**Clinical Problem**

- The historical ED admission process was highly variable and inefficient.
- The ED admit length of stay was 320 minutes which is higher than the VA benchmark of 240 minutes. Inconsistent communication between the admission process stakeholders contributed to significant admission delays.

**Background**

- ED leadership participated in a national patient flow improvement collaborative.
- An interdisciplinary team of ED, inpatient, bed control, and physician staff was formed.
- Lean/systems redesign methodology was selected as the performance improvement framework for the project.

**Clinical Question/Aim**

- Can lean methodology reduce the ED admission length of stay?
- Decrease current ED admit delay time (FY18) from 120 minutes to 90 minutes by 1/1/2019.
- Decrease number of report methods for ED admissions from three to one by 10/1/2018.

**Results/Conclusions**

- **ED Admit Length of stay** decreased 61 minutes (19.5% reduction).
- **ED Admit Delay** decreased 39 minutes (34% reduction).
- **ED left without being seen rate** decreased from 3.8% to 2.1% (45% reduction).
- **ED admit % boarded over 4 hours** decreased from 6.5% to 1.7% (75% reduction).

METHOD

- Lean principles and multiple PDSA cycles were conducted to redesign the ED admission process.
- A standardized report template was developed.
- Moved to a "no call" report process.

IMPLICATIONS

- Lean methodology/systems redesign can be used to decrease ED admission times.
- Collaboration between the ED and inpatient units is critical for success.
- Electronic report templates appear to provide a safe means of report for most admissions.