

BREAKTHROUGH MAP

UNCLOGGING PATIENT FLOW IN THE ED AND BEYOND

With health reform measures promising to increase the number of insured patients, hospitals and health systems are getting even more serious about improving patient throughput so they can absorb extra volumes—as well as boost quality and satisfaction. Here is a sampling of the breakthrough practices being adopted by progressive organizations.

PREARRIVAL

- Reduce unnecessary volumes
- Avoid overcapacity/diversion

HELP PATIENTS FIND THE LEAST BUSY ED

Middlesex Hospital posts wait times for its three EDs that patients can access via smartphones and computers.



COLLABORATE TO ELIMINATE DIVERSIONS

After targeting zero ambulance diversions, Syracuse hospitals cut total hours on diversion by ~75 percent.

PILOT FREQUENT USER PROGRAMS

Spectrum Health identified patients who use the ED 10+ times a year—and launched a clinic just for them.

ARRIVAL

- Reduce wait times
- Enhance patient experience

ELIMINATE THE WAITING ROOM

At Penn State Hershey Medical Center, patients are triaged in an ED greeting area, which only contains a few chairs.

PULL TILL FULL

When an ED room is open, Christiana Care Health System uses direct bedding, bypassing triage and placing patients in open beds.



TELL PATIENTS WHAT TO EXPECT

Orlando Regional Medical Center increased patient satisfaction with a waiting room video on what occurs during an ED visit.

START THE PATIENT'S CARE

Thanks to standing orders for common complaints, University of Kansas Hospital nurses can arrange EKGs and other tests while the patients are waiting.

TRIAGE

- Employ team-based, rapid assessment
- Segment patients for specialized care

TRIAGE AS A TEAM

Inova Fairfax Hospital's triage team includes an ED physician, nurse, scribe, emergency technician, and a registrar.



SEGMENT PATIENTS BY SEVERITY LEVEL

A triage nurse at Good Samaritan Hospital assesses the patient and divides them into three groups: emergent, urgent, and nonurgent.

ESTABLISH SPECIALIZED UNITS

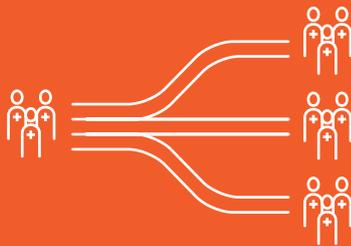
St. Joseph's Regional Medical Center has a geriatric ED, and Bellevue Hospital Center established a step-down chest pain center.

DIAGNOSTICS/PROCEDURES

- Synchronize/standardize steps
- Reduce handoffs/waste
- Bring care closer to patients

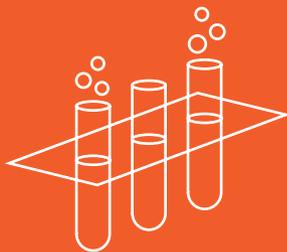
ASSIGN DEDICATED TEAMS TO EACH TRACK

At Thomas Jefferson University Hospitals, separate ED teams manage emergent, urgent, and nonurgent patients.



REDESIGN EACH TRACK

Using Lean methods, teams at Christiana Care Health System streamlined all three tracks, reducing length of stay.



PROVIDE POINT-OF-CARE TESTING IN ED
Massachusetts General Hospital created a satellite lab in the ED that offers a limited menu of rapid tests.

EMERGENT

(Higher Acuity Patients)

ADMISSION

- Commit to improving hospitalwide flow
- Pull ED admissions (versus ED pushing admissions)
- Establish surge capacity tactics

CENTRALIZE BED MANAGEMENT

The RN-staffed patient placement center at the University of Mississippi Medical Center coordinates all admissions.

SCHEDULE EARLY DISCHARGES TO FREE UP BEDS

Kaiser Foundation Hospital aims for 11 a.m. discharges.

ADOPT A BOARDER

When Stony Brook University Medical Center's ED reaches capacity, patients awaiting admission are given beds in acute care hallways.

URGENT

(Complex, Lower-Acuity Patients)

DISCHARGE

- Avoid clogging ED with patients waiting to leave
- Prevent unnecessary future ED visits

NONURGENT

(Low-Acuity Patients)

ESTABLISH A DISCHARGE LOUNGE

Bellevue Hospital Center's discharge center is open part-time five days a week.

PARTNER WITH HEALTH CENTERS

A Maryland health center works with a local hospital to link eligible patients to a primary care provider at the center.

NAVIGATE TO PRIMARY CARE

ED navigators at Presbyterian Hospital set up appointments with primary care physicians for non-urgent patients.