

ED Staff Increases Utilization and Reduces Risk

Outcomes

- Increased Patient Satisfaction scores
- Estimated 25% reduction in excess motion (2,000 hours annually diverted to patient care)
- Up to 80% reduction in patient wait time to care (in ER bed)
- Decreased patient length of stay (1 Hr+ decrease in Admit Time)

The Emergency Department staff at this mountain states area Medical Center was experiencing extended delays for patient admission to the hospital, ultimately impacting patient flow in the unit. Admission delay times for patients waiting admission to the hospital's nursing units were in excess of three hours. In order to address the underlying process issues impacting patient flow and satisfaction, a Kaizen team comprised of ED staff (Nursing, Registration) was tasked with using Lean Healthcare methodologies to affect rapid improvement in the ED.

The Kaizen team began their work by mapping the Current State Value Stream for the patient flow in the ED. The team identified key areas of the process where waste elimination opportunities existed.

Observation Reveals Opportunities

The team supported this activity by conducting observations on critical ED processes. The team's study revealed opportunities in initial patient flow processes (registration and triage). Nursing observations revealed duplication of work when completing the patient assessment and nurses were taken away from the area taking samples

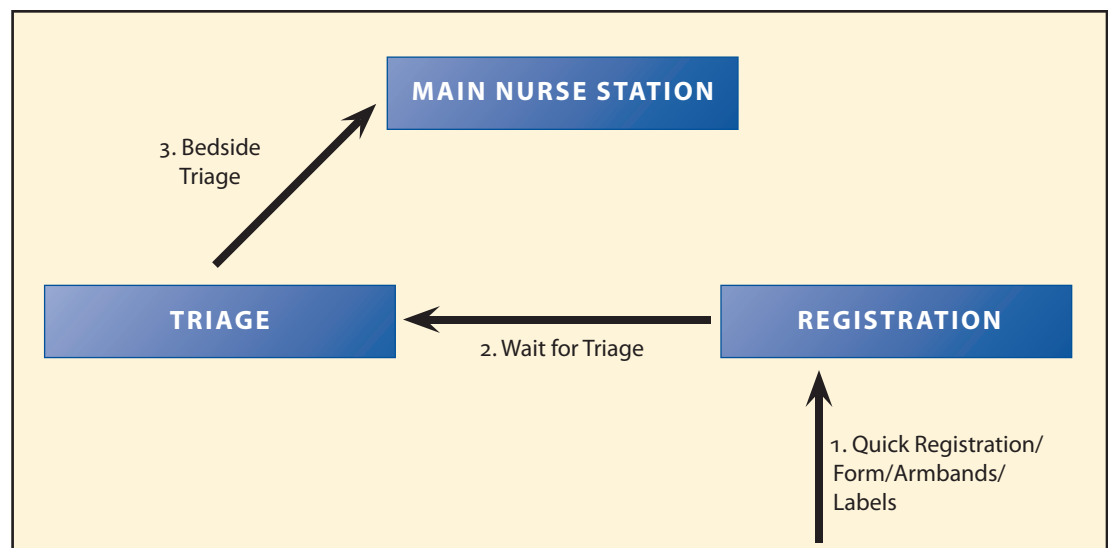
to the lab, transporting admitted patients to a room. Based on their direct observations and the Current State map, the team identified the following issues for focus during the remainder of the Kaizen:

- Admissions Process
- Safety/Risk
 - » Arrival – Who is watching the door
 - » Patient ID & Consents
- 5S/Workplace Organization

Designing the Future State

The plan of attack was two fold: address the discharged/admitted patient delay issues and the patient arrival process. The team began by developing the future state improvement plan for reducing wait time for admission. The team developed a comprehensive plan to reduced delays resulting from MD communication/responsiveness. In addition, an admission log was created to track admission delays going forward.

With the Future State plan in motion for patient disposition, the team shifted focus to the patient arrival process. The overall goal was to define a Future State process that significantly reduced the time from arrival until seen by clinical staff.



Flow Diagram of New Triage Process.

The team began by analyzing all activities currently completed by registrars as part of registration. While all the information gathered at this point was necessary, it was not required in order for treatment to begin. By reducing the registration tasks to only those needed to begin care — Quick Registration — the team was able to reduce overall time to complete this portion of the process by more than 40 percent. In addition, registrars were tasked with inputting basic information into the New Wave system so that all clinical staff were made aware of the patient's presence in the waiting room.

The clinical staff then identified the triage process as the primary bottleneck creating delays in treatment. By redefining the role of the triage nurse when beds were available, they were able to significantly reduce the overall wait time to see a clinical staff member. The team boiled the new process down to a three-step process, as seen on the previous page.

In this new process, the team's goal is that each patient be seen by a nurse within 10 minutes of arrival. The actual triage should be completed at the bedside, utilizing laptops to eliminate redundant work. If patient rooms are full, a nurse will complete the triage at the appointed area, explain the delay, and return the patient to the waiting room, if stable.

Event Summary

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