Reason for Action

The Cardiac Progressive Care Unit experienced significant delays in ED admissions. Patients were assigned to multiple beds and multiple nurse to nurse reports were given. On average, it took 2 hours for a patient to occupy the bed on CPC from ED, creating a decrease in throughput, patient satisfaction and staff satisfaction. Patients were also inappropriately placed on CPC, creating an even greater decrease in throughput. Patients would be transferred off CPC within a few hours of being admitted to CPC creating a decrease in patient satisfaction.

Objective

This performance improvement project aimed to increase timely and correct placement of patients admitted from Emergency Department (ED) to Cardiac Progressive Care (CPC) unit.

Background

• Averaged 120 minutes for ED admissions to CPC
• Averaged 69% accurate patient placement From ED to CPC
• Averaged 66.2% overall annual patient satisfaction scores for CPC

ED admission to CPC became the focus of a rapid improvement event in 2014, based off the above metrics.

Setting/Population

• A Midwestern teaching hospital with 60,000 ED visits and 14,000 ED-to-inpatient admissions annually.
• This teaching hospital is a Level 3 trauma center and Stroke, Heart Failure and Chest Pain Centers of Excellence.
• CPC is an 18-bed cardiac unit that admits approximately 90 patients from the ED monthly and provides care for progressive level patients

Goals

• 60-minute time interval between when a CPC bed is clean and available for ED admissions to when the bed is occupied by patient on CPC
• Average of 90% accurate patient placement for ED admissions to CPC
• Increase in 3% overall annual patient satisfaction scores for CPC

Process

• An RIE team was formed to create and test a new process with measurable outcomes.
• CPC adopted a new Pull Process for ED admissions to “pull” patients from the ED to CPC.
• For ED admissions, once a patient is assigned in TeleTracking to a clean and ready bed, the clock starts.
• CPC RNs have 15 minutes to review the ED patient care summary and all other pertinent patient information.
• Telephone report was eliminated.
  • If the patient has not arrived in 30 minutes, CPC will start the pull process.
  • CPC calls the ED to let them know CPC is ready to take the patient.
  • If the patient has not arrived in 45 minutes, a CPC RN will go to ED and transport the patient to CPC.

Initial Outcome Measures

After the initial 12 weeks:

• Averaged 47 minutes for ED admissions to CPC
• Averaged 94% accurate patient placement from ED to CPC
• Increase in 16.2% in overall YTD patient satisfaction scores for CPC

Three-Year Results and Practice implications

• This project improved efficiency and accuracy of ED admissions to CPC and has continued to yield impressive results. In 3 years, CPC has maintained decreased wait times for admission to CPC, increased patient satisfaction and increased staff satisfaction.
• In April of 2017, this process was spread to the other inpatient units in the hospital. The managers and clinical secretaries on the units were educated on the process and the important role the secretary plays. The clinical secretary is crucial in timekeeping and informing staff of incoming admissions.
• After implementing, CPC staff were very concerned they would be transporting a majority of their patients from ED.
• After about a week of implementing the pull process, the staff realized they rarely had to transport patients from the ED.
• Staff actually liked not receiving report from ED. This gives them the chance to look at the orders to determine if the patient is being appropriately placed on CPC. The staff on CPC could also plan on their patient arriving within 60 minutes.

Lessons Learned

• The clinical secretary and charge RN play an important role in timekeeping and informing staff of incoming admissions.
• Upon implementation, CPC staff were very concerned they would be transporting a majority of their patients from ED.
• After about a week of implementing the pull process, the staff realized they rarely had to transport patients from the ED.
• Staff actually liked not receiving report from ED. This gives them the chance to look at the orders to determine if the patient is being appropriately placed on CPC. The staff on CPC could also plan on their patient arriving within 60 minutes.

References