to the charge RN so there is no lag in communication.

Step 2: The assignment is made.

Step 3: The receiving nurse is notified.

Step 4: The receiving nurse will call the transferring unit within 15 minutes of notification to receive report.

HOW will this benefit the receiving nurse? The nurse has ample time to coordinate the admission with the team.

Be a Bed Ahead is a process developed by bedside nurses that creates autonomy in personal practice. The Veterans receive the right level of care at the right time.

Results

Metric	Baseline	Goal	Actual	Countermeasures
Average number of phone calls per admission	12 - 13	6	2 - 3	Establish champions for evening/weekend shifts
Communication from accepting unit within 15 minutes of notification – pilot unit	0%	75%	85%	Continue to pursue designated phones for charge RNs and Nursing Coordinators
Press Ganey Score: Speed of Admission	86.5	88	88.5	
Press Ganey Score: Overall Admission	88.8	90	90.8	
Communication from accepting unit within 15 minutes of notification - Spread	0%	75%	76.96%	Continue to pursue designated phones for charge RNs and Nursing Coordinators

Completion Plan

What	Who	When	% Completed	% Sustained
Develop tracking cards	Stephanie Dinkins	11/2014	100%	100%
Develop tracking sheets	Stephanie Dinkins	11/2014	100%	100%
Educate Administrative Officer on Duty (AOD) Group and Nursing Coordinators	Sharon Morgan and Angela Davenport	10/2014	100%	100%
Educate ED medical staff	Cindy Morris	12/2014	100%	100%
Implement traveling admission phones for Charge Nurses and Nursing Coordinators	Linda Bugg	12/2014	100%	75%
Develop “Bed Ahead” education	Elizabeth Crooke	12/2014	100%	100%
Educate pilot unit	Elizabeth Crooke	12/2014	100%	100%
Educate accepting units	Elizabeth Crooke and Unit Champions	1/2015	100%	100%
Spread to all inpatient units	Unit Champions	2/2015	100%	75%

Gap Analysis

Identified Problems	Direct Cause	Root Cause
Nursing Coordinator must call ED back to gain key information that determines placement	AOD serving as liaison between ED and Nursing Coordinator and sets up admission	The AOD is not clinical and would not know to ask particular clinical questions
ED and Nursing Coordinator must call several lines multiple times in order to reach charge nurse	Unable to reach designated charge nurse on first attempt	Charge nurse unable to carry unit phone around unit
ED calling accepting unit multiple times for updates and to hand-off	ED unable to obtain updates from AOD and assumed unit was well aware of pending admission	Gap between notification from AOD to Nursing Coordinator to Accepting Unit extended time needed for communication

Gap	Current State	Target State
Process steps	14	9
Avg # phone calls	12 - 13	6 or less
Communication	Unit does not call	Unit calls within 15 minutes
Press Ganey Score: Speed of Admission	86.5	88
Press Ganey Score: Overall Admission	88.8	90

Solution Approach

If we do this...then we will achieve this....	Effect on Avg # of Phone Calls	Effect on Accepting Unit Contacting ED	Effect on PG Admission Scores
Remove AOD from decision-making process	Immediate reduction	Nursing Coordinator able to quickly gain key information, allowing for unit to assign more appropriately	Slight improvement due to reduction in duplicate phone calls
ED waits 15 minutes after communication with Nursing Coordinator before calling accepting unit	Immediate reduction	Accepting unit more open to discussions with ED, feel less stressed re: situation and more open to make change	Slight improvement due to improved communication smoothing flow
Establish admission only phones that are able to travel with the designated charge nurse and Nursing Coordinator	Immediate reduction due to reduced need to “call around”	Improved satisfaction that they are receiving notification in a timely manner	Slight improvement due to improved communication smoothing flow
Accepting Unit contacts ED within 15 minutes of notification from the Nursing Coordinator	Further reduction, more sustained	Accepting unit feels more empowered and are better able to prioritize tasks to prepare for incoming Veteran	Significant improvement as unit nurses better able to prepare for the Veteran and can greet personally

Rapid Experiments

Description	Who	Hypothesis	Actual	Benefit
AOD not contacted until Admission Order is entered	AOD and ED	By doing this, there will be significantly less duplicate phone calls to determine appropriate placement	Reduced unnecessary phone calls by an average of 5.34 calls per Veteran admission	Allows Nursing Coordinator to discuss clinical information with ED and frees up AOD to complete key administrative tasks
ED wait 15 minutes before contacting accepting unit	ED and Accepting Unit	By doing this, there will be significantly less duplicate phone calls to call report	Further reduction unnecessary phone calls by an average of 5.04 calls per Veteran admission	Improves communication between nursing staff and sets expectations on both sides
Accepting Unit contacts ED within 15 minutes of notification	Accepting Unit Charge and Staff Nurses	By doing this, the ED will no longer need to check for updates and the Accepting Unit empowered to control their process	Further reduction unnecessary phone calls by an average of 1 call per Veteran admission	Allows accepting unit to prioritize tasks and better prepare for the pending admission, as well as improves communication between the areas and creates a more Veteran-centered approach