

Strategies to Improve Patient Flow and Reduce ED Crowding Webinar: July 14, 2005

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Date and Time

Webinar #2: Thursday, July 14, 2005 from 1:00pm – 2:30pm Eastern Time

Space is limited and participation will be based on a first come, first serve basis. Because of high demand and limited space, we ask that each organization submit only one registration form.

Attendance requires only a telephone and a computer with an internet connection.

To participate, register online at www.urgentmatters.org/webinars/2005/registration.htm

Topics and Presentations

Presentation 1: “Maximize Capacity: Take Control of the Admissions Process”

Presentation by: Tami L. Lee, R.N., M.S.N., M.B.A.,
Director of Patient Care Services, 4C and EAUs
Lehigh Valley Hospital and Health Network
Allentown, PA

Lehigh Valley Hospital and Health Network (LVHVN), Allentown, Pennsylvania is a 700 bed tertiary teaching health network. As with most hospitals, LVHVN experienced capacity issues as evidenced by emergency department (ED) diversions, operating room (OR) holds, and long waits for in-patient beds for direct admissions. This presentation will highlight their overall program to analyze capacity issues entitled Growing Organizational Capacity (GOC) and two specific implementation projects. The two projects that will be discussed are the development of an Express Admissions Unit (EAU) and a Pull



System. Successful results will also be shared. The presentation will close with a 10 minute question and answer session.

Learning Objectives

By the end of the session, participants will:

- Identify stages of PDSA process improvement cycle associated with the implementation of a new patient care unit
- Compare and contrast a Push System versus a Pull System
- Identify the benefits of implementing an EAU and a Pull System
- Relate criteria for and achievements of successful outcomes

Who Should Attend

- Director of Admissions
- Chief Nursing Officer and the Vice President for Patient Services, or their equivalent
- Managers and administrators responsible for the ED
- Quality improvement personnel and re-engineering consultants

Presentation 2: “Maximize Throughput: Smoothing the Elective Surgical Schedule”

Presentation by: Niels Rathlev, M.D.

Associate Professor and Executive Vice Chair, Boston University School of Medicine
Director of Clinical Operations, Emergency Department
Boston Medical Center
Boston, MA

This presentation will discuss Boston Medical Center’s work in reducing artificial variability in surgical scheduling as a key component of BMC’s initiatives to increase throughput and reduce waits and delays. The topics include smoothing the elective surgical schedule, separating scheduled from urgent case flows, and creating non-block scheduling to increase volume, revenue, and surgeon satisfaction. The presentation will close with a 10 minute question and answer session.

Learning Objectives

By the end of the session, participants will be able to:

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- Contrast artificial and natural variability, and relate this distinction to the act of surgical scheduling
- Compare block and non-block scheduling methodologies
- Appraise the value of separating urgent from scheduled surgical flow

Who Should Attend

- Hospital leadership, such as the Chief Operating Officer, Chief Nursing Officer, and Chief Medical Officer, or their equivalent
- Director of the Operating Room
- Managers and administrators responsible for the ED
- Quality improvement personnel and re-engineering consultants



Webinar Agenda

Thursday, July 14, 2005 from 1:00pm – 2:30pm

- I. Welcome
1. Introduction by Mike Williams, MPA/HSA **10 Minutes**

- II. Presentation: “Increasing Capacity: Taking Control of the Admissions Process” **25 Minutes**
 1. Background
 - a. Hospital profile
 - b. Problem statements and solutions
 - c. Growing Organizational Capacity (GOC) Overview
 - d. Phases of GOC
 2. Pre-encounter Initiative – Implementation of an Express Admissions Unit (EAU)
 - a. Using Plan-Do-Study-Act process improvement cycle to develop EAU
 - b. Implementation of a second EAU using PDSA cycle
 - c. Benefits of EAUs
 3. Encounter Initiative – Implementation of a Pull System
 - a. Key results of Pull System
 4. Summary

- III. Questions & Answer Period **10 Minutes**

- IV. Logistics and Updates **10 Minutes**
 1. Follow-up questions & audio recording
 2. Future educational activities
 3. Online evaluation and CE credits

- V. Presentation: “Maximizing Throughput: Smoothing the Elective Surgical Schedule” **25 Minutes**
 1. Background
 - a. Hospital Profile
 - b. Problem Statement and Hospital Approach
 2. Understanding Variability
 - a. Natural v. Artificial
 3. Initiatives
 - a. Smoothing Elective Vascular Surgery
 - b. Smoothing Elective Cardiac Surgery

- c. Smoothing Elective Cardiac Caths
 - d. Block v. Non-blocking Scheduling
 - e. Separating Urgent from Elective Cases
- 4. Results and Impact
 - 5. Implementation Considerations

VI. Questions & Answer Period

10 Minutes

Total Time: 90 Minutes

Presenter Bios

Tami L. Lee, R.N., M.S.N., M.B.A.

Mrs. Lee is a director of patient care services at Lehigh Valley Hospital and Health Network (LVHHN) in Allentown, Pennsylvania. She oversees all operations for a 34 bed medical/surgical unit and two separate Express Admissions Units (EAU). She recently graduated with her dual masters degrees in nursing and business administration. Tami has presented at numerous national conferences on vascular research, community awareness program on vascular disease, the Pull System and EAU. She has also published an article in *Journal of Vascular Nursing*. Mrs. Lee has led numerous different teams and initiatives at LVHHN. Currently she is the coordinator of the network wide reward and recognition program entitled Service Star of the Month.

Niels Rathlev, M.D.

Dr. Rathlev is an Associate Professor and Executive Vice Chair of Emergency Medicine at Boston University School of Medicine and the Director of Clinical Operations, Department of Emergency Medicine, Boston Medical Center. Dr. Rathlev oversees the care of 100,000 annual ED visits in two separate EDs, and is responsible for continuous rapid cycle change with the goals of increasing patient satisfaction, improving ED throughput time and decreasing diversion. He was the co-investigator at Boston Medical Center for the Urgent Matters demonstration project which tested whether careful scheduling of elective surgery can effectively smooth a facility's patient flow and reduce ambulance diversion. Dr. Rathlev has published peer-reviewed articles on the topic of ED overcrowding and the effect of the elective surgical schedule on ED throughput time and ambulance diversion.