

Improving ED Patient Flow Through Efficiency, Operations, and Logistics for Increased Patient Satisfaction

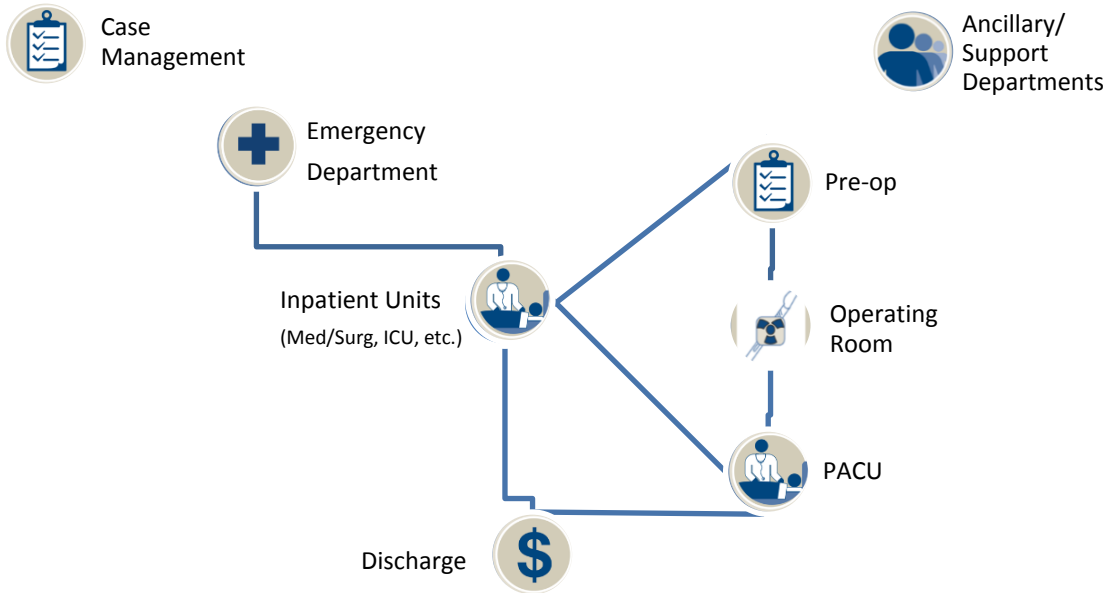
INTRODUCTION

Hospitals typically see **more than 50 percent** of their admissions from patients first seen in the Emergency Department (ED), making it the unofficial "front door" of the hospital. The impression you give at your front door is critical in establishing your reputation in the community and ensuring that you continue to attract patients. With two-thirds of all U.S. hospitals looking for ways to improve the functionality and quality of their organizations, it is imperative that hospital leadership address any efficiency challenges that can hinder their "front door" performance and work to prioritize and systematically reduce weaknesses.

Like exercise, process improvement is a discipline and a habit. Day-to-day time limitations often sidetrack managers from reviewing clinical and administrative processes, but improvement is crucial for long-term viability. New thinking about employee productivity, case management, lean processes and policies can dramatically affect patient flow in your Emergency Department. With some guidance, hospital leaders can makeover their organizations into leaner, faster, and overall better organizations with sustainable improvements.

An Overview of Patient Flow

When reviewing patient flow from a facility standpoint, it is important to ensure that you touch on all the clinical departments/areas that most impact your LOS (Length of Stay). A diagram is provided below as a starting point:



Evaluating staff, processes and procedures, techniques, and technology will help determine the course of action your Emergency Department should take. A review of the following will assist in assessing your ED for patient flow weaknesses.¹

- » The department's use of available resources
 - Consistent methods and communication practices
 - Anticipating demand for services
 - Prioritizing tasks
 - Allocating staff during busier shifts

- » The timeliness of patient transfers
 - Constant access of bed status and availability
 - Performing timely rounds and processing of orders
 - Timeliness of test results

- » Steady, high-quality patient care
 - Good communication and organization among case managers, physicians, and nursing staff
 - Daily department/unit meetings to ensure consistent quality care
 - Educating patients and their families

Does My ED Have a Patient Flow Problem?

If you suspect that your Emergency Department may be facing patient flow difficulties, do not wait. Assess where things stand by asking these questions²:

1. What is my hospital's methodology to efficient and effective patient flow? Is the approach comprehensive and well-organized?
2. Who is responsible for the processes and procedures related to patient flow? Are they successful at taking the initiative when it comes to ED bed management?
3. Does the ED experience diversion?
4. Are holdups in the ED negatively affecting the flow of communication and causing an increase in LOS?
5. Are physicians aware of and understand the need to maximize patient flow efforts?
6. Is the ED staff motivated to admit, treat, and transfer/discharge patients in a timely manner?
7. Is the staff aggressively participating in hospital initiatives for improvement?

As you may have gathered from the questions above, to truly have an impact on patient flow it takes all hands on deck. ED staff must work together through the entire patient flow process of admitting, treating, and discharging and if a single process is not functioning up to par with the others, this one single threat can be detrimental to patient safety, patient satisfaction, quality of care, and financial performance.²

Length of Stay

Length of stay is the biggest indicator of not only your ED's efficiency, but also the patient perception of your hospital. Length of stay is also a critical factor in patient satisfaction and quality of care as patients are asking themselves how long it takes to get seen, get treated, and get out.³

Breaking down the overall ED length of stay into time stamps will aid in discovering the root cause for increases in length of stay and help answer the 'how am I doing' question. The key time stamps to track are:

- » Door to triage;

- » Triage to bed (without immediate bedding in place);
- » Door to physician;
- » Bed to physician;
- » Bed to nurse;
- » Bed to decision; and
- » Door to admission/discharge/transfer.

Tracking these time stamps is critical in reducing length of stay and improving patient satisfaction. Once you know where you stand, you can focus on specific factors that impact your length of stay.

Better ED Length of Stay in 5 Steps

Once the critical points are identified within the length of stay continuum, leadership within the ED can address these issues.

1. Better Bedding

Two processes to help improve door-to-bed time include immediate bedding and the use of a separate area for low acuity patients. Immediate bedding allows for triage to occur at the bedside, as opposed to a specific area. Triage is a process, not a place, and fast patient throughput is the biggest contributor to patient satisfaction as well as the most effective solution to decreasing LOS. Some areas to look at in the triage process include communication from staff to patients during the wait process, length of documentation, and initiation of physician approved protocols by triage RNs.

- » *Diversion*

To avoid increasing LOS at your facility, you must involve any and all ED personnel capable of providing patient care or support. If diversion is due to bed availability, develop a team with ED and inpatient personnel to resolve the underlying issues. The team should evaluate the bed availability system, determine which patients are to be transferred out of critical care areas, and open additional beds.

» *Patient Room Assignments*

When making bed assignments, use acuity indicators to determine placement and consider the distribution of nurse workloads. Rooms can be assigned at triage with input from the Charge Nurse.

» *Patient Discharge & Additional Considerations*

Encourage staff to resolve any patient complaints before they leave the ED. Leadership needs to observe and evaluate patient flow in the department by assessing the immediate bedding process, the number of patients in the waiting room, and any test result delays.³

2. Scheduling

With scheduling, the key is to evaluate your volume trends and mirror your staffing to those trends by day/time/season to prevent labor shortages. Another consideration is ensuring that staff assignments are effective in relation to the care needed by patients, which plays a pivotal role in reducing length of stay.

3. Diagnostic Testing

Test results are a key factor in improving the time from bed to decision. Utilizing standard protocols for clinical care pathways will help get speedy results by standardizing tests for common complaints. Also, having a strong working relationship with ancillary departments that provide these tests is critical for timely delivery.

4. Notification

Diagnostic testing is being processed quickly and efficiently, now what? Updates between nursing and physicians are critical in length of stay. The use of communication devices to keep team members in the loop enables staff to know immediately when results have been received and whether follow-up is needed.

5. Troubleshooting

To improve bed-to-admission/transfer/discharge, case management can play a positive role in the appropriate decision for each patient. Get case management or

bed placement personnel involved early and often when patients fall outside of your normal length of stay and require better coordination between other departments.

Case Model

BACKGROUND

A 250+ bed hospital with 20+ emergent beds located in a middle income neighborhood in the Southeast with a fast track system and Chest Pain and Primary Stroke Center.

Patients were not being seen by triage in a timely manner and those awaiting admission/discharge/transfer caused an increase in length of stay, patients who have left without being seen (LWBS), and patients leaving against medical advice. Immediate bedding was not happening and as a result, patient satisfaction was decreasing significantly.

Diversion, slow lab test results, length of documentation, and lack of bedside registration were causing major holdups throughout the department. Interdepartmental communication between staff and physicians needed to improve as it was causing patient care to suffer.

KEY ISSUES

- » LOS for psych patients
- » Slow lab test results
- » Interdepartmental communications
- » Admission process
- » Orientation process
- » Teamwork and employee morale

SOLUTIONS/OUTCOMES

To resolve the hospital's difficulties, the first step was to track and monitor the department's patient flow by volume and timestamps. After analysis, a process was developed to decrease patients left without being seen and against medical advice. By involving all ED personnel capable of providing patient care or support, LWBS patients were **decreased by 4.23%** and **diversion was reduced to zero.**



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Lagging test results from low quality lab draws was addressed and corrected. A close working relationship with admitting departments was established to open up the lines of communication between physicians and department staff in order to speed up the transfer and discharge processes.

Immediate bedding was instituted that allowed patients to go straight to a bed, if available, and begin bedside triage. Establishing a collaborative working relationship between Registrars and the Registration Department led to **100%** of patient registration being completed at the bedside after the Medical Screening Exam for EMTALA compliance.

For low acuity patients, the department utilized mid-level practitioners which allowed for additional patient care providers at a **lower cost and within the budget**. The use of acuity indicators in patient room placement as well as the assigning of rooms at Triage with input from the Charge Nurse, helped alleviate some of the pressure in regards to patient room assignments. Permanently stationing a Case Manager within the ED allowed for smoother coordination of patient transfers and assistance with discharge planning efforts prior to admission.

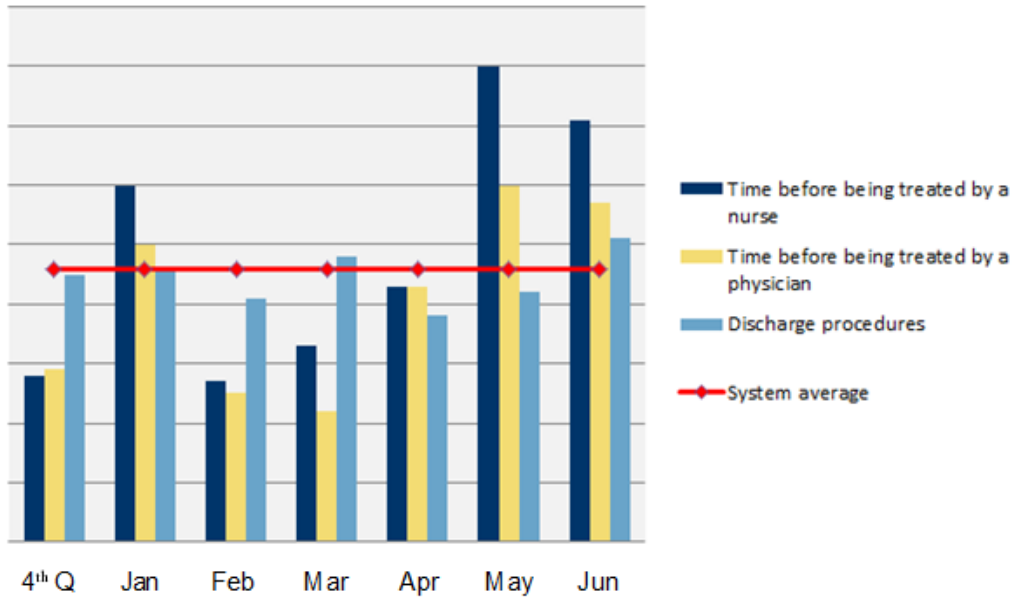
Staff was educated to keep physicians better informed and aware of patients awaiting possible transfer/discharge. Lab turnaround times were **dramatically reduced** due to the success of **higher quality lab draws**.

The current orientation process was evaluated and found to be disorganized. Competency checklists were created to improve the quality of the program and the on-boarding process for employees.

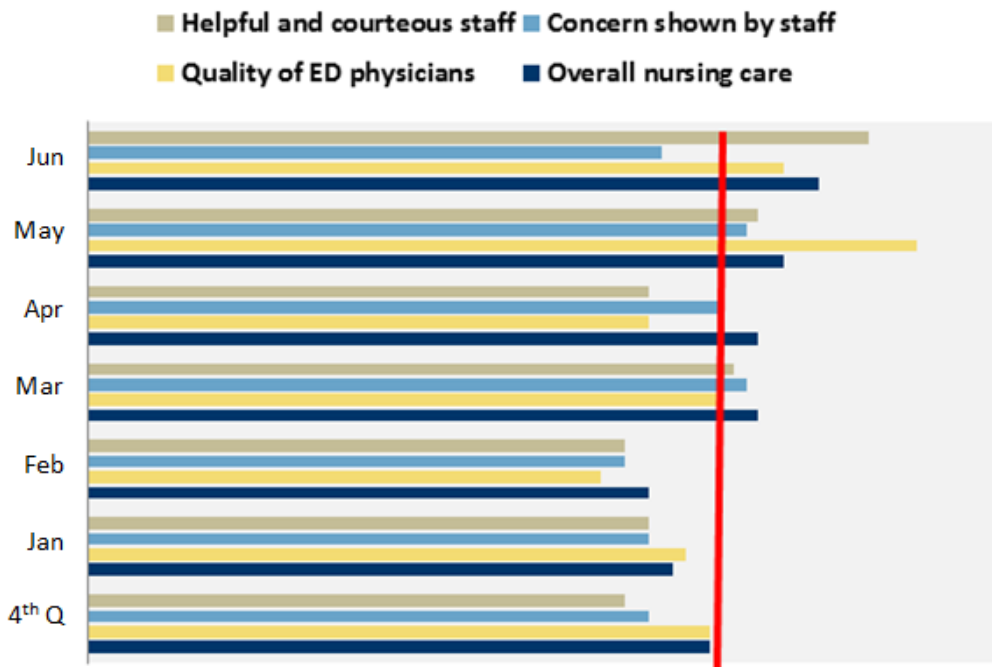
To improve teamwork and employee morale, steps were taken to involve the team during process changes as a way to increase buy-in and facilitate communication related to breakdowns in processes.

RESULTS

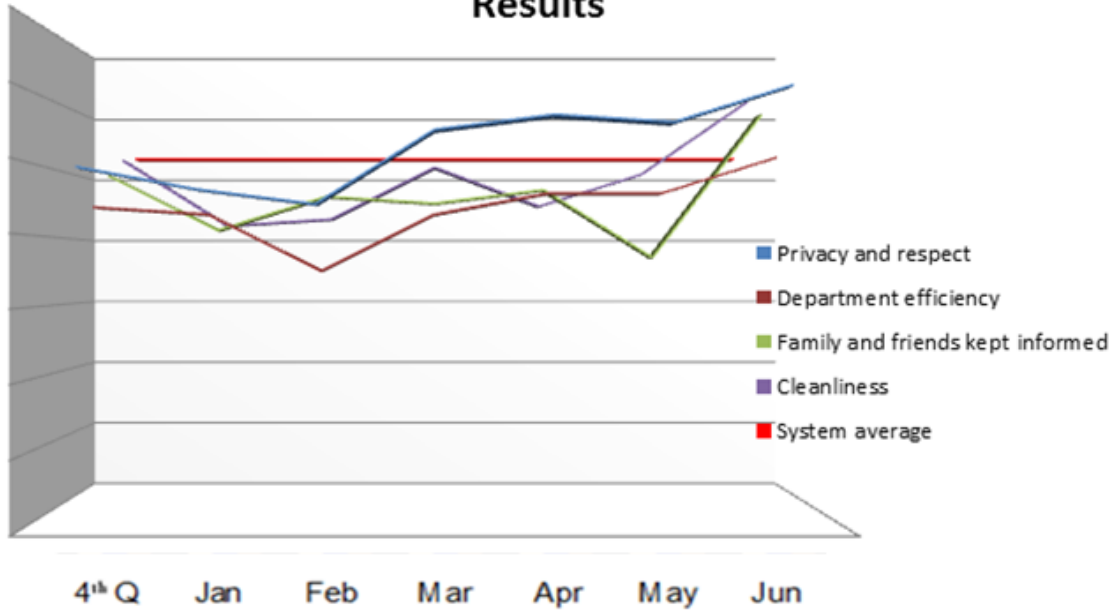
Emergency Department Patient Satisfaction Survey Results



Emergency Department Patient Satisfaction Survey Results



Emergency Department Patient Satisfaction Survey Results



Conclusion

Your facility's ability to consistently deliver high-quality patient care and receive high patient satisfaction rates in your Emergency Department is constantly being tested against the efficiency of your patient flow. While many instances and patient flow problems may seem outside your facility's control, the truth is that taking the initiative to alleviate the challenges can lead to positive, lasting effects that will improve not only the ED but hospital-wide difficulties. The sooner the hospital recognizes and identifies its setbacks, the better off the facility will be.

Improving patient flow takes effort and action from all employees. Staff must be willing to work together to move along each phase of the patient flow process. Without the cooperation among staff and department leaders, a single slowdown can create long-term negative effects on overall satisfaction and finances. Policies and procedures, case management, and staff morale are all factors that, when managed efficiently, will improve patient flow in the Emergency Department.



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References

¹ Pate, David C., and Michael Puffe. Improving Patient Flow. Rep. The Physician Executive, May-June 2007. Web. <http://net.acpe.org/Resources/PEJ/2007/May_June/Pate.pdf>.

² Freedman, Barry, Susan Bernini, Robert W. Champion, and Kathleen Lennon. "Enhancing Patient Flow." Trustee Magazine. Health Forum, Inc., Dec. 2009. Web. <http://www.trusteemag.com/trusteemag_app/jsp/articledisplay.jsp?dcrpath=TRUSTEEMAG/PubsNews/ArticleGen/data/2005/0506TRU_DEPT_Above_Board>.

³ Wong DT, Gemez M, McGuire GP, Kavanaugh B. Utilization of intensive care unit days in a Canadian medical-surgical intensive care unit. Crit Care Med. 1999;27:1319-1324.