

Patient Admission Throughput Initiative (PATI)

Reducing Time from the Emergency Department to the Inpatient Unit

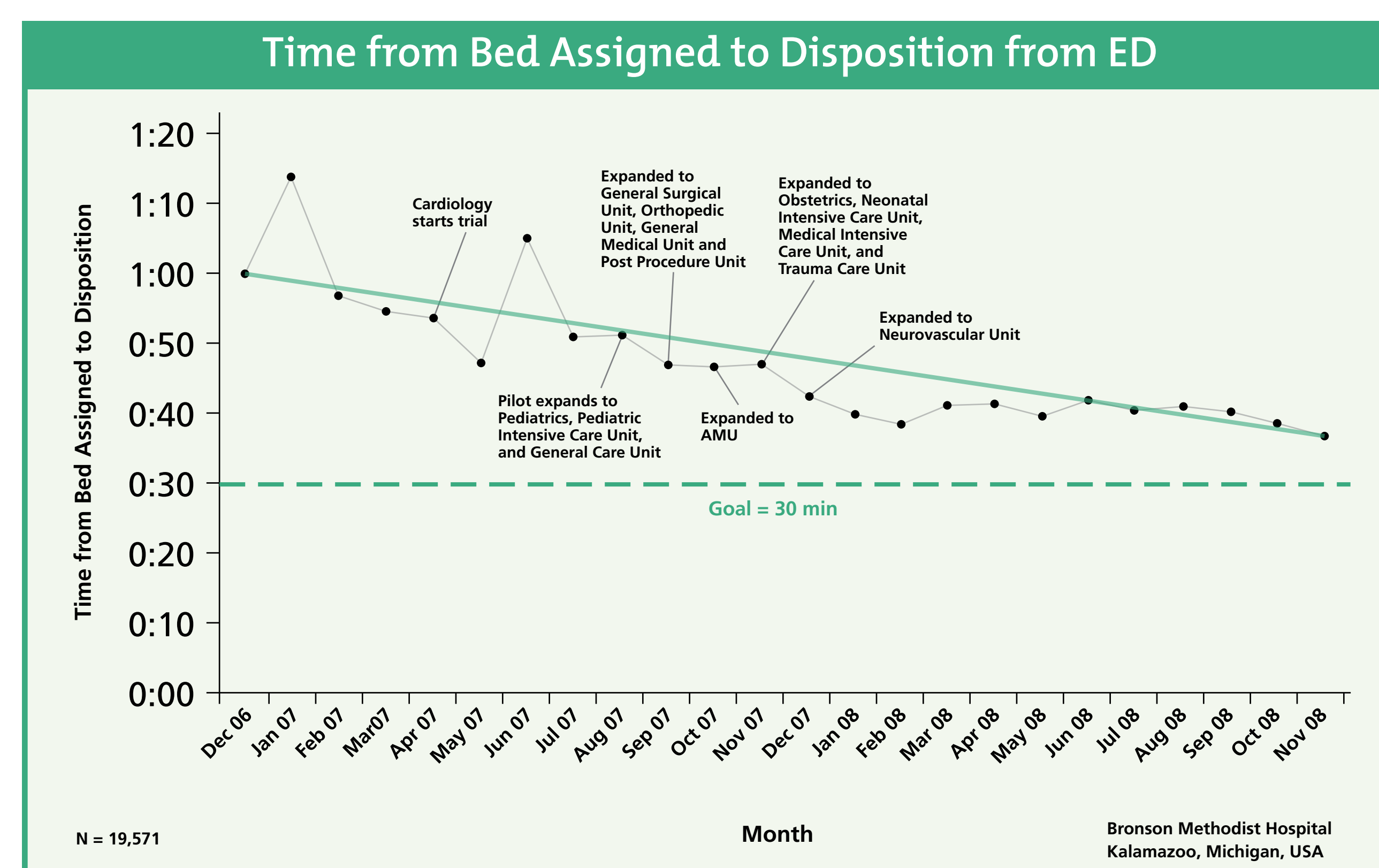
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Changes

A multidisciplinary team from Bronson Methodist Hospital met to examine current systems and recommend improvements for admitting patients from the Emergency Department (ED) to the inpatient units in a timely manner. The end product was an electronic handoff tool based on SBAR (Situation – Background – Assessment – Recommendation) which shared patient information in a consistent manner between the ED and the floors, provided an opportunity for dialogue between nurses, and held staff accountable to move patients from the ED to the inpatient units faster.

Key Activities

- Conducted a rapid improvement event (Kaizen) to help discover waste, improve customer service and workflow, and create a more ideal process to move admitted patients from the ED to inpatient units safely and expeditiously.
- Mapped admission process current state (Pre-implementation admission process)
- Identified value added steps and areas for improvement.
- Defined future state of admission process removing non-value added steps.
- Developed standard work for every admission from the ED.
- Developed and implemented an education plan for process roll out.
- Performed an initial trial with the Cardiology inpatient unit.
- Performed pre- and post-trial computer surveys regarding admission process.
- Implemented a rounding schedule and a job shadow program to encourage floor nurses and ED nurses to “walk in their shoes.”
- Implemented a staged roll out to all admission units.
- Developed a hospital e-mail for staff feedback and follow up.
- Engaged upper leadership personnel to help facilitate change.
- Engaged nursing divisional council representatives to help build process ownership.
- Reported quarterly progress reports to nurse executives and patient safety panel members.

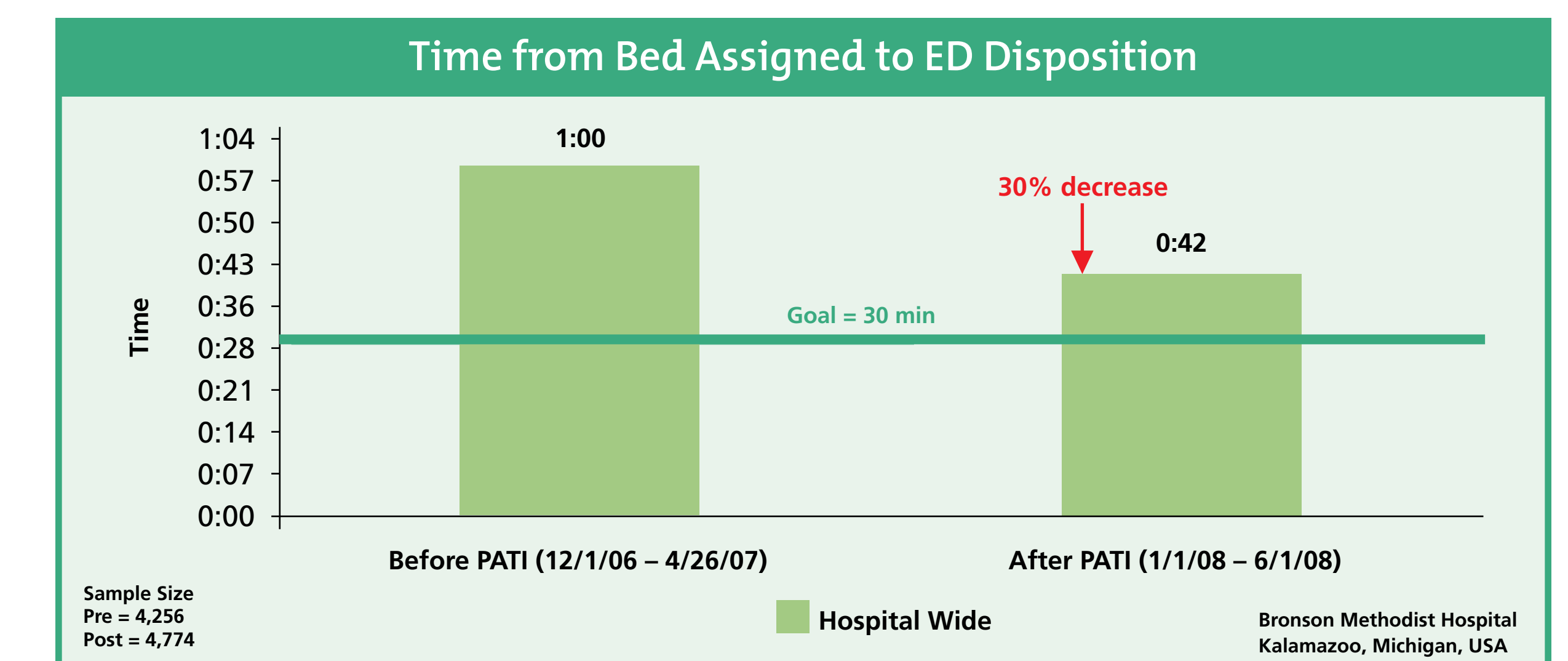
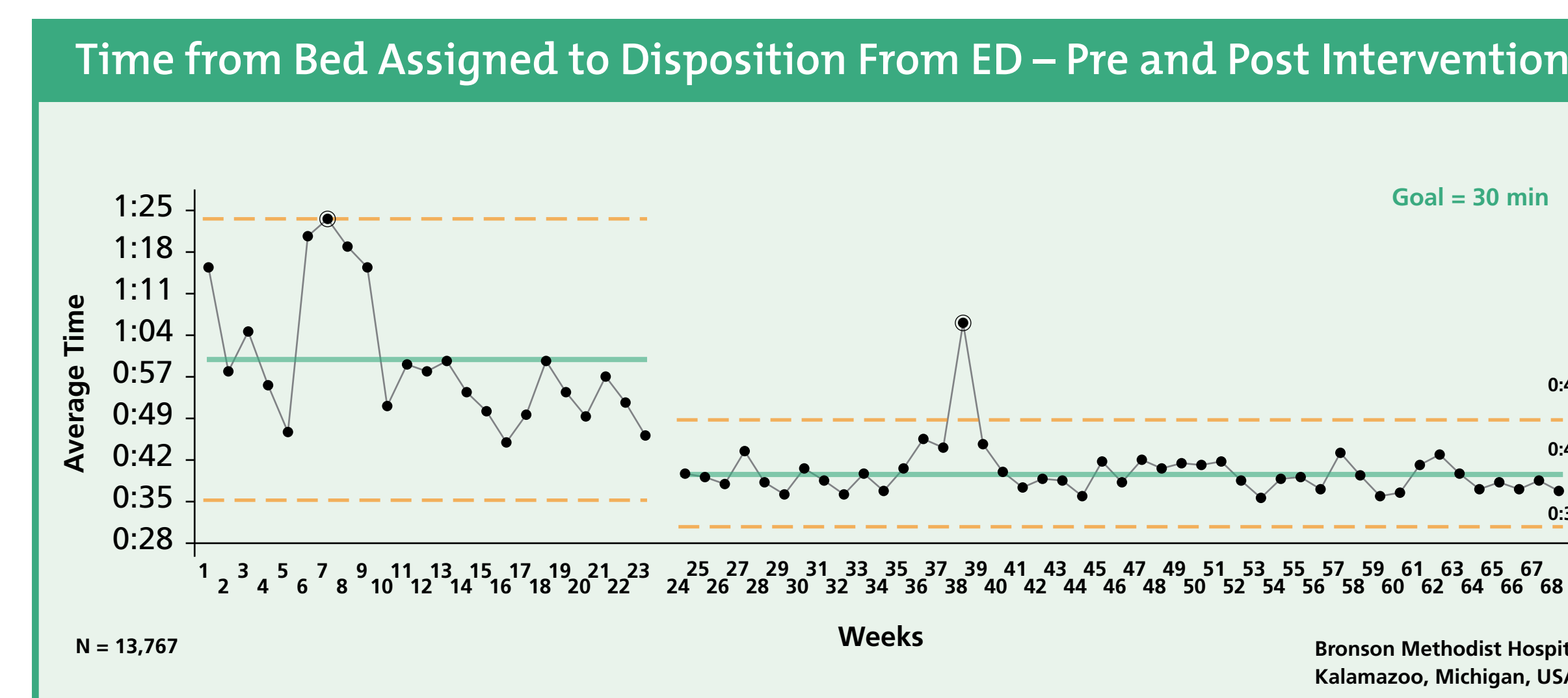


Results

Primary Indicators:

Objective 1: Provide a consistent format for safe patient handoffs

Objective 2: Establish a reasonable time period for the patient admission process



Secondary Indicators:

Objective 3: Improve patient satisfaction

Objective 4: Improve patient outcomes by starting admission orders in a more timely manner

Objective 5: Increase patient safety

Objective 6: Decrease ED congestion and wait times

Lessons Learned

- Developed a standardized, legible SBAR computerized handoff report tool in our ED charting system, AllScripts ED. The report is drawn from information already charted, thus eliminating the need for duplicate documentation and transposition errors.
- Engage all possible educational resources to help hardwire the process change.
- Obtain executive support to help manage resistance to change.
- Involve people in the process trial. Staff had a lot more buy-in to the admission process when they felt like a part of the team and that we were listening.
- Keep the focus on the patient. Change is a lot easier to sell to a healthcare provider if he or she feels that it is in the best interest of the patient.
- Surveyed staff pre- and post-trial implementation.
- Frequent rounding and open communication between the ED and the floor partners.
- Provided progress reports to executive team and patient safety panel.
- Developed a “walk in my shoes” program to encourage floor nurses to spend a shift in the ED and an ED nurse to shadow a nurse on the admission units.
- Engaged nurse managers and admission unit charge nurses in process trial refinement.
- Understand that critical care and pediatric unit needs may be different than adult med/surg.
- Monitor performance and share results by unit.
- Hold units accountable for their results.
- Ensure ED nurses thoroughly documented patient visit before sending SBAR report.
- Confirm bed on admission unit is clean and unit is ready.
- Implement hospital wide on a rolling schedule to allow time to address individual unit concerns.

