

1 REASONS FOR ACTION

Problem Statement: Increasing census in both the ED and hospital wide creates increased wait times for patients admitted from the ED. Patients awaiting beds in the ED potentially creates certain problems including: decreased availability of ED resources such as beds and staff for all ED patients increasing ED throughput time for all patients, increased workload for physicians and departments such as pharmacy and dietary to provide services to patients in ED rather than their usual routine, need for diversion due to ED saturation, increased risk for pressure ulcers for patients lying on stretchers and decreased patient satisfaction. The current avg. wait time from decision of admission to actual arrival in pt room is 2 hrs 35 min.

Business Case: Patient satisfaction, decrease ED diversion

Scope: Decision to Admit to bed ready

Triggers:

- Start: Decision to Admit
- Stop: ED bed ready for next patient

Out of scope: Clinic admissions awaiting available inpatient beds in ED

Jackie

4 GAP ANALYSIS

- 112 minute wait time for patient after order for admit placed
- 8.4 minute gap for ED keeping up with every admission

Jackie

7 COMPLETION PLAN

Description	Who	Where	% completion	Reassessment
ED Dashboard	Tasheka	June 7th	25%	N/A
HT prioritize order into BMS	Stella/Sabrina	June 7th	50%	
ED to IP report	Jackie/Craig	June 25th	25%	
Bed Coordinator Standard Work	Anne	June 7th	50%	
ED quick swap bed	Tasheka/Jackie	June 7th	50%	
Telly pack in ER	Jackie/Linda	June 25th	25%	

Jackie

2 INITIAL (CURRENT)

- Current average time from decision to admit to ED bed ready for next pt: 2 hrs 35 min

Delays for Transporting a Patient out of ED (Jan 8 - Nov 8)

Stella

5 SOLUTION APPROACH

- Brainstorming approach

Item	Metric #1	Metric #2	Metric #3
ED Dashboard	H	H	M
HT prioritize order into BMS	H	L	H
ED to IP report	H	H	
Bed Coordinator Standard Work	H	M	
ED quick swap bed	H		
Telly pack in ER	H		

Jackie

8 CONFIRMED STATE

Description	Baseline	Goal	Actual	Countermeasure
Decrease time from decision to admit to ED bed ready for next patient to $\le 60\text{ min}$	2:35	60 min	1:48	Reinforce standard work
Decrease top five delays for disposition of patient from ED by 50% (see notes, see text, busy in patients do not able to take report, patient no coverage of ED patient, top five delays account for 70% of delays)	71 occurrences / month	35 occurrences / month	38 occurrences / month	Sustain
Decrease time from provider admit order to time entered on BMS by 20%	3:27 minutes	2:24 minutes	4:23 minutes	Education with Providers

Jackie

3 TARGET (FUTURE)

- Decrease time from decision to admit to ED bed ready for next patient to $\le 60\text{ min}$.
- Decrease top five delays for disposition of patient from ED
- Decrease time from provider admit order to time entered on BMS.

Stella

6 RAPID EXPERIMENTS

Potential 50% improvement in productivity by balancing the work load

Item	Owner	Experiment	Actual	Savings and Benefits
ED Dashboard	Tasheka	Better utilize resources		Empower with real time info and allocation of resources. Decrease hand offs
HT prioritize order into BMS	Sabrina	Quicker turn-around for admit to room on board	Approved by ED manager	Eliminate delay in bed requests
ED to IP report	Jackie	Standard form and streamline communication	MCM in standard work	RN to remain bedside for patient care, decrease hand offs, decrease rework
Bed Coordinator Standard Work	Brian	Decrease time ED to bed	Roll out plan	Decrease patient bed wait time
ED quick swap bed	Tasheka	Increase ER through put	Decreased room time by 15mins	Quicker patient turnover and treat
Telly pack in ER	Jackie	Decrease motion	TBD	Decrease motion from ER RN and staff

Tasheka

9 INSIGHTS

What went well?

- Open minded staff at the OEMS
- Calculate TMT (started with data)
- Fresh Eyes (CGR Frank)
- Increased awareness inter-departmentally
- Small group, big accomplishments

What did not?

- Missed having equipment ready to flow
- Schedule conflicts
- Standard admissions to get along #199
- Additional #199 recommended in discussions for treatment process

Indy Excellence, Veteran Centered Care

- Focused on the patient
- Listened to the staff
- Improved performance

Jackie