

Perfecting Patient Flow

Proven Solutions to ED Crowding

Perfecting Patient Flow
Proven Solutions to ED Crowding

2005 REGIONAL CONFERENCES



October 27-28, 2005

Bellagio
3600 S. Las Vegas Blvd.
Las Vegas, NV 89109

LAS VEGAS

October 27-28, 2005

LAS VEGAS

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THE GEORGE WASHINGTON UNIVERSITY
SCHOOL OF PUBLIC HEALTH
AND HEALTH SERVICES

THE
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3600 S. Las Vegas Blvd.

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Perfecting Patient Flow

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AGENDA AT-A-GLANCE

LAS VEGAS

October 27-28, 2005

Bellagio
3600 S. Las Vegas Blvd.
Las Vegas, NV 89109

Perfecting Patient Flow

Proven Solutions to ED Crowding

THURSDAY, OCTOBER 27, 2005

CONFERENCE AT-A-GLANCE

8:00 am–8:30 am

Grand Ballroom 6

CONTINENTAL BREAKFAST
REGISTRATION

8:30 am–9:30 am

Grand Ballroom 6

WORK FLOW ANALYSIS AND SERVICE
MANAGEMENT: HOW IS YOUR ED WORKING?
Dave Eitel, MD, MBA
York Hospital; York, PA

9:30 am–10:30 am

Grand Ballroom 6

HOSPITAL CROWDING AND PATIENT BOARDERS:
HOW WE CAN CARE FOR OUR PATIENTS
Carolyn Santora, RN, MS
*Stony Brook University and Medical Center;
Stony Brook, NY*

10:30 am–11:30 am

Grand Ballroom 7

BE A HERO: KEY TOOLS AND TECHNIQUES FOR
PATIENT FLOW SUCCESS
Kirk Jensen, MD, MBA, FACEP
BestPractices, Inc.; Fairfax, VA
Mike Williams, MPA/HAS
The Abaris Group; Walnut Creek, CA

10:30 am–11:30 am

Grand Ballroom 6

IMPROVING ED PROCESSES WITH POINT
OF CARE TESTING
Sherry Garrett, RN, BSN, MBA
St. Luke's Medical Center; Milwaukee, WI

11:30 am–12:30 pm

Grand Ballroom 7

BRAINSTORMING: ED ISSUES, BARRIERS AND
SOLUTIONS
Mike Williams, MPA/HAS
The Abaris Group; Walnut Creek, CA

11:30 am–12:30 pm

Grand Ballroom 6

BRAINSTORMING: INPATIENT ISSUES, BARRIERS
AND SOLUTIONS
Kirk Jensen, MD, MBA, FACEP
BestPractices, Inc.; Fairfax, VA

1:00 pm–2:00 pm

Monet 4

LUNCH KEYNOTE:
MEETING THE JCAHO PATIENT FLOW STANDARD
Richard W. Anderson, Jr., MD, MBA, MPH, FACEP
Field Representative; JCAHO

2:00 pm–3:00 pm

Grand Ballroom 6

CASE STUDY: SACRED HEART MEDICAL CENTER
Denise Dominik, BSN
Sacred Heart Medical Center; Spokane, WA

3:00 pm–4:00 pm

Grand Ballroom 7

ICC EXPRESS: SAVING TIME, SAVING LIVES
Jeff Doucette, RN, MS, CEN, CHE, CNA
Duke University Medical Center; Durham, NC

3:00 pm–4:00 pm

Grand Ballroom 6

PROMISE AND PITFALLS: EMERGENCY
DEPARTMENT INFORMATION SYSTEMS
Theodore Chan, MD
UC San Diego Medical Center; San Diego, CA
Jim Killeen, MD
UC San Diego Medical Center; San Diego, CA

4:30 pm–6:00 pm

Monet 4 and Patio

POSTER SESSION AND RECEPTION

Perfecting Patient Flow

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FRIDAY, OCTOBER 28, 2005

CONFERENCE AT-A-GLANCE

8:00 am–8:30 am

Grand Ballroom 1 (Foyer)

CONTINENTAL BREAKFAST

8:30 am–9:30 am

Grand Ballroom 1

LEAD WITH LEAN, PART 1:
AN INTRODUCTION TO IMPLEMENTING LEAN INTO
HOSPITAL SERVICE UNITS

Dave Eitel, MD, MBA
York Hospital; York, PA

8:30 am–9:30 am

Grand Ballroom 4

DESIGNING A NEW ED: CREATING YOUR FIELD
OF DREAMS

Carol S. Hendrian, RN
Decatur Memorial Hospital; Decatur, IL
Terry J. Balagna, MD
Decatur Memorial Hospital; Decatur, IL

9:30 am–10:30 am

Grand Ballroom 1

LEAD WITH LEAN, PART 2:
AN INTRODUCTION TO IMPLEMENTING LEAN INTO
HOSPITAL SERVICE UNITS

Sueanne McKniff, RN, BSN
York Hospital; York, PA

9:30 am–10:30 am

Grand Ballroom 4

METHODS TO IMPROVE THE ED PROCESS
OF PATIENTS WITH ACS

Adam J. Singer, MD
Stony Brook University and Medical Center;
Stony Brook, NY

10:30 am–11:30 am

Grand Ballroom 1

GROWING ORGANIZATIONAL CAPACITY:
DEVELOPMENT AND REDESIGN OF BED
MANAGEMENT AND ADMISSION SERVICES

Lisa M. Romano MSN, RN
Lehigh Valley Hospital; Allentown, PA

11:30 am–12:30 pm

Grand Ballroom 1

PROVIDING HEALTHCARE FOR THE ACUTE
MENTALLY ILL: A COMMUNITY RESPONSE

David A. Hnatow, MD, FAAEM, FACEP
University Hospital; San Antonio, TX

A SPECIAL THANKS TO
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THURSDAY SESSIONS

THURSDAY SESSIONS

LAS VEGAS

October 27-28, 2005

Bellagio

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WORK FLOW ANALYSIS AND SERVICE MANAGEMENT: HOW IS YOUR ED WORKING?

Date: Thursday, October 27, 2005

Time: 8:30 am–9:30 am

Location: Grand Ballroom 6

Description: Other industries use the principles and tools of operations management and industrial engineering in day-to-day management decision making at the operations level. Marketplace competition during the past 15 years has also produced the new business improvement methods of Lean and Six Sigma, particularly in the manufacturing sector. But services are not products.

During this session, the presenter will discuss conceptually what it takes to run any service business and then review fundamental concepts regarding demand versus capacity in service organizations. They will introduce the audience to the science of service management contained within the well-established discipline of operations management. The presenters will then move from a conceptual to a ground floor level by demonstrating the fundamental service management method of workflow diagramming as a way to introduce the audience to Mr. Taiichi Ohno's Lean business improvement method. The presenters will briefly compare and contrast Lean vs. Six Sigma, and introduce the concept of demand and capacity matching in service organizations. They will close the session with a brief take home exercise to stimulate the audience in systems thinking and systems solutions, and adoption of the precepts, methods and tools of the science of service management within their hospital service systems.

- Objectives:
- Understand fundamental principles regarding demand in service organizations
 - Understand that there are solutions out there for hospital service systems within the science of service management
 - Understand workflow diagramming and how it can be used
 - Recognize the Lean business improvement method and be able to contrast it with the Six Sigma method
 - Understand the benefits of systems thinking and systems solutions

Presenter: **Dave Eitel, MD, MBA**
Department of Emergency Medicine
York Hospital
York, PA

Dr. Eitel practices Emergency Medicine at the York Hospital in York Pennsylvania, part of WellSpan Health System. Dr. Eitel was the regional Advanced Life Support (EMS) Medical Director from 1982-1989, during which time he founded their ED clinical research program (1983) and Emergency Medicine Residency (1989). He completed a lock step Executive MBA at the Sellinger School of Business of Loyola College in Baltimore Maryland from 1993-96. He since has turned his attention towards developing and applying business and operations management solutions to hospital and health care delivery systems.

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Perfecting Patient Flow

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WORK FLOW ANALYSIS AND SERVICE MANAGEMENT: HOW IS YOUR ED WORKING? *continued*

Dr. Eitel co-invented the Emergency Severity Index® (ESI) triage method with the late Dr. Richard Wuerz and the ongoing ESI Triage Research Team; co-developed with his MBA teammate Mr. Christopher Brown the Business Management Life Support® (BMLS) course for Emergency Department Care Delivery Teams; and in 2003 founded a new section of Health Services Design (Engineering) within his ED. In academic year 2006 (July), he will kick off a fellowship-training program in Health Services Management and Design. With the help of others, Dr. Eitel will publish a Lean for Healthcare curriculum called “*Lead With Lean.*”

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HOSPITAL CROWDING AND PATIENT BOARDERS: HOW WE CAN CARE FOR OUR PATIENTS

Date: Thursday, October 27, 2005

Time: 9:30 am–10:30 am

Location: Grand Ballroom 6

Description: The emergency department at Stony Brook University Hospital received a Press Ganey Rating in the bottom 1st percentile for patient satisfaction in July 1999. Based on these scores, hospital administration charged the ED to improve patient satisfaction. To address the impact of ED crowding on patient satisfaction, an executive CQI steering committee was assembled. This committee, under the leadership of Dr. Peter Viccellio and Mrs. Carolyn Santora, implemented the Full Capacity Protocol, which states that when the ED is no longer able to evaluate and treat patients in a timely fashion, patients awaiting admission will be transferred to acute care hallway beds on inpatient units. The Full Capacity Protocol has helped increase their Press Ganey rating to the 80th percentile, significantly increased job satisfaction and decreased average length of stay by a day.

In this presentation, Mrs. Santora will describe the circumstances that promoted the development of the Full Capacity Protocol and detail how it was implemented. The presenter will also discuss subjective and objective outcomes of the Full Capacity Protocol.

- Objectives:
- Describe the history and development of the Full Capacity Protocol
 - Detail the implementation of the protocol at Stony Brook University Hospital
 - Report subjective and objectives outcomes

Presenter: **Carolyn Santora, RN, MS**
Nursing Director for Critical Care Services
Stony Brook University and Medical Center
Stony Brook, NY

Ms. Santora oversees the daily clinical operations for Nursing Critical Care Services, and serves as adjunct faculty for the Department of Medicine in Contemporary Society for the Stony Brook School of Medicine and clinical Assistant Professor for the Stony Brook School of Nursing. Ms. Santora has received Kappa Gamma STS awards for excellence in Nursing Leadership (1999) and Excellence in Nursing Research (2004). She conducts research at the unit level and in national studies (ACCN Thunder Project II Site Coordinator). She has presented on various topics such as principals of leadership, led seminars aimed at creativity in leadership, and presented on budgeting and business concepts. Most recently, she has focused on ED crowding. She was the recipient of an ENA/EMF Grant for a team project on the impact of a “Full Capacity Protocol.”

Perfecting Patient Flow

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BE A HERO: KEY TOOLS AND TECHNIQUES FOR PATIENT FLOW SUCCESS

Date: Thursday, October 27, 2005

Time: 10:30 am–11:30 am

Location: Grand Ballroom 7

Description: This presentation will be led by two senior Urgent Matters faculty members who will guide the audience through the essential steps of defining key challenges and constraints within a hospital delivery system that impacts capacity and flow. The presenters will also identify the key steps, tools and features of those best of breed flow hospitals. The session will target the key tools and how to establish a successful framework for success rather than the interventions to be used.

- Objectives:
- Identify the 7 characteristics that doom a project for failure
 - Learn robust tools to assist with change process and to move the processes and people together (e.g. Lean flow charting, RCT, HIT)
 - Identify three key management engineering tools and how to successfully use them in a flow project
 - List nine tools that define success in a best practice capacity and flow hospital

Presenters: **Kirk Jensen, MD, MBA, FACEP**
Vice President
BestPractices, Inc.
Fairfax, VA

Dr. Jensen is Vice President of Clinical Operations for BestPractices, a premier emergency department outsourcing and staffing company. He has been medical director for several emergency departments. Dr Jensen is also President and CEO of Healthcare Management Strategies, providing practice management services, operational analysis, performance coaching, and customer service training. As a faculty member of the Institute for Healthcare Improvement (IHI), Dr. Jensen has been involved in several of their ED collaboratives and is currently Chairman of the successful IHI Flow Collaborative. He is a notable speaker and coach for hospitals across the country, focusing on patient flow, patient safety and satisfaction, project management, and other topics related to flow and process improvement. Dr. Jensen completed a residency in Emergency Medicine at the University of Chicago and has recently completed his MBA at the University of Tennessee.

Mike Williams, MPA/HSA
President
The Abaris Group
Walnut Creek, CA

Mike Williams is the president of The Abaris Group, a firm that specializes in emergency care program development, implementation and enhancement. He has personally conducted greater than 350 ED studies on improving performance, productivity and marketshare. He is

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Perfecting Patient Flow

Proven Solutions to ED Crowding

BE A HERO: KEY TOOLS AND TECHNIQUES FOR PATIENT FLOW SUCCESS *continued*

a recognized expert on ED performance, benchmarking and financing having conducted 15 presentations during the past 24-months for organizations such as: American College of Emergency Physicians, California Hospital Association, Connecticut Hospital Association, American Trauma Society, Urgent Matters, The Zoll Corporation, The Coding Institute, and Beta.

Mr. Williams is a frequent contributor to the Healthcare Advisory Board on a number of ED, EMS and ambulatory care subject matters. He is also a member of CAL/ACEP's Reimbursement Committee and a member of the editorial board for "*ED Management.*" He was appointed as a senior faculty member for The Robert Wood Johnson Foundation's Urgent Matters Project which is a 10-hospital collaborative throughout the country. He is also an instructor for Harvard University on their course on "Designing EDs for the Future."

Perfecting Patient Flow

Proven Solutions to ED Crowding

IMPROVING ED PROCESSES WITH POINT OF CARE TESTING

Date: Thursday, October 27, 2005

Time: 10:30 am–11:30 am

Location: Grand Ballroom 6

Description: This presentation will examine the increasingly significant practice of “bedside” ancillary lab testing. The presenter will review the point of care testing (POCT) functionality in a busy metropolitan Emergency Department and how it came to be a tool to decrease length of stay and, therefore, ease ED crowding. The presenter will also discuss technology selection and explore implementation strategy. Lastly, key lessons learned and recommendations for future use will be discussed.

- Objectives:
- Describe the benefits and limitations of using POCT in the ED
 - Review POCT implementation processes
 - Summarize the effect and potential of POCT in the ED

Presenter: **Sherry Garrett, RN, BSN, MBA**
Clinical Nurse Specialist, Emergency Services
St. Luke’s Medical Center
Milwaukee, WI

Sherry Garrett has 23 years of experience with the Emergency Medical System, in addition to her bedside emergency nursing experience. Mrs. Garrett is currently a Clinical Nurse Specialist at Aurora St. Luke’s Medical Center, Milwaukee, WI. Mrs. Garrett provides clinical leadership to a staff of 162 nurses, emergency technicians and clerical coordinators working in the Emergency Department. Her role as a practitioner, researcher, educator, and consultant contributes to the quality of care administered to patients and their support systems throughout the health-illness continuum. Sherry holds a Bachelor of Science-Nursing degree from the University of Wisconsin and a Master of Business Administration degree from Cardinal Stritch University. She has been nominated for the 2005 “Nurse of the Year” award from the Milwaukee Journal/Sentinel and was the recipient of the 2004 Dr. Theresa Kelly Award for Research Excellence for her 2003 project “Exploring Options to Motivate Employees to Embrace Process Change.”

Perfecting Patient Flow

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BRAINSTORMING: ED ISSUES, BARRIERS AND SOLUTIONS

Date: Thursday, October 27, 2005

Time: 11:30 am–12:30 pm

Location: Grand Ballroom 7

Description: The session will be facilitated by a senior RWJF faculty member who will create lists of key barriers, bottlenecks and then high-leverage solutions for dramatically improving flow in the emergency department.

This session will be interactive and require audience members to share and collaborate with one another. The presenter will use the audience experience and each audience member will be asked to rank each of the items in order of their perceived usefulness and yield from their institution's experience base. The final rank ordered list will be provided to each participant.

The session will orient around:

- What are the key drivers affecting ED capacity and patient flow?
- Best practice steps on how to conduct a forensic analysis that “sells” a change process
- High-leverage ED interventions
- Inventorying infrastructures that assures ongoing success

Objectives: ■ Identify the 5 key bottlenecks and barriers for change
■ Describe the key tools and techniques needed to conduct a diagnostic review
■ Identify high leverage changes that can be made
■ List four key tools to achieve and sustain progress

Presenter: **Mike Williams, MPA/HSA**
President
The Abaris Group
Walnut Creek, CA

Mike Williams is the president of The Abaris Group, a firm that specializes in emergency care program development, implementation and enhancement. He has personally conducted greater than 350 ED studies on improving performance, productivity and marketshare. He is a recognized expert on ED performance, benchmarking and financing having conducted 15 presentations during the past 24-months for organizations such as: American College of Emergency Physicians, California Hospital Association, Connecticut Hospital Association, American Trauma Society, Urgent Matters, The Zoll Corporation, The Coding Institute, and Beta.

Mr. Williams is a frequent contributor to the Healthcare Advisory Board on a number of ED, EMS and ambulatory care subject matters. He is also a member of CAL/ACEP's Reimbursement Committee and a member of the editorial board for “*ED Management.*” He was appointed as a senior faculty member for The Robert Wood Johnson Foundation's Urgent Matters Project which is a 10-hospital collaborative throughout the country. He is also an instructor for Harvard University on their course on “Designing EDs for the Future.”

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BRAINSTORMING: INPATIENT ISSUES, BARRIERS AND SOLUTIONS

Date: Thursday, October 27, 2005

Time: 11:30 am–12:30 pm

Location: Grand Ballroom 6

Description: The session will be facilitated by a senior RWJF faculty member who will create lists of key barriers, bottlenecks and then high-leverage solutions for dramatically improving inpatient flow.

This session will be interactive and require audience members to share and collaborate with one another. The presenter will use the audience experience and each audience member will be asked to rank each of the items in order of their perceived usefulness and yield from their institution's experience base. The final rank ordered list will be provided to each participant.

The session will orient around:

- What are the key drivers affecting inpatient capacity and patient flow?
- Best practice steps on how to conduct a forensic analysis that “sells” a change process
- High-leverage inpatient interventions
- Inventorying infrastructures that assures ongoing success

- Objectives:
- Identify the 5 key bottlenecks and barriers for change
 - Describe the key tools and techniques needed to conduct a diagnostic review
 - Identify high leverage changes that can be made
 - List four key tools to achieve and sustain progress

Presenter: **Kirk Jensen, MD, MBA, FACEP**
Vice President
BestPractices, Inc.
Fairfax, VA

Dr. Jensen is Vice President of Clinical Operations for BestPractices, a premier emergency department outsourcing and staffing company. He has been medical director for several emergency departments. Dr. Jensen is also President and CEO of Healthcare Management Strategies, providing practice management services, operational analysis, performance coaching, and customer service training. As a faculty member of the Institute for Healthcare Improvement (IHI), Dr. Jensen has been involved in several of their ED collaboratives and is currently Chairman of the successful IHI Flow Collaborative. He is a notable speaker and coach for hospitals across the country, focusing on patient flow, patient safety and satisfaction, project management, and other topics related to flow and process improvement. Dr. Jensen completed a residency in Emergency Medicine at the University of Chicago and has recently completed his MBA at the University of Tennessee.

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LUNCH KEYNOTE: MEETING THE JCAHO PATIENT FLOW STANDARD

Date: Thursday, October 27, 2005

Time: 1:00 pm–2:00 pm

Location: Monet 4

Description: Managing the flow of patients through their care is essential to the prevention of patient crowding, a problem that can lead to lapses in patient safety and quality of care. Improved management of processes can ensure the wise use of limited resources and thereby reduce the risk to patients of negative outcomes from delays in the delivery of care, treatment, or services. Leaders must develop and implement plans to identify and mitigate impediments to efficient patient flow throughout the hospital.

This session will highlight the rationale and intent of Standard LD 3.15 and discuss actions hospitals can take to comply and meet the standard. The presenters will draw upon experiences from hospitals that have been successful at meeting Standard LD 3.15.

- Objectives:
- Understand the standard, the rationale, and the elements of performance of Standard LD 3.15
 - Understand the intent of Standard LD 3.15
 - Understand how to comply with Standard LD 3.15
 - Describe examples of compliance with the Standard LD 3.15
 - Describe principles of patient flow

Presenter: **Richard W. Anderson, Jr., MD, MBA, MPH, FACEP**
Field Representative
JCAHO

Dr. Anderson is a Fellow of the American College of Emergency Physicians and a former member of its National Public Health Committee. He is a member of the National Medical Association and has been a presenter at its annual convention. He is a past president of the American Lung Association of Florida Central Area Advisory Board and has served as a member of the American Lung Association of Florida State Board of Directors. Dr. Anderson has broadened his community involvement to include lectures and seminars on Patient Safety in an effort to reduce medical errors in the healthcare system.

Dr. Anderson has served as the Medical Director at the Orlando Regional Hospital Lucerne Walk-In Center in Orlando, FL. Prior to this position he was the Medical Director at the Florida Hospital—Kissimmee Emergency Department in Kissimmee, FL and the Associate Medical Director at the Memorial Hospital Flagler Emergency Department in Bunnell, FL. Recently, Dr. Anderson transitioned into Occupational Health and Medical Staff activities. In his new role he evaluates physician resource utilization, patient and employee safety, patient flow issues as well as several other systems, structure and process driven healthcare organization concerns. Dr. Anderson surveys the standards in the Comprehensive Accreditation Manual for Hospitals.

Dr. Anderson is board certified in Emergency Medicine by the American Board of Emergency Medicine and in Quality Assurance and Utilization Review by the American Board of Quality Assurance and Utilization Review Physicians.

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CASE STUDY: SACRED HEART MEDICAL CENTER

Date: Thursday, October 27, 2005

Time: 2:00 pm–3:00 pm

Location: Grand Ballroom 6

Description: In January of 2004, the Sacred Heart Medical Center implemented an enterprise-wide patient flow improvement project. As a result of this work, Sacred Heart Medical Center has achieved significant results—such as the reduction of diversion hours from 90 hours per month to a total of 17 diversion hours in the last year, a 20% increase in the inpatient volume, and an increase in staff productivity. These results were sustained in spite of increased ED volume and staff reductions.

This presentation will discuss lessons learned and focus on eight critical success factors. These critical factors include transparency and accountability, understanding sub-processes, staff involvement, workflow standardization, quick response systems, measurement and monitoring, information technology, and celebrating success. The presenter will describe how these critical factors were implemented at Sacred Heart Medical Center, and discuss how hospitals can hardwire each of these critical factors into their day-to-day operations.

Sacred Heart Medical Center is a Level II trauma center located in the northeastern region of Washington. The hospital serves as a teaching hospital with approximately 500 staffed beds and sees 60,000 ED visits per year.

- Objectives: ■ Understand critical factors to create enterprise-wide patient flow
■ Demonstrate how each critical factor can be implemented within an organization

Presenter: **Denise Dominik, BSN**
Director of Performance Improvement
Sacred Heart Medical Center
Spokane, WA

Mrs. Dominik oversees hospital-wide performance improvement, regulatory compliance, patient satisfaction and outcomes management for Sacred Heart Medical Center. She has over 20 years of nursing experience, working in critical care and cardiac care. She has been in management for over 10 years, including nurse manager of the cardiac intensive care unit and director of quality and performance improvement.

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ICC EXPRESS: SAVING TIME, SAVING LIVES

Date: Thursday, October 27, 2005

Time: 3:00 pm–4:00 pm

Location: Grand Ballroom 7

Description: Improving door-to-balloon times is a challenge in emergency departments across the country. This presentation will discuss the best practices for reducing time to Interventional Cardiology Catheterization (ICC) developed at Duke University Medical Center. The common sense model takes a collaborative approach to acute MI care and has demonstrated significant improvements in patient outcomes and reductions in critical door-to-intervention time. Our innovative team approach has resulted in door-to-balloon times which are consistently below the 90 minute benchmark.

- Objectives:
- Describe three improvement strategies for reducing door-to-balloon times
 - Articulate the importance of community collaboration
 - Identify the critical success elements for implementing an ICC Express program

Presenter: **Jeff Doucette, RN, MS, CEN, CHE, CNAA**
Associate Operating Officer for Emergency Services
Duke University Medical Center
Durham, NC

Prior to his current role, Mr. Doucette served as Executive Director/Vice President of Patient Care Services for Lee Memorial Health System in Fort Myers, Florida. Mr. Doucette's has served in various leadership roles in Emergency, Trauma, and Critical Care Services. In addition to his passion for excellence in leadership and patient care, he is currently President of the Alliance of Cardiovascular Professionals, a national organization representing cardiopulmonary professionals throughout the country.

Mr. Doucette is a Diplomate in the American College of Health Executives, a member of the Emergency Nurses Association, the American Nurses Association, and Sigma Theta Tau, the international honor society for nursing. Mr. Doucette holds Master's Degree in Healthcare Administration from Marymount University, and is also a board certified healthcare executive, advanced nursing administrator, and Emergency Nurse.

Perfecting Patient Flow

Proven Solutions to ED Crowding

PROMISE AND PITFALLS: EMERGENCY DEPARTMENT INFORMATION SYSTEMS

Date: Thursday, October 27, 2005

Time: 3:00 pm–4:00 pm

Location: Grand Ballroom 6

Description: This session will review the promise and pitfalls of Emergency Department Information Systems (EDIS) to improve ED patient care, throughput, and management. The speakers will review the uses and benefits of EDIS components to track patients and resources, improve documentation and billing, initiate computerized order entry and patient discharge, and integrate with hospital, laboratory, pharmacy, radiology and other information systems to improve ED patient care.

Presenters will also discuss current hardware and software needs and the pros and cons of both commercially-available products and home-grown ED information systems. There will be specific focus on the potential pitfalls to a model EDIS including costs, staff acceptance, process changes and other barriers to implementation. The speakers will also review the role of other technologies (bar coding, wireless 802, RFID, Internet) in transforming EDIS for the future. Such new systems will include real-time surveillance and data access, integrated communication and data systems, and improvements in patient care and safety.

- Objectives:
- Review the components, uses and benefits for EDIS available today
 - Understand the barriers and pitfalls for implementing a state-of-the-art EDIS
 - Know the hardware, software and other requirements for an EDIS today
 - Understand the pros and cons of commercial components and home grown systems
 - Become familiar with new technologies that will transform EDIS and expand its uses in the ED

Presenters: **Theodore Chan, MD**
Medical Director, Emergency Department
UC San Diego Medical Center
San Diego, CA

Dr. Chan is a Professor of Clinical Medicine in the Department of Emergency Medicine at the University of California, San Diego. He is Medical Director of the Emergency Departments at UCSD-Hillcrest Medical Center and UCSD-Thornton Hospital.

Jim Killeen, MD
Assistant Clinical Professor of Medicine
Director of Medical Informatics
Department of Emergency Medicine
UC San Diego Medical Center,
San Diego, CA

Jim Killeen, MD, is an Assistant Clinical Professor of Medicine in the Department of Emergency Medicine at the University of California, San Diego. He is Director of Medical Informatics in the Department and designed and implemented the Webcharts EDIS used at both Emergency Departments.

Perfecting Patient Flow

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POSTER SESSION AND RECEPTION

Date: Thursday, October 27, 2005

Time: 4:30 pm–6:00 pm

Location: Monet 4 and Patio

Description: Poster presentations on successful patient flow initiatives and cutting-edge strategies will be an exciting component of the conference—offering presenters the opportunity to spread their findings and interact on a one-on-one basis with conference attendees.

Light snacks and beverages will be served.

- Objectives: ■ Share your story with a national audience
■ Network with colleagues
■ Enhance your professional development

Posters: *See details on following pages.*

Las Vegas, NV

1. Optimal Staffing in the Emergency Department Using a Deterministic Data Oriented Model
2. Leading the Way—Improving Patient Flow
3. Census, Acuity and ED Operations by Time of Day
4. ED Dashboards: Process Improvement in Real Time
5. Patient Care Teams Improve Physician Productivity and Patient Throughput
6. Administrative Considerations and Models to Improve Mental Health Outcomes and Throughput

Atlanta, GA

1. Forecasting and Managing Patient Flow
2. Optimizing the Front End: A Change from Serial to Parallel Processing Improves Patient Flow
3. Improving ED Care with a “Fast Track” Unit
4. Patient Care Teams Improve Physician Productivity and Patient Throughput
5. Administrative Considerations and Models to Improve Mental Health Outcomes and Throughput

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POSTERS

POSTERS

LAS VEGAS

October 27-28, 2005

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POSTER ABSTRACTS LAS VEGAS, NV | OCTOBER 27-28, 2005

#1 Optimal Staffing in the Emergency Department Using a Deterministic Data Oriented Model

Emergency departments are often challenged with developing ED nurse staffing models that are clinically appropriate and fiscally sound which then need to be justified. Although the Joint Commission on Health Care Organizations (JCAHO) directs ED managers to consider staffing models based on unit acuity and volume, data accessibility and validity issues often inhibit this effort. Presented here is a quantitative model used at several hospitals to produce a deterministic model for optimal ED nurse staffing solutions. The model considers:

- ED patient mix and acuity (by hour of day)
- ED volume (by hour of day)
- Specific hospital benefits by job class

ED data was extracted from an ED tracking and documentation system and then run through an Excel based spreadsheet model using accepted performance and productivity standards for ED nursing staff. The model recommendation has been used in various hospitals to justify the need for additional staffing resources (FTEs) as well as detail the number of staff required per shift.

Eric Bachenheimer, MBA, MHSA, FACHE

Practice Manager

Emergency Medical Associates (EMA)

Livingston, NJ

bachenheimere@alpha-apr.com

Perfecting Patient Flow

Proven Solutions to ED Crowding

POSTER ABSTRACTS LAS VEGAS, NV | OCTOBER 27-28, 2005

#2 Leading the Way—Improving Patient Flow

Albert Einstein Medical Center, a 400+ bed academic, level 1 trauma center had long LOS and limited physician involvement in patient flow initiatives. AEMC set out to engage physicians, redesign ED and clinical practice patterns, and align care management staffing to drive outcomes and optimize cost structure. AEMC has 60,000 annual ED visits and experienced long-standing constrained capacity as evidenced by persistent in-house gridlock, ED bed holds and frequent diversion. The purpose of their Patient Flow project was to reduce ED holds, expedite patient placement, optimize existing bed capacity by improving patient flow, reducing length of stay and proactively managing denials.

Results include divert hours declined 89% with volume up 16%; ED wait time for admitted patients decreased 32%; LWBS decreased from 5.2% to less than 2%; Dedicated ED case manager has helped avoid potential admission denials in 32% of reviewed cases; ED patient satisfaction increased 10%; and a sustained reduction in LOS from 6.1 days to 5.4 days;

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Perfecting Patient Flow

Proven Solutions to ED Crowding

POSTER ABSTRACTS LAS VEGAS, NV | OCTOBER 27-28, 2005

#3 Census, Acuity and ED Operations by Time of Day

Problem Statement

Does the census/ acuity and operations of the ED vary in a 24 hour cycle?

Patient Flow Initiative

This study was performed in the context of an overall quality improvement program. In an effort to improve patient flow, an analysis of ED operations by time of day was undertaken.

Methods

The informatics department of Intermountain Health Care in conjunction with Emergency Department staff at LDS Hospital designed an integrated patient tracking system (PTS) and a data repository (The ED Data Mart) which was part of the overall data warehouse. After two years of beta testing this tracking system and its data captures, an analysis of ED operations was undertaken.

Results

A number of patterns were revealed using this system which provides a starting point for understanding ED processes and flow. In particular, ED census, acuity, operations and throughput vary with the time of day.

Conclusions

Though it is unclear whether or not these patterns will be applicable to other hospitals in and out of the cohort of tertiary care hospitals, such information technology can help all facilities to predict with greater accuracy what occurs in their departments. This data can be used to anticipate the resources needed and the services required for efficient patient flow.

Shari Welch, MD

*ED Quality Improvement Director
LDS Hospital/Intermountain Health Care
Salt Lake City, UT
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Perfecting Patient Flow

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POSTER ABSTRACTS LAS VEGAS, NV | OCTOBER 27-28, 2005

#4 ED Dashboards: Process Improvement in Real Time

Purpose

To provide real time data to practitioners to improve ED processes.

Patient Flow Initiative

Provide real time data captures on the ED tracking system which would aid in patient flow.

Methods

Intermountain Health Care and LDS Hospital developed an integrated ED information system. Reservoirs of information pertinent to the care of ED patients were linked and crossed over in real time to the tracking system. Data captures were designed to help focus the staff on operational delays.

Results

This innovation has newly been installed on the tracking system but is already changing the way process improvement is performed. By providing the staff with data in real time, protocols were developed to remedy backlogs and delays. The Door to Doc times and Discharge Times have already improved.

Conclusions

ED Dashboard Indicators can help departments perform process improvement in real time and directly remedy flow problems.

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Perfecting Patient Flow

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POSTER ABSTRACTS LAS VEGAS, NV | OCTOBER 27-28, 2005

#5 Patient Care Teams Improve Physician Productivity and Patient Throughput

In 2003, St. Joseph Medical Center opened a new Emergency Department, which unfortunately did not alleviate the problems of overcrowding. As part of a hospital wide initiative, the ED systematically reviewed patient flow and throughput. One strategy was the implementation of patient care teams (PCT), where a physician, two nurses and a tech were assigned to a geographic area within the department. The results were improved physician productivity, reduction in “door to physician time,” and better communication among the care delivery team.

Results

Physician productivity rose by 25% and “door to physician time” improved by 78%. A survey of ED staff noted improved communication between physicians and nurses.

Conclusions

PCT is an effective strategy to improve patient throughput, particularly when part of an overall plan to reduce ED overcrowding. We also found that throughput improvements require team commitment, that there is no magic bullet (no single, quick fix to solve the problems of patient flow), and that solutions can be simple and low tech.

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POSTER ABSTRACTS LAS VEGAS, NV | OCTOBER 27-28, 2005

#6 Administrative Considerations and Models to Improve Mental Health Outcomes and Throughput

A hospitalist model allows for continuity of care for patients from admission to discharge in an academic medical setting. This continuity of care affords gains in efficiency and increased quality. The hospitalist model includes dual goals of increased throughput (discharges per unit time) and cost reduction.

Results of a hospitalist model are reductions in costs and length of stay, as well as, maintenance or improved quality as measured by: patient mortality, discharges to subacute facilities, readmission rates, patient or physician satisfaction rates.

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Perfecting Patient Flow

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POSTER ABSTRACTS ATLANTA, GA | OCTOBER 13-14, 2005

#1 Forecasting and Managing Patient Flow

Problem Statement

Patients held in the ED due to a lack of inpatient beds and regional transfers being deferred to other institutions.

Patient Flow Initiative

Utilizing Six Sigma methodology, the team analyzed the current system and developed a diversion reduction plan that would be proactive and provide a plan if the institution became overloaded.

Methods and Implementation

The team diagramed current processes, defined roles of staff involved and wrote a new diversion reduction plan to start roll out in August 2005. A Medical Director of Patient Logistics role (“Bed Czar”) was developed as well as an enhanced role of service line Medical Directors. A Patient Logistics department was created with a supervisor forecasting future needs and overseeing the overall picture of patient movement in the institution and real time needs of the patients already at the medical center. An electronic tracking system was also implemented to assist in tracking patient needs and be able to generate data to problem solve system issues.

Results

Forecasting and electronic tracking has improved the bed assignment process.

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Perfecting Patient Flow

Proven Solutions to ED Crowding

POSTER ABSTRACTS ATLANTA, GA | OCTOBER 13-14, 2005

#2 Optimizing the Front End: A Change from Serial to Parallel Processing Improves Patient Flow

Problem Statement

One source of delay in the ED is the wait for triage and then registration for non-emergent patients, when done in a serial fashion.

Patient Flow Initiative

After a quick-registration upon arrival, all ambulatory patients were immediately directed to one of four rooms in the fast-track area. Triage and registration were done in parallel in these rooms. Minor cases were alerted to the PA or physician for immediate treatment, other cases were moved to the lobby or another open ED bed if available. **Methods and Implementation:** Times for arrival, triage, registration, seen by MD and disposition were captured for a 2 month baseline period and for 2 months after implementation.

Results and Impact

After implementation, time to triage was reduced by 2 minutes, time to registration by 19 minutes, and time to see an MD by 21 minutes. This occurred despite an 11% increase in patient volume in the post-implementation phase.

Conclusions

Optimizing patient flow by eliminating the traditional sequence of triage and registration up front shortens the wait time to be seen by a physician.

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POSTER ABSTRACTS ATLANTA, GA | OCTOBER 13-14, 2005

#3 Improving ED Care with a “Fast Track” Unit

Purpose Statement

Low-acuity patients represent 25% of our ED volume. Protracted wait times for these patients are associated with patient and staff frustration and contribute to ED overcrowding. Pilot data showed that at our institution most patients had a primary care physician, insurance (83%) and understood that their problem was not emergent (67%).

Patient Flow Initiative

A “Fast Track” unit utilizing strict triage criteria, a dedicated space within the ED and existing PAs was created.

Methods

Anonymous surveys of staff and patients, and time cycle analyses, were conducted before and after initiation of the Fast Track.

Results

87 pre and 91 post-intervention completed patient surveys were evaluated (RR: 60 and 79%). Demographic data were the same for both groups, but all measures of satisfaction were significantly improved in the post-intervention group. Mean length of stay decreased from 212 to 89 minutes ($p < 0.000$). Staff satisfaction showed a trend toward improvement, but did not reach statistical significance.

Conclusions

A simple intervention characterized by focusing existing resources on the needs of a specific population can significantly improve health care delivery.

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Perfecting Patient Flow

Proven Solutions to ED Crowding

POSTER ABSTRACTS ATLANTA, GA | OCTOBER 13-14, 2005

#4 Patient Care Teams Improve Physician Productivity and Patient Throughput

In 2003, St. Joseph Medical Center opened a new Emergency Department, which unfortunately did not alleviate the problems of overcrowding. As part of a hospital wide initiative, the ED systematically reviewed patient flow and throughput. One strategy was the implementation of patient care teams (PCT), where a physician, two nurses and a tech were assigned to a geographic area within the department. The results were improved physician productivity, reduction in “door to physician time,” and better communication among the care delivery team.

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POSTER ABSTRACTS ATLANTA, GA | OCTOBER 13-14, 2005

#5 Administrative Considerations and Models to Improve Mental Health Outcomes and Throughput

A hospitalist model allows for continuity of care for patients from admission to discharge in an academic medical setting. This continuity of care affords gains in efficiency and increased quality. The hospitalist model includes dual goals of increased throughput (discharges per unit time) and cost reduction.

Results of a hospitalist model are reductions in costs and length of stay, as well as, maintenance or improved quality as measured by: patient mortality, discharges to subacute facilities, readmission rates, patient or physician satisfaction rates.

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FRIDAY SESSIONS

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LAS VEGAS

October 27-28, 2005

Bellagio

3600 S. Las Vegas Blvd.

Las Vegas, NV 89109

Perfecting Patient Flow

Proven Solutions to ED Crowding

LEAD WITH LEAN, PART I: AN INTRODUCTION TO IMPLEMENTING LEAN INTO HOSPITAL SERVICE UNITS

Date: Friday, October 28, 2005

Time: 8:30 am–9:30 am

Location: Grand Ballroom 1

Description: Lean is a business improvement method used widely in manufacturing with little penetration to date into healthcare. But services are not products. In part 1 of a 2 part session, presenters will focus on Lean implementations at the service unit level (vs. enterprise level) in a hospital setting. The presenters will describe the Lean improvement steps used traditionally in manufacturing, provide a list of the Lean improvement tools usually taught in Lean-for-manufacturing training programs, and briefly discuss the major differences between Lean and Six Sigma.

The workshop then contrasts conceptually manufacturing vs. services and describes the necessary infrastructure to allow a Lean implementation “to stick” in the usual hospital clinical setting. The workshop then presents a standardized implementation methodology to bring Lean into any healthcare setting, and suggests the most important Lean improvement tools to be used during first-time Lean healthcare implementations.

- Objectives:
- Review the traditional five steps for implementing Lean in manufacturing and list the usual manufacturing-based Lean improvement tools
 - Compare and contrast conceptually the worlds of manufacturing vs. services
 - List the necessary ongoing quality improvement decision-making infrastructure for a successful implementation of Lean into a healthcare setting
 - Present a field-tested and standardized implementation methodology to bring Lean into any healthcare setting
 - Review the most important Lean improvement tools to be used during first-time Lean healthcare implementations

Presenter: **Dave Eitel, MD, MBA**
Department of Emergency Medicine
York Hospital
York, PA

Dr. Eitel practices Emergency Medicine at the York Hospital in York Pennsylvania, part of WellSpan Health System. Dr. Eitel was the regional Advanced Life Support (EMS) Medical Director from 1982-1989, during which time he founded their ED clinical research program (1983) and Emergency Medicine Residency (1989). He completed a lock step Executive MBA at the Sellinger School of Business of Loyola College in Baltimore Maryland from 1993-96. He since has turned his attention towards developing and applying business and operations management solutions to hospital and health care delivery systems.

Dr. Eitel co-invented the Emergency Severity Index® (ESI) triage method with the late Dr. Richard Wuerz and the ongoing ESI Triage Research Team; co-developed with his MBA

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Perfecting Patient Flow

Proven Solutions to ED Crowding

LEAD WITH LEAN, PART I: AN INTRODUCTION TO IMPLEMENTING LEAN INTO HOSPITAL SERVICE UNITS *continued*

teammate Mr. Christopher Brown the Business Management Life Support® (BMLS) course for Emergency Department Care Delivery Teams; and in 2003 founded a new section of Health Services Design (Engineering) within his ED. In academic year 2006 (July), he will kick off a fellowship-training program in Health Services Management and Design. With the help of others, Dr. Eitel will publish a Lean for Healthcare curriculum called “*Lead With Lean.*”

Perfecting Patient Flow

Proven Solutions to ED Crowding

DESIGNING A NEW ED: CREATING YOUR FIELD OF DREAMS

Date: Friday, October 28, 2005

Time: 8:30 am–9:30 am

Location: Grand Ballroom 4

Description: The presenters will discuss from a physician and nursing perspective proven methods of success to design a new ED or redesign a current ED. This will include everything from design tips to patient processes and flow.

This presentation will draw upon the experiences of Decatur Memorial Hospital and how it planned, built, and opened a new department—changing it from an old department with 9,000 square feet and 23 beds to a new department with 28,000 square feet and 26 beds, and with an additional ten-bed fast track and orthomedical area with dedicated CT scanner and plain film room.

- Objectives:
- Understand the benefits and pearls of designing/redesigning an emergency department
 - Be able to determine how you want your layout
 - Sandlot Vs. New Stadium
 - Be able to identify and prioritize process changes
 - Discuss new ideas to shorten door-to-doctor time to 30 minutes or less
 - Discuss tips on how to decrease total length of stay

Presenter: **Carol S. Hendrian, RN**
Administrative Director
Emergency Care Center
Decatur Memorial Hospital
Decatur, IL

Mrs. Hendrian has devoted her 23 year career for Decatur Memorial Hospital, a 340 bed not-for-profit community hospital that sees 45,000 ED visits per year. She has held various RN positions with experience in pediatrics and obstetrics, and has been the director of the emergency department for 10 years. She is trained as a six sigma green belt and is an active facilitator for the Pacific Institute. Has implemented total computerized documentation system that has improved overall financial success for the department and maintained this system for 5 years.

Terry J. Balagna, MD
Director of Emergency Medicine
Emergency Care Center
Decatur Memorial Hospital
Decatur, IL

Dr Balagna has been practicing emergency medicine for 18 years, and is currently the president of Decatur Emergency Medical Services and Physician Director of Emergency Medicine in the Emergency Care Center at Decatur Memorial Hospital.

Perfecting Patient Flow

Proven Solutions to ED Crowding

LEAD WITH LEAN, PART 2: AN INTRODUCTION TO IMPLEMENTING LEAN INTO HOSPITAL SERVICE UNITS

Date: Friday, October 28, 2005

Time: 9:30 am–10:30 am

Location: Grand Ballroom 1

Description: This session is a continuation from the previous session titled “Lead with Lean, Part 1.”

Part 2 will highlight the application of the presentation team’s standardized implementation methodology, their excel-based time data collection tool and their approach to converting the time data to time value stream maps in Visio as well as the criteria they use to designate value-added vs. non-value-added activities in the process under analysis. Time data collection for a targeted process improvement initiative is necessary to create a time value stream map for the process, the core currency of any Lean improvement initiative.

The applications will include both an operational process (ED Triage) and a clinical process (chest pain). Presenters will conclude with a summary for discussion of the “lessons learned” by their team from their first Lean implementations.

- Objectives:
- Demonstrate an excel-based time data collection tool for collecting time data in the usual time data-poor hospital setting
 - Demonstrate the conversion of the process time data in excel to a time value stream map using Visio
 - Discuss the criteria used to designate value-added vs. non-value-added activities in the process under analysis
 - Demonstrate the application of the presentation team’s standardized Lean implementation methodology, time data collection tool and time value stream mapping approach to 1) an operational process such as ED Triage and 2) a clinical process such as chest pain
 - Discuss lessons learned

Presenter: **Sueanne McKniff, RN, BSN**
Work Flow Analyst, Health Services Design
York Hospital
York, PA

Mrs. McKniff has 17 years of clinical/trauma nursing experience in the Department of Emergency Medicine of York Hospital/WellSpan Health System in York, Pennsylvania.

She continues clinical nursing while performing as the work-flow analyst for the Health Service Design (HSD) Section of the Department of Emergency Medicine. The focus of her efforts being on process improvement methodologies such as: work flow analysis, value stream mapping, the adaptation and utilization of Lean/Six Sigma tools, demand and capacity matching, simulation modeling, and hospital-wide throughput initiatives.

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Perfecting Patient Flow

Proven Solutions to ED Crowding

METHODS TO IMPROVE THE ED PROCESS OF PATIENTS WITH ACS

Date: Friday, October 28, 2005

Time: 9:30 am–10:30 am

Location: Grand Ballroom 4

Description: Chest pain is one of the most common chief complaints of patients presenting to the ED. Recent ACC/AHA guidelines for the management of patients with ACS have been published. Stony Brook has successfully implemented efforts to these guidelines as well as to improve and speed the care of patients with suspected ACS.

This session will describe these efforts and include (1) institution of a “Code H” for patients with ST-elevation MI that reduces the time between patient triage and angiographic interventions; (2) performance of point of care testing for cardiac markers by ED nurses to reduce the time to patient disposition; (3) introduction of a protocol that allows transport of low risk ACS patients to a monitored floor off telemetry by non-medical personnel; (4) institution of ACS caremaps in our medical center; and (5) conducting a multi-disciplinary regional symposium on ACS.

- Objectives:
- Learn how to successfully introduce a protocol for the management of patients with ST-elevation MI
 - Understand how to successfully implement POC testing in the ED
 - Learn how to develop institution wide Care Maps for the management of patients with ACS
 - Discuss ways to enhance the cooperation between emergency physicians, cardiologists, and primary care physicians to improve the care of patients with ACS

Presenter: **Adam J. Singer, MD**

*Professor and Vice Chairman for Research, Department of Emergency Medicine
Stony Brook University and Medical Center
Stony Brook, NY*

Dr. Singer is a Professor of Emergency Medicine and Vice Chairman for Research at the Department of Emergency Medicine at Stony Brook University, Stony Brook, NY. Dr. Singer Graduated from the Ben Gurion University School of Medicine. He then served as a medical officer for 5 years and completed an internship in General Surgery at the Yale New Haven Hospital and a residency in Emergency Medicine at Stony Brook University.

Dr. Singer’s main areas of research include cutaneous wound healing, tissue adhesives, pain management, cardiovascular disease, and medical error reduction. Dr. Singer has over 140 publications, including several in the New England Journal of Medicine and JAMA. Dr. Singer is an Associate Editor for the Journal Academic Emergency Medicine and is a reviewer for multiple other journals.

Dr. Singer is a member of the Scientific Review Committee of ACEP, the SAEM Program Committee, and the American Heart Associations’ First Aid Task Force. He also serves on multiple National Advisory Boards and Steering Committees.

Perfecting Patient Flow

Proven Solutions to ED Crowding

GROWING ORGANIZATIONAL CAPACITY: DEVELOPMENT AND REDESIGN OF BED MANAGEMENT AND ADMISSION SERVICES

Date: Friday, October 28, 2005

Time: 10:30 am–11:30 am

Location: Grand Ballroom 1

Description: This session will discuss how a 750+ bed hospital network's "Growing Organizational Capacity" project resulted in decreased patient wait-times and easier access to the healthcare system. See how the combination of process redesign and use of TeleTracking technologies positively impacted patient throughput.

The session will focus on:

- Strategies for centralizing your bed management area at one location to complete registration and bed assignment for multiple locations using software to enhance patient placement
- Strategies for decreasing bed turnover time through creation of a DBST (Discharge Bed Swat team) and central patient transport resulting in a timely discharge notification system that eliminates phone calls and/or reliance on house supervisors to "catch" empty beds
- Development of a Patient Logistics department where all functions related to throughput are centralized and monitored to maximize productivity

Objectives: ■ Discuss strategies to centralize bed management
■ Discuss strategies to decrease bed turnover times
■ Discuss the role of a Patient Logistics department in patient flow

Presenter: **Lisa M. Romano MSN, RN**
Administrator, Patient Logistics/Patient Access
Lehigh Valley Hospital
Allentown, PA

Lisa Romano, MSN, RN, is the Administrator for the Lehigh Valley Hospital Patient Logistics and Patient Access Department. She is responsible for the overall operation of inpatient admissions for the three Lehigh Valley Hospital 750+ bed campuses as well as coordination of outpatient services. Prior to her time as Administrator, Lisa was a registered nurse in the General Intensive Care unit. Upon leaving ICU, she served as a nursing supervisor and eventually started the LVH Transfer Center which coordinates annually the transfer of over 4000 critically ill patients from external hospitals to Lehigh Valley campuses.

Lisa obtained an RN and Bachelor of Science in Nursing (BSN) degree from East Stroudsburg University in East Stroudsburg, PA and a Master's of Science in Nursing (MSN) from DeSales University in Center Valley, PA. She is a member of the American College of Healthcare Executives.

Perfecting Patient Flow

Proven Solutions to ED Crowding

PROVIDING HEALTHCARE FOR THE ACUTE MENTALLY ILL: A COMMUNITY RESPONSE

Date: Friday, October 28, 2005

Time: 11:30 am–12:30 pm

Location: Grand Ballroom 1

Description: This session will discuss the creation and implementation of a 24 hour/day, comprehensive acute mental health clinic located in downtown San Antonio.

Recent collaborative efforts by the major stakeholders (mental health advocates, emergency department administrators, public health officials, and law enforcement) in the San Antonio health care community have resulted in improved coordination of acute psychiatric services. These community leaders along with the Center for Health Care Services (CHCS) and University Health System, the two largest providers of mental health services in the Greater San Antonio area, lead to the development of the Crisis Care Center.

When patients are a danger to themselves or others and need to be involuntarily committed to psychiatric care, they are often taken first to the closest ED to determine whether they have medical issues needing treatment. In addition, the CHCS is implementing a jail diversion program, designed to reduce the number of people who end up in jail due to behavioral problems caused in part by mental illness. The program has involved working with the sheriff's office and training officers to deal with people with severe mental illness. With officers trained to recognize and deal with people acting inappropriately as a result of mental illness, CHCS hopes to direct consumers to more appropriate treatment options than the jail or an ED psychiatric unit. With the development of the Crisis Care Center that treatment option now exists.

- Objectives:
- Quantify the need for acute mental health services
 - Identify the mental health crisis as a community problem requiring a community solution
 - Learn how to better utilize existing community resources
 - Learn how to decompress the emergency departments by finding an alternative site for mental health patients

Presenter: **David A. Hnatow, MD, FAAEM, FACEP**
Associate Professor of Emergency Medicine
University Hospital
San Antonio, TX

Dr. Dave Hnatow currently serves as the Chief of Emergency Medicine/South Texas Poison Center for the University of Texas Health Science Center at San Antonio, University Hospital Emergency Center Medical Director, and President of the Medical Dental Staff for University Health System (UHS). He was the Director for the health system's Urgent Matters Project and is the leader of the Emergency Center's Process Improvement Team.

Dr. Hnatow received his MD from Georgetown University School of Medicine in 1985. He is board certified in Emergency Medicine. He serves on a multitude of University, Hospital, and Community medical committees and task forces.