

March 28th, 2014

Meeting at Unity Health hosted by Greater Rochester Quality Council (GRQC): Achieving Operational Excellence.

Purpose of Meeting: This was a discussion of changes made by Unity Hospital to help improve flow throughout their facility.

In attendance from Thompson Health: Hazel Robertshaw, Dr. Bansal, Josh Kulp, Heather Forkum, Gina Smith

Review of Presentation:

Met with system leaders to determine measures needed to show flow through facility.

Keep patient at center of focus with all decisions.

Create "Standards of Care" to regiment care of the patient

Patient Flow Experience is foundation

Care Variation Management

Innovative Care Delivery Design

Goal is to eliminate unnecessary and harmful variation of care.

It is important to get the front line people involved to hear ideas and get buy in.

Break down into smaller parts and develop teams to accomplish tasks.

Workshops used to progress action plan. Took off 2.5days to work on each goal. Able to accomplish 75% of goal in that time. Then used Lean to finalize in smaller meetings.

Order sets help meet evidence based standards

Concurrent monitoring to ensure ideas are working and to find pathways to identify and correct deviations.

Working on specific diagnoses can ease the work load. Ex) CP, CVA, Ext Injury

Determine counter balance measures such as readmission rates to identify unforeseen problems to measures.

Work to develop a plan of care that marches the patient through their ED Visit

Needs to be multidisciplinary

Need to work together with entire hospital to improve flow through hospital resulting in improved flow through ED.

Measure patient satisfaction, staff satisfaction, volume, LWBS

Emergency Department scorecard goes out to leaders daily

Form committees to look at specific metrics in the ED. Once majority of work complete, combine into one committee (FTS Committee)

Front End Committee

Door to Triage

Door to Room

Door to MD

Throughput Committee

MD to Dispo

Door to Dispo

Dispo to D/C

Dispo to Admit

Steering Committee

Admit Patient LOS

Average LOS

LWBS Percentage

Volume

EMS Volume

ED HOLDS

Determine ways to cut down triage to only what is needed to determine acuity

Use Immediate bedding until no open beds in ED.

Don't hold beds open for the "What if" situations

Set goals to be percentage of where we currently are and show improvement.

Set goals from benchmarks

LWBS National Average 1.9%

FTS Committee

Every discipline welcome to attend

Pull to the table those required for the discussion

Additional Follow Up:

After meeting at Unity and taking part in the presentation, Heather met with Josh to discuss using Immediate bedding in the ED to improve patient throughput. These ideas were put into a procedure for "Direct Bedding." Further discussion was had with staff nurses through Weekly Updates, personal conversations, and time devoted in staff Meetings. Direct Bedding is scheduled to be implemented in the ED June 16th 2014.

Josh Kulp