Quality and Productivity Commission

29th Annual Productivity and Quality Awards Program

Champions of Change: Together We Make a Difference

2015 APPLICATION

Title of Project (Limited to 50 characters, including spaces, using Arial 12 point font):

NAME OF PROJECT: DECREASE BOARDING TIME IN EMERGENCY ROOM

DATE OF IMPLEMENTATION/ADOPTION: OCTOBER 2013
(Must have been implemented at least one year - on or before July 1, 2014)

PROJECT STATUS: X Ongoing _____ One-time only

HAS YOUR DEPARTMENT PREVIOUSLY SUBMITTED THIS PROJECT? _____ Yes X No

EXECUTIVE SUMMARY: Describe the project in 15 lines or less using Arial 12 point font. State clearly and concisely what difference the project has made.

Problem: A) Long waiting times for patients in the Emergency Room (ER) B) Excessive, redundant process steps for patient to be admitted to the hospital C) Decreased patient satisfaction related to long waits in the Emergency Room for inpatient bed. **Solution**: A) Conduct a study identifying target patients waiting the longest for a bed B) Improve throughput cycle time by consolidating and/or eliminating the number of process steps, identify bottlenecks, and waste. C) Improve appropriate assignment of Telemetry beds by developing a Standardized Telemetry Assignment Criteria via Order Form D) Include the Telemetry Assignment Criteria ordering form into the ORCHID System (electronic health record) **Benefits:** A) Improved patient satisfaction with speed of admission B) Eliminated wasteful steps that did not create value C) ORCHID implementation with the new mandatory protocol will eliminate additional and unnecessary steps and ensure permanent sustainability.

(1) ACTUAL/ESTIMATED ANNUAL COST AVOIDANCE	(2) ACTUAL/ESTIMATED ANNUAL COST SAVINGS	(3) ACTUAL/ESTIMATED ANNUAL REVENUE	(1) + (2) + (3) = TOTAL ANNUAL ACTUAL/ESTIMATED BENEFIT	SERVICE ENHANCEMENT PROJECT
$	$	$	$	X

ANNUAL = 12 MONTHS ONLY

SUBMITTING DEPARTMENT NAME AND COMPLETE ADDRESS Joy Matta, RN Patient Flow Dept. Irma De la Torre, RN Administrative Nursing Office (ANO)	**TELEPHONE NUMBER** (818)364-3170
PROGRAM MANAGER'S NAME Joy Matta, RN Patient Flow Dept.	**TELEPHONE NUMBER** (818)364-3170 **EMAIL** jmatta@dhs.lacounty.gov
PRODUCTIVITY MANAGER'S NAME AND SIGNATURE (PLEASE CALL (213) 893-0322 IF YOU DO NOT KNOW YOUR PRODUCTIVITY MANAGER'S NAME) GERARDO PINEDO **DATE** 7/9/2015	**TELEPHONE NUMBER** 213-240-8104 **EMAIL** gpinedo@dhs.lacounty.gov
DEPARTMENT HEAD'S NAME AND SIGNATURE Mitch Katz, MD **DATE** 7/9/15	**TELEPHONE NUMBER** 213-240-8101 **Email** mkatz@dhs.lacounty.gov

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1st FACT SHEET – LIMITED TO 3 PAGES ONLY: Describe the **Challenge, Solution, and Benefits** of the project. State clearly and concisely what difference the project has made. Use Arial 12 point font

Challenge 1 Our emergency department has a complex, cumbersome non-standardized admission process for Emergency Room (ER) patients which contributes to increase boarding time (time waiting to be admitted to hospital)

- Hospital Compare Data shows the average time patients wait in the ER after decision to admit is **246** minutes
  - OVMC's ER - Most recent 4th Quarter Patient Flow data is **297** minutes.
  - Valley Presbyterian Hospital (nearest comparable -in-size ER) is **171** minutes
  - California average is **120** minutes
- The admission process includes up to 40 steps, most of them redundant, involving several departments.
- This admission process is not standardized, causes confusion, frustration for clinicians, nursing staff.
- Delays in admission are a poor customer service and is not cost effective for the organization.

Solution:

A) Created a detailed flow chart to identify every single part of the process and highlight areas to be possibly improved, and/or identified as a root cause problem.
B) Met with stakeholders to brainstorm, gain perspective and obtain buy in of change.
C) Decreased admission process steps from 42 to 20 steps.

Benefits

A) Improved patient satisfaction with speed of admission by 10%; this significantly affected all patients waiting for ER service
B) Implemented a value-added service efficiency by reducing/eliminating unnecessary work for staff, improve communication, staff morale.
C) Mitigated potential/actual negative consequences in the department which potentially could occur due to of long wait times.

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Challenge 2 Inappropriate Utilization of Bed Assignment:

- Patients that were waiting the longest in the ER, were those waiting for a Telemetry unit bed.
- Telemetry unit was usually at full capacity, all shifts.
- Physicians did not have criteria for admitting patients who needed the Telemetry unit.
- Because it is an academic facility, many ED physicians arbitrarily admitted ED patients to Telemetry.
- As data revealed, patients remained on the unit even after Telemetry monitoring was discontinued.
- Using an existing Telemetry Unit- Patient Utilization Criteria Audit form (or unit specific), patients were audited to see if they were appropriate for the unit.
- The findings indicated that two-thirds of the patients met current criteria; however 1/3 did not.
- The significance of these findings meant that these patients could have been transferred to a separate medicine unit, thereby opening up beds for newly admitted Telemetry patients in the DEM
    - In order to transfer these patients to a Medicine (non-Telemetry) unit," ANO/Patient Flow (department responsible for coordination) made numerous calls to coordinate transfer, cohort patients, as needed.
    - This complex process occurred daily, involved multiple resources, and could take up to several hours at a time.

Solution:

- Team members (stakeholders) met to brain storm barriers to the current process and the availability of Telemetry beds.
- Current process was mapped out and shared with the team.
- A Standardized Telemetry Bed Assignment Criteria via Order form was developed, adapted from San Francisco General Hospital and based on ACA/AHA guidelines.
- Feedback for this new form was solicited from Cardiology, ICU, Nursing, Dept of Medicine and Surgery, respectively.

Benefits

- Increase efficiency in Length of Stay by improving the appropriate utilization of our Telemetry beds, directly affecting patient flow.
- By increasing access, this process availed Telemetry beds to other units, besides the ED, who either needed a higher level of care (i.e. Medicine) or down-graded from ICU or Step Down Unit, respectively, thereby opening up beds on those units
- Eliminates phone calls to physicians asking if patients can be downgraded and countless phone calls between ANO/Patient Flow and Environmental Services.

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The Decrease ED Boarding Time project was chosen as the forefront of our improvement effort because focus in this area will mitigate a myriad of problematic areas in the organization including:

a. Compromising Care Quality- Boarding patients in the ED leads to intensified opportunities for error. The Institute of Medicine's (IOM) six dimensions of quality (safety, effectiveness, patient centeredness, efficiency, timeliness, and equity) may all be compromised when patients are boarded in the ED.(1)

b. ED Crowding Is Costly -A more recent study conducted at a different academic medical center showed that a 1 hour reduction in boarding time would result in $9,000.00 of additional revenue by reducing ambulance diversion and the number of patients that left without being seen.(1)

c. Hospitals Report ED Crowding Measures to CMS-The Centers for Medicare & Medicaid Services (CMS) announced the inclusion of five ED crowding related measures under the Hospital Inpatient Quality Reporting Program initiative including the median time from admit time to time of departure for admitted patients. (1)

d. ED Crowding Compromises Community Trust-There is a public expectation that EDs are capable of providing appropriate, timely care 24/7. Because of the high patient volumes that many EDs experiences, the ED may be the clinical area that the public is most familiar with, therefore making it the de facto "public face" of the organization. When crowding leads to long wait times/boarding times and a decreased ability to protect patient privacy and provide patient-centered care, the community's trust and confidence in the organization may be compromised.

e. ED Crowding May Be Mitigated by Improving Patient Flow- There is widespread agreement that improving the flow of patients in the ED and throughout the hospital holds promise for addressing ED crowding. As a result, numerous organizations-including the Institute for Healthcare Improvement, the Joint Commission, and the Institute of Medicine-have encouraged hospital leaders to adopt patient flow improvements. (1)

Reference (1) www.ahrg.gov/research/findings/final-reports/ptflow/section1.html

LINKAGE TO THE COUNTY STRATEGIC PLAN (DETAIL IS REQUIRED FOR COUNTY DEPARTMENTS): SERVICE ENHANCEMENT

The project is linked to the following strategic goals:

1) Operational Effectiveness/Fiscal Sustainability: Maximize the effectiveness of processes, structure, operations, and strong fiscal management to support timely delivery of customer-oriented and efficient public services.

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COST AVOIDANCE, COST SAVINGS, AND REVENUE GENERATED (ESTIMATED BENEFIT): If you are claiming cost benefits, include a calculation on this page. You must include an explanation of the County cost savings, cost avoidance or new revenue that matches the numbers in the box. Remember to keep your supporting documentation. Use Arial 12 point font

Cost Avoidance: Costs that are eliminated or not incurred as a result of program outcomes.

Cost Savings: A reduction or lessening of expenditures as a result of program outcomes.

Revenue: Increases in existing revenue streams or new revenue sources to the County as a result of program outcomes.

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$	$	$	$	X

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