

TITLE STREAMLINING TRIAGE DURING PEAK DEMAND OF 11A-11P

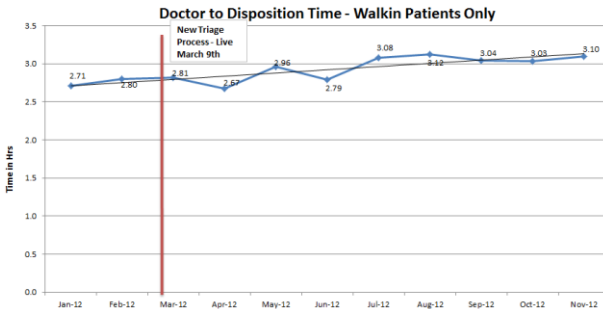
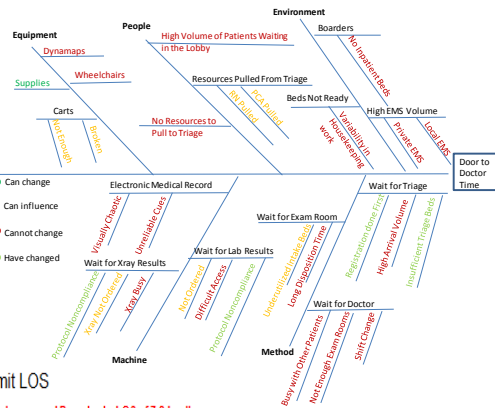
Owner: Cindi Moore Team: Triage Committee, Operations Council, Amit Vargali, Mike Lamers, Eric Dinkins
 Coach: Mari Cummins

Date: 11/8/2012

Background

- The hospital sees approximately 70,000 patients yearly
- Approximately 26% of the hospital's admitted patients originate in the Emergency Department
- The hospital was named to the HealthGrades Emergency Medicine Excellence Awards Recipients 2012 list
- In 2010, a large expansion project was started. As part of the expansion, pieces of the ED have been closed or removed, in addition, the increasing psychiatric volume has created a need for a 5 bed psychiatric holding area. This has resulted in a net loss of 13 ED exam rooms.
- ED volume has increased by over 14% in the past four years.
- Productivity and Efficiency reports show that the ED is 1.61 hours below target for Length of Stay.
- The Emergency Department Operations Improvement Committee have identified the three common factors affecting Length of Stay: Door to Doctor, Doctor to Disposition, and Disposition to Out.

ANALYZE



PROBLEM STATEMENT

The problem is that Patient Satisfaction Scores, Length of Stay, and Left Without Being Seen rates do not meet Benchmark Goals. The revenue lost from LWBS patients in 2011 was over 2.2 million dollars.

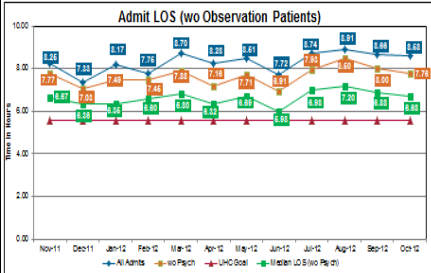
CURRENT STATE

ED Metric Scorecard 2012

Month	Volume	Inpatient Admission	Length of Stay	Left Without Being Seen	Patient Satisfaction
January	5896	1548	5.51	3.06%	78.7%
February	5597	1547	5.55	4.40%	78.4%
March	6150	1691	6	4.79%	79.5%
April	6152	1577	5.66	4.12%	81.5%
May	6482	1703	5.93	4.81%	81.6%
June	5797	1654	5.38	2.12%	78.9%
July	6096	1817	6.27	3.57%	79.4%
August	5879	1763	6.19	3.57%	76.9%
September	5984	1574	5.92	4.65%	80.6%
October	5928	1672	5.97	4.25%	na
Benchmark	na	na	4.05	1.70%	85%

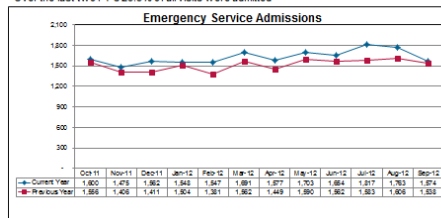
Emergency Service Metrics – Admit LOS

For the month of October "patients Admitted to UH, James and Ross had a LOS of 7.8 hrs".

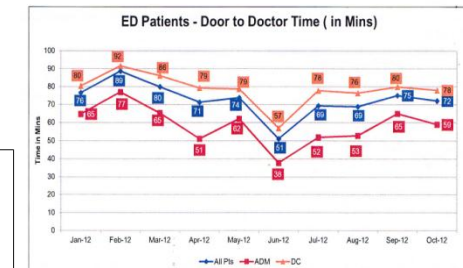


Emergency Service Metrics – Admission Volume

Admissions volume for FY13 YTD is up 9% compared to the same time period in FY12. For the first three months in FY13, 28.6% of all visits were admitted. Over the last two FY's 26.3% of all visits were admitted.



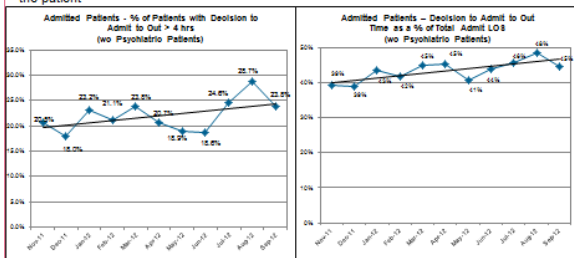
Emergency Department Metrics – Door to Doctor Metrics



Three common factors influencing Length of Stay:



"45% of an admitted patients LOS" in the ES was after the decision has been made to admit the patient



COUNTERMEASURES

Countermeasure	Impact	Date	Owner	Result	BARRIERS	Countermeasure	Impact	Date	Owner	Result	BARRIERS
move triage to intake area 1	Increase triage capacity	3/9/2012	Operations Improvement Team	four bay triage area	NA	align registration process to occur after all protocols are completed	To maximize triage treatment utilization in minimal time	3/9/2012	Operations Improvement Team	All registration occurs after triage process	none
5S triage and intake area	organize new space for use	3/9/2012	Triage Committee	all supplies organized and labeled	NA	finalize construction plans for new 4-bed triage area	To increase capacity of bed availability in main ED	1/1/2013	Operations Improvement Team	Not yet implemented	approved, timeline pending
convert previous triage to exam rooms	Increase capacity to see simple complaints	3/9/2012-5/1/2012	Operations Improvement Team	two private exam rooms	physicians do not use, not used properly, no RN staff	move triage to new area	To increase capacity of bed availability in main ED	1/1/2013	Operations Improvement Team	Not yet implemented	approved, timeline pending
Evaluate flow of new triage process biweekly-monthly	to find areas for improvement in the new system	ongoing	Cindi, Triage Committee	need for standard work highlighted	limited available time	convert triage/intake area to fast track	To increase capacity of bed availability in main ED	1/1/2013	Operations Improvement Team	Not yet implemented	approved, timeline pending
review workflow and space concerns	to find areas for improvement in the new system	ongoing	Cindi, Triage Committee	need for standard work highlighted	equipment is cumbersome	Nurse Supplemental A3	To increase quality of care for waiting patients	ongoing	Cindi	in progress	
review process times, utilization rates, lead times	to find areas for improvement in the new system	ongoing	Cindi, Triage Committee	Need for supplemental A3s revealed	PCA, RN staffing issues	PCA Supplemental A3	To decrease wasted time, motion, transport	ongoing	Cindi	in progress	
evaluate protocols for applicability	to maximize protocol usage in triage	5/16/2012-ongoing	Triage Committee	Two new protocols requested	Lengthy process to finalize						

Reflections:

Suboptimal staffing, high turn-over rate coupled with high volumes and slow-moving unit through-put creating less engaged staff. Unit committee matrix has changed, lost momentum over the past couple of months, accountability for process changes has waned.

- Goals:**
- To decrease Length of Stay by 1.7 hours
 - To decrease Left Without Being Seen Rates to <1.7% by December 2012
 - To increase Customer Satisfaction to 85.0% by December 2012