

AULTMAN FAST TRACK

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CLINICAL PROBLEM AND BACKGROUND

Aultman Emergency Department (ED) Census is Increasing

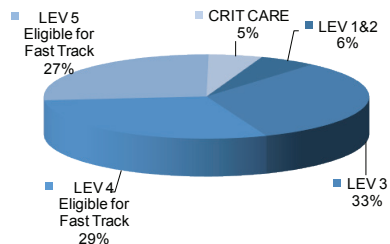
- Increased "turn-around times" (TAT)
- Increased "left without being seen" (LWBS)
- Decreasing staff and patient satisfaction
- Decreasing NRC scores

Current Challenges for Low-acuity Patients

- Increased "door-to-doc" time
- Medical practice style varies by mid-level provider
- Lengthy registration and discharge process
- In-depth charting assessments at centralized computer stations

| Year | Total Volume | ED Overall Discharge TAT | LWBS |
|------|--------------|--------------------------|-------|
| 2015 | 81,962 | 2:41 | 2.27% |
| 2016 | 84,205 | 2:37 | 1.82% |
| 2017 | 82,972 | 2:37 | 2.64% |

2017 ER Level Distribution YTD



CLINICAL QUESTION

Will transitioning one patient care "pod" in the ED into a Fast Track unit provide more efficient medical care to patients with minor medical conditions?

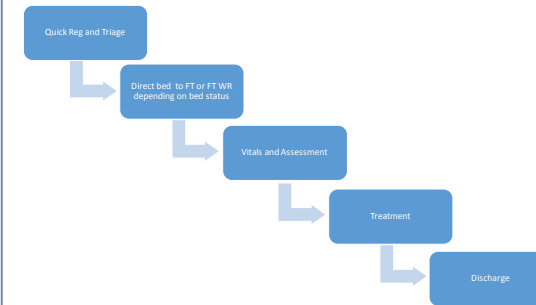
Goals of project:

- Improve patient flow through ED
- Decrease amount of time patient spends in the ED
- FT TAT \leq 90 minutes; stretch goal \leq 75 minutes
- Decrease number of patients that leave without being seen
- Increase patient and staff satisfaction

WHAT IS A "FAST TRACK" UNIT?

An established area to diagnose and treat lesser acuity patients **faster**, in a quieter, less intense and uncongested atmosphere

AULTMAN FAST TRACK PROCESS



RESULTS

| | Patient Type | Total ED Census | FT census | % of ED Patients Seen in FT | Median Length of Stay | ED Arrival to ED Bed Assigned |
|-----------------|------------------------------|-----------------|-------------|-----------------------------|-----------------------|-------------------------------|
| 12/4/16-5/31/17 | Green Team (minor care area) | 40,053 | 6776 | 16.9% | 125 m | 26m |
| 12/4/17-5/31/18 | Fast Track | 44,718 | 7379 | 16.5% | 102 m | 17m |
| CHANGE | | +4,665 | +603 | -0.4% | -23m | -9m |

| Month | ED Census | FT Census | FT TAT | ED Overall Discharge TAT | LWBS | NRC (patient satisfaction) |
|------------|-----------|-----------|--------|--------------------------|-------|----------------------------|
| Dec 2017 | 7290 | 42 | 115 | 148 | 1.5% | 46.2 |
| Jan 2018 | 7397 | 40 | 146 | 170 | 2.38% | 57.1 |
| Feb 2018 | 6915 | 39 | 149 | 161 | 2.14% | 60 |
| Mar 2018 | 7597 | 39 | 140 | 164 | 2.3% | 72.2 |
| April 2018 | 7798 | 41 | 138 | 160 | 2.18% | 57.8 |
| May 2018 | 7721 | 42 | 140 | 160 | 1.9% | pending |

CONCLUSION

- Decreased TATs
- Decreased LWBS
- Improved NRC patient satisfaction scores (2017 - 56.10%)
- Increased communication amongst staff, mid-level providers and physicians leading to better care of the patient

IMPLICATIONS FOR EMERGENCY NURSING PRACTICE

Utilizing a "Fast Track" unit and implementing direct bedding in the ED can decrease TATs, improve patient satisfaction and patient flow

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