

Improving Length of Stay: Transitioning Care from the Emergency Department to a Clinical Decision Unit

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Background

Emergency Departments (ED) experience overcrowding which in turn hampers the delivery of safe and quality care. Overcrowding in the ED can lead to decreased patient satisfaction, rushed and unpleasant treatment environments, suffering for those who wait, and poor patient outcomes (Fogarty, Saunders & Cummins, 2013). In addition, decreasing length of stay in an Observation Unit leads to reduced hospital acquired infections, decreased healthcare costs (Asudani & Tolia, 2013), increased patient satisfaction, and efficient use of Inpatient hospital beds (Damiani et al., 2011). Currently in the US there are length of stay/throughput benchmarks that must be met and are nationally reported by the Center of Medicare and Medicaid (CMS) for both ED and Observation patients (QualityNet, 2017).

Purpose

To decrease ED and observation length of stay by implementing a transitional care process in which the interdisciplinary team is aware to expedite care. Patients placed in observation status are expedited to the Clinical Decision Unit (CDU) in order to decrease ED length of stay as well as observation length of stay.

- Analyze the current admit process and establish a process flow algorithm.

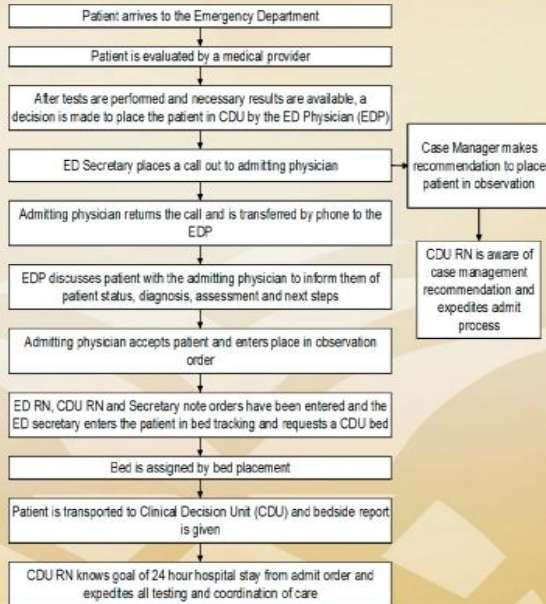
- Implement a practice change with multidisciplinary collaboration and ensure the process runs smoothly.



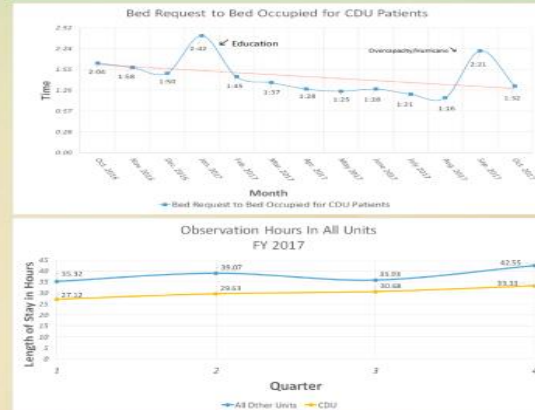
Methods

- One leader to manage both the Emergency Department (ED) and the Clinical Decision Unit (CDU)
- An assigned medical director to the CDU
- Discussed and educated on January 2017 regarding transitional care process with ED nurses, CDU nurses, ED physicians, and admitting physicians
- Collaborated with case management & imaging to ensure they are aware of decreased length of stay goal for observation patients
- Educated all staff on transitional care process

ED to CDU Process Flow



Results



Conclusions/Implications for Practice

The Clinical Decision Unit has shown to be highly effective in decreasing the length of stay of observation patients. Through the collaboration between the ED and CDU team we increased efficiency and also decreased bed request to bed occupied time which decreases the length of stay of the ED patient. The transitional care process expedites the patient being placed in observation status and accelerates hand off report between nurses which in turn facilitates the patient transfer.

References

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