

# Emergency Department Patient Flow Strategies University of Maryland Medical Center



# Medical Admitting Officer

Attending Hospitalist

Hours: 9a – 11p

Mon – Friday

Goal to partner with ED team and provide oversight to provider decision-making and plan provision for Medicine Admission/ Observation patients.

# Role in Patient flow:

- AED team determines that the patient requires continued inpatient care by a Medicine team.
- AED team places AED Bed Request order.
- AED Attending discusses the patient with the MAO. AED Senior Resident can discuss the patient with the MAO when the ED Attending is unavailable.
- MAO evaluates the patient and discusses with the AED Case Manager to determine whether patient meets Observation or Admission Criteria.
- MAO determines appropriate team assignment and discussed with team. (Med 1-4, Med ID, Med 5, Med 6, and Cancer Center)
- MAO encourages immediate placement of an Observation or Admission order. A complete set of orders will be entered by the inpatient team.
- MAO notifies ED team of determination and team notification.

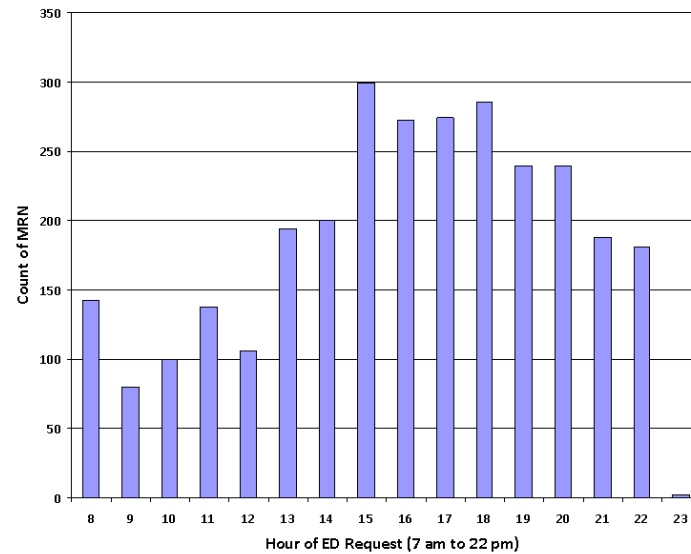
# Additional Responsibilities

- Expedite AED discharges to outpatient Medicine clinics
- Collaborate with AED team and AED Case Manager to disposition patients who do not meet Observation or Admission Criteria.
- Collaborate with inpatient teams when LOS for Medicine Observation patients approaches 24 hours.

# Medical Admitting Officer & RN Flow Coordinator Roles

## Distribution of All ED Requests by Time (MED Svc and Non-MED Svc)

Tuesday, May 23, 2017

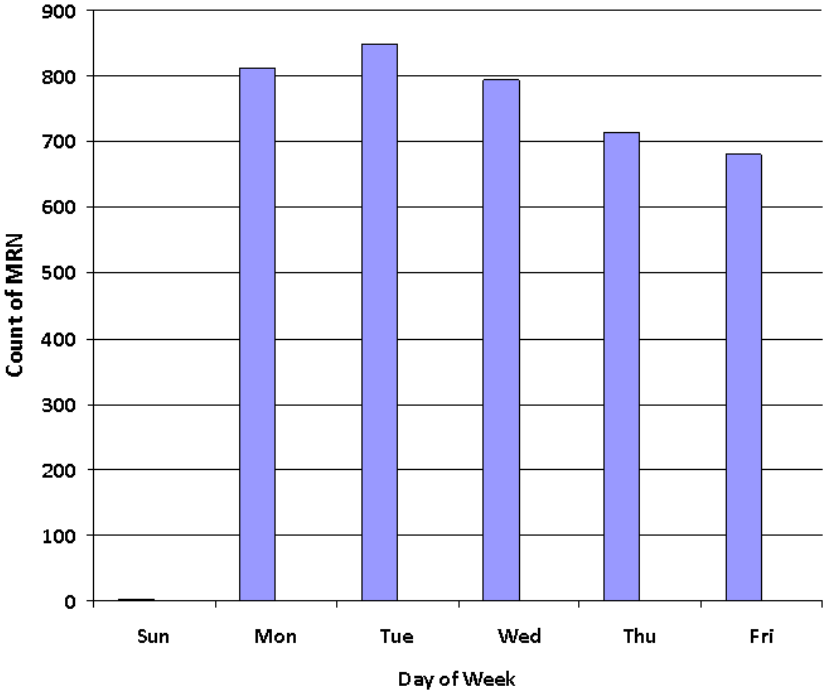


Data from 10/12/2015 to 5/23/2017

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# Distribution of All ED Requests by Day of Week

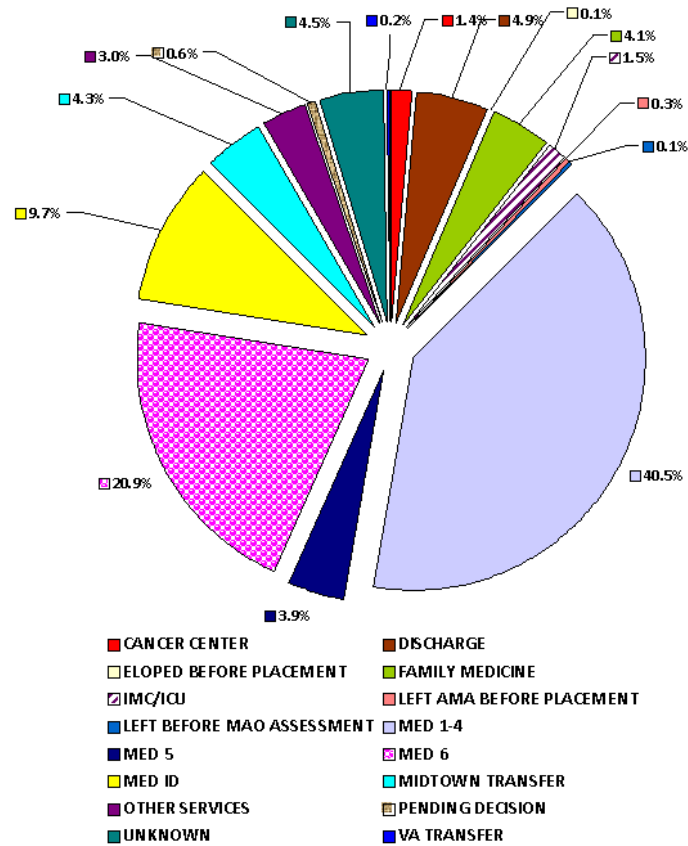
Tuesday, May 23, 2017



Data from 10/12/2015 to 5/23/2017

## Distribution of ALL ED Requests by Placement

Tuesday, May 23, 2017



Data from 10/12/2015 to 5/23/2017

Count Of Encounters in Database: 3850

# Measuring the role:

- Observation patient median LOS
- Prioritized flow (into and out of) new ED Observation Unit
- Number of total ED/ MAO encounters
- Breakdown of disposition: Gen Med, Med 6, home, Midtown
- Qualitative look at Midtown campus transfers



# Enhancing patient flow and expanding coverage to a new ED Observation Unit

- Our successes remain navigating the many medical teams, using credibility as Medicine attending's to dissuade Medicine house staff from requesting more testing before accepting patients to Medicine, assisting in appropriate dispositions outside of Medicine including surgical services, Midtown and home.

## Long term goals:

- Encouraging the ED to begin MAO referrals earlier in the workflow.
- Better use of C3 for CHF and COPD patients
- Ensuring appropriate use of P3H for Obs patients.
- Grow Midtown transfer volumes for appropriate patients

# ED RN Flow Coordinator

Senior ED RN leader

Hours: 10a – 10p

Mon – Friday

Goal to partner with ED team and provide oversight to internal operations specific to patient flow

## Role in Patient flow:

- Collaborating closely with AED physicians and AED charge to identify upcoming discharges and admissions of AED patients.
- Expediting outflow and relocation of patients when emergencies arrive.
- Collaboration with PPC to identify bed status in hospital, IMC/ ICU patients in the AED.
- Identifying delays in admission/ transfer processes.
- Identifies patients requiring bed requests and admission orders.
- Communicates with primary nurses about delays with admission beds, potential delays for getting admission bed due to patient status, timely discharges and transfers to admission beds.
- Communicates with MAO about possible admissions to medicine service after obtaining updates from AED physicians.
- Communicates with medicine services about plans of care for patients admitted to their service residing in the AED.

## Direct/Indirect impact:

- Decrease discharge delays
- Improve transfer times.
- Work in tandem with AED charge RN to devise a plan to accommodate incoming emergencies.
- Improved communication between physician, charge, and inpatient bed Coordinator

## Data Tracked:

- Transport delays were tracked with specific reason for delays noted. The data obtained revealed floors with longest delay times and most frequent reasons for delay. Data was taken to nurse manager meeting and presented.
- 15 minute RN Report rule was created (November 2016) following data collection to decrease known delays.
- Prioritized planning with Environmental services to reduce delay times and to expedite cleaning of rooms.
- Surge Capacity protocol created to inform hospital leadership of AED status.

# Short/Long term goals:

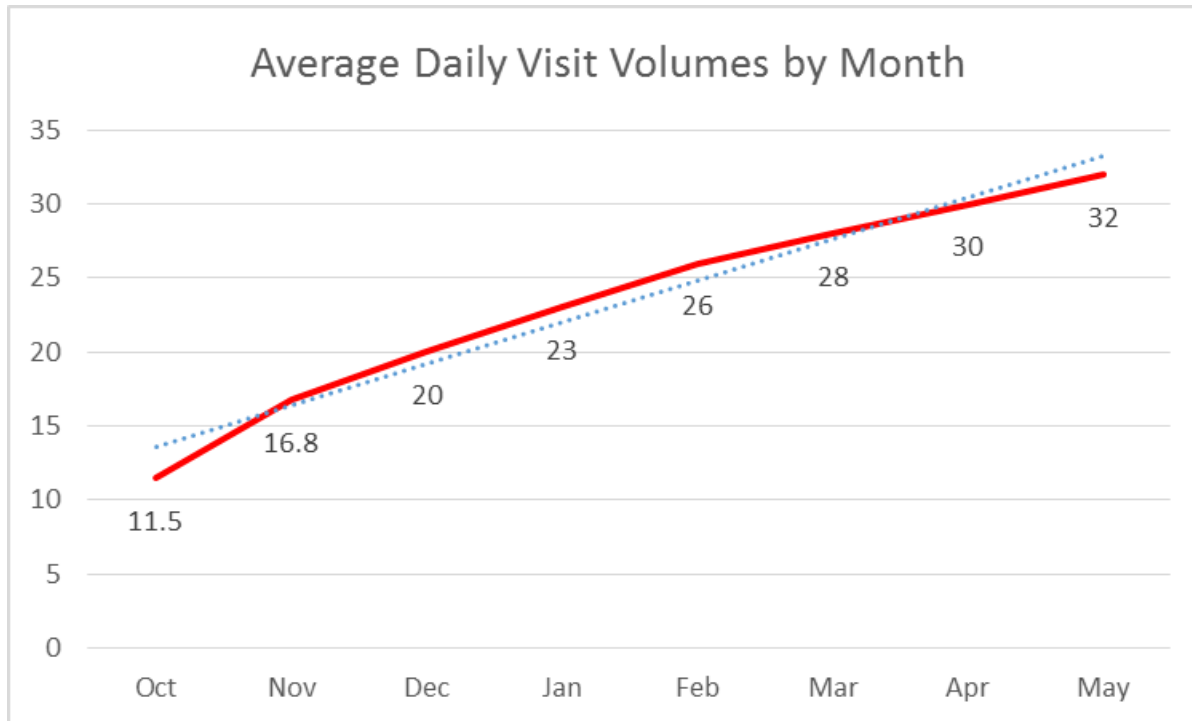
- Decrease delays getting patients to admission bed
- Remove paper and utilize electronic documentation (realtime 360) for report
- One call only report (AED calls floor/unit to give report, if primary RN or charge RN can't take report, patient goes to assigned bed. Floor RN utilizes realtime 360 on epic. If floor RN has questions she calls AED RN for further communication)
- Hospital standard for housekeeping of stat cleans for dirty assigned beds
- Able to prioritize patient transport to assigned beds in transport command center
- Utilize floor hallway boarding (not currently working due to lack of floor beds and patients not fitting criteria)
- Protocol discharge lounge as plan immediately after reviewing discharge instructions on floor/unit (not currently being used to full potential)
- Early physician rounds for early discharges
- Utilize data collected during PI pilot (Inpatient Medicine Discharge; A Rapid Improvement Event for Quicker Discharges by identifying possible discharges the day before so early physician rounds will expedite discharges.

# Prioritized Urgent Care Strategy

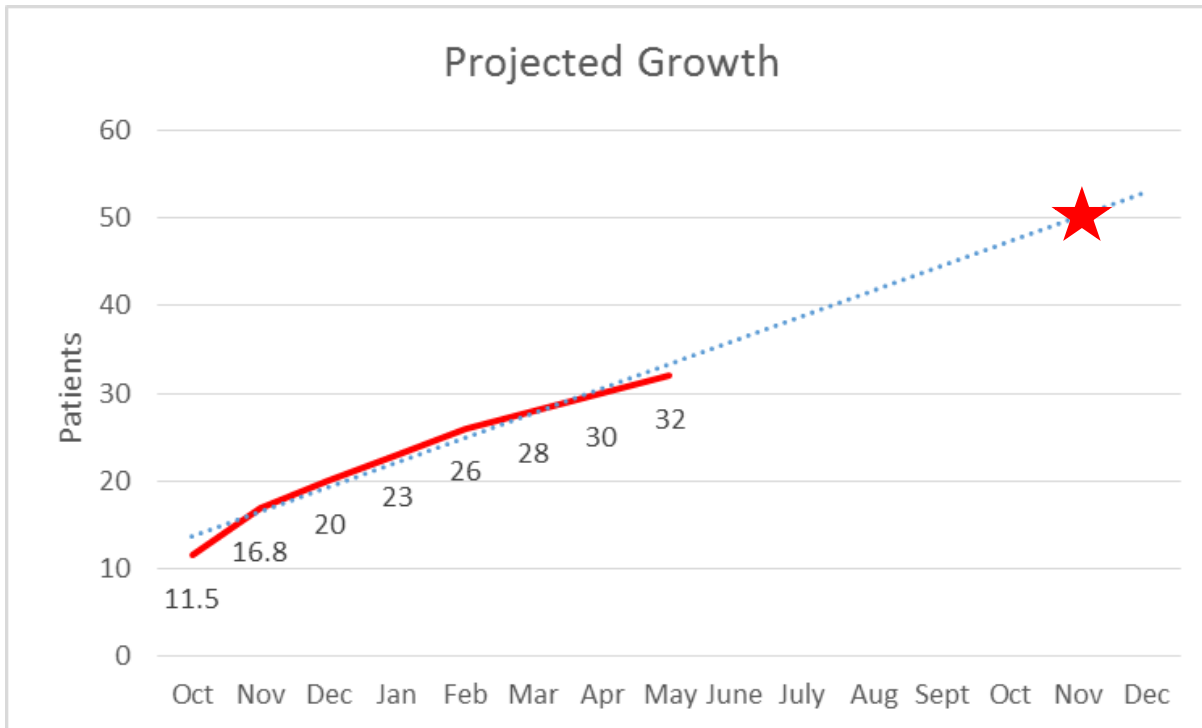
- Rationale
  - Intended Goal: Re-direct ED low acuity visit volume- more efficient and less costly environment. Provide patients a choice in how they receive their care.
  - Key services provided - Urgent Care, imaging, lab, minor procedures
- Location
  - 105 S. Penn Street (directly across from the ED)
- Hours of Operation
  - Mon – Fri 8am-8pm
- Patient Referral
  - Targeted patients: AED low acuity (ESI 4 & 5)



# Urgent Care Visit Volumes



# Urgent Care Visit Volumes



# Dispo Provider (Screen and Send)

Senior ED NP leader

Hours: 9am-7pm Mon & Tues

11am-7pm Wed – Friday

Goal to partner with ED team to re-evaluate patients in waiting room and facilitate flow of appropriate patients to the Urgent Care.

# Role in Patient flow:

## Re-evaluation

- Re-evaluate triage patients who are awaiting bed placement to determine if:
  - additional diagnostic testing is needed
  - consultant services are needed
  - patient is able to be discharged based on findings
  - patient is able to be transferred (L&D, PES, etc.)

## Screen and Send

- Medically Screen patients who present with low acuity complaints to determine if:
  - patient is clinically appropriate for urgent care
  - patient may be safely directed to urgent care

# Intended impact:

## Re-evaluation

- Decrease left without being seen (LWBS)
- Improve patient throughput
- Decrease arrival to disposition
- Improve patient experience

## Screen and Send

- Increase volume of Urgent Care
- Expedite care delivery for low complexity patients
- Improve patient experience

# Measuring the role:

## Re-evaluation

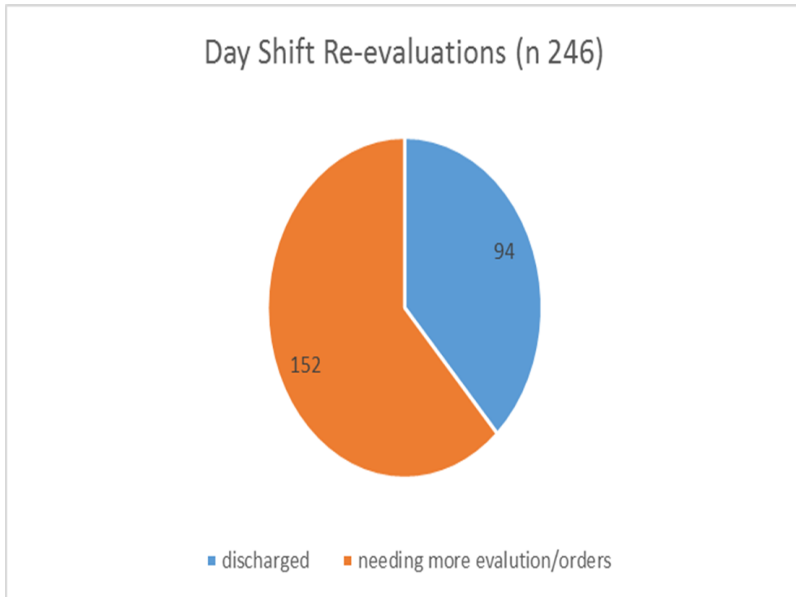
- Arrival to triage
- Arrival to Provider
- Arrival to Disposition
- Arrival to Depart (LOS d/c)
- LWBS

## Screen and Send

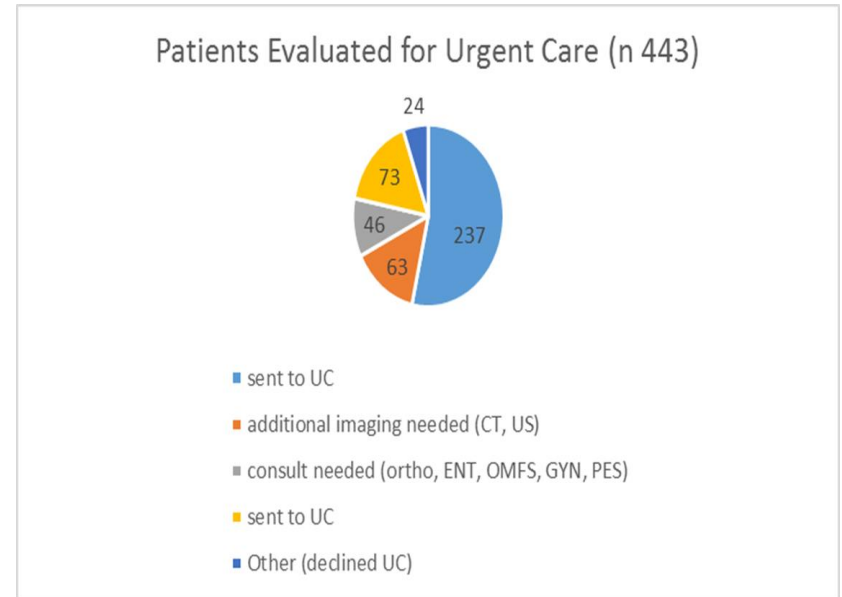
- Average Urgent Care visits/day
- Number of patients sent from ED to UC
- Number of patients sent from UC to ED

# 28 Day Pilot Data:

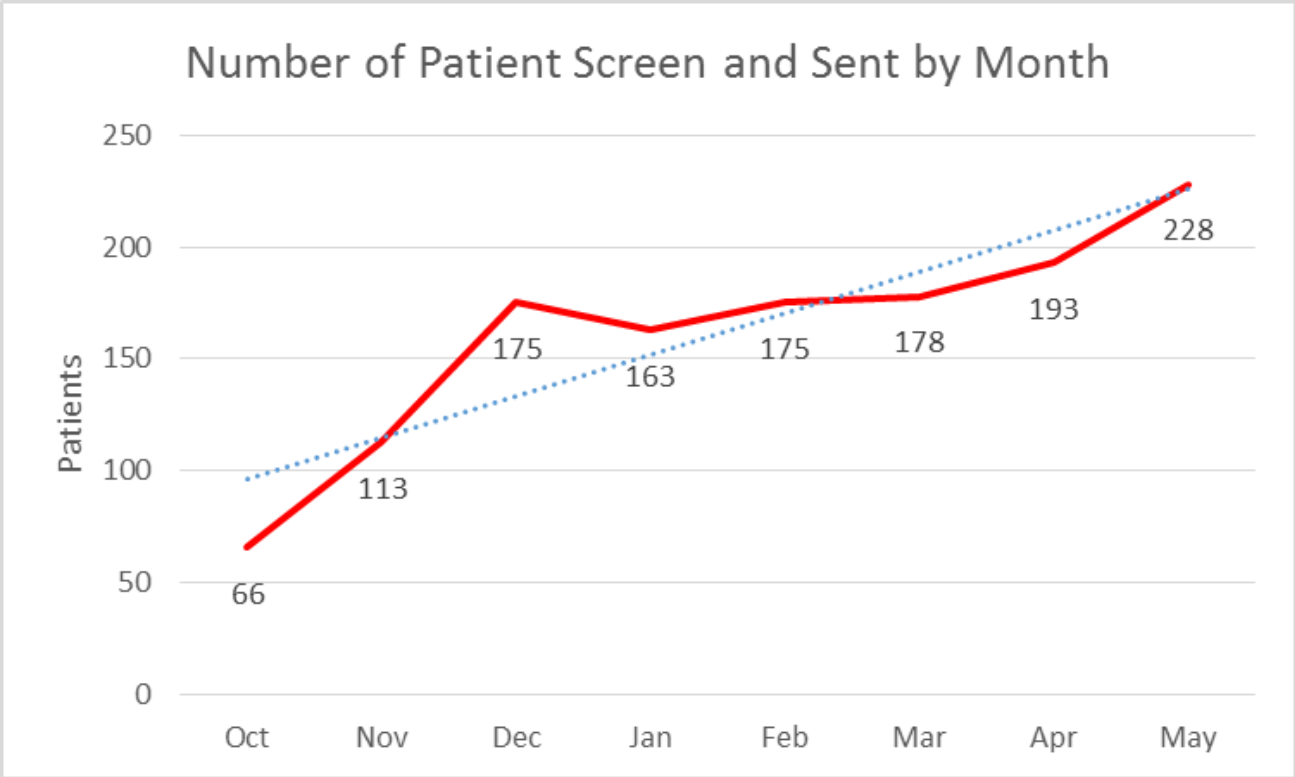
- Re-evaluation



- Screen and Send



# Screen and Send Volumes





# Future Plans

- Alternate Destination by EMS pilot
- Shifting times to parallel our busy periods: mid-shift team?
- Increased staffing plan for volume growth
- S&S protocol changes to encourage UC use from ED, continuous evaluation