A Multipronged Approach to Improving ED Throughput

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The Current Environment of Healthcare Requires EDs to work Faster & Smarter with Increased Volume

Purpose: Improve ED Throughput by incorporating all members of the care team

Method: Monthly ED Taskforce meetings to review metrics and develop innovative strategies for improvement

Results/Outcomes: Decreased Overall LOS, LWBS Rate & Admit Time while Volume Increased

Implications: Significant improvement in patient experience and care as well as business functionality using a multipronged approach with all members of the care team

<table>
<thead>
<tr>
<th>Processes</th>
<th>Collaboration</th>
<th>Metrics</th>
<th>2014 (Min, Max)</th>
<th>2015 (Min, Max)</th>
<th>Percentage Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Decreased Overall LOS</td>
<td>ED Volume (Monthly Avg)</td>
<td>4997.25 (4104, 5869)</td>
<td>5723.67 (5075, 6029)</td>
<td>15%</td>
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<tr>
<td>Decreased LWBS Rate</td>
<td>Overall LOS (ED Arrival to ED Dispo, Monthly Avg, minutes)</td>
<td>220.92 (195, 255)</td>
<td>201.17 (186, 221)</td>
<td>- 9%</td>
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<tr>
<td>Decreased Admit Time</td>
<td>LWBS Rate (Monthly Avg, Percentage)</td>
<td>4.16 (1.94, 7.44)</td>
<td>2.83 (1.22, 4.63)</td>
<td>- 32%</td>
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<td></td>
<td>Admission Time (ED Admit Decision to ED Dispo, Monthly Avg, minutes)</td>
<td>123.56 (102, 139)</td>
<td>97.75 (81, 131)</td>
<td>- 21%</td>
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Nursing
- Bridges Team: Inpatient & ED RN Collaboration
- KUDOS card: Performance recognition of Inpatient staff by ED
- Admission/Discharge RN implementation
- Nursing Director shared ED Throughput Performance Evaluation Goals
- Education: Mandatory ESI training, Telemetry transport training for Nurse Techs, Internalization of Throughput Metric significance for staff

Provider
- Early Rounding on Inpatient Discharges
- Admitting Hospitalists assigned to ED
- Shared Throughput Performance Evaluation Goals among Hospitalists & ED providers

Ancillary
- Lab: ED specimen prioritization, Specimen turn around time reporting & time reduction strategies
- Radiology: Radiology initiated patient transport, Imaging turn around time reporting & time reduction strategies
- Registration: Flexibility in Stat, Bypass & Bedside Registration, Bedside Discharge Implementation
- Patient Experience: ED stationed Patient Advocates, Utilization of Volunteers focused on flow

Collaboration
- Utilization of first nurse in lobby
- Updated RN-initiated protocols
- Triage bypass for ESI 4 & 5 patients
- Pre-assigned bedding, collaboration between first nurse and flow coordinator
- Implementation of pagers for lobby patients

Processes
- Volume based ED Staffing Pattern
- Mid-level provider limited medication dispenser access
- Admission/Discharge Visual Identification for Team Approach
- Flow worksheet for Behavioral Patients
- Surge Indicators and Reaction Plan

Space
- Triage Room Standardization
- Workflow directed supply reorganization
- Repurposed space for decompression of waiting room opened during peak volume

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