Best Practices: Median Time From Emergency Department (ED) Arrival to ED Departure for Discharged ED Patients

Cassie Jo Watson, PhD, MSN, RN
Health Services Advisory Group (HSAG)
June 13, 2019
Why Look at Outpatient (OP) Measure 18–b?

- CMS data shows 20% of HSAG’s 35 recruited facilities consistently met the national median
- Shorter lengths of stay in the ED lead to improved clinical outcomes
- Reducing wait time increases patient satisfaction

Polling Question 1

• Are you meeting the calendar year 2018 national median of 135 minutes with OP–18b, median time from arrival to departure?
  – Yes
  – No
Polling Question 2

Which area do you believe is your greatest obstacle to meeting the national median?

a) Arrival to triage
b) Triage to patient in room time
c) Triage to physician, advance practice nurse (APN), or physician assistant (PA) to assess patient
d) Decision to admit or transfer from ED
e) Actual departure time
f) Keystroke error
Objectives

- Discuss ED crowding and boarding
- Identify factors that influence patient flow
- Promote best practices for ED crowding and boarding
Crowding results in boarding

- The process of holding patients in the ED after they have been admitted to the hospital. This often results in:
  - Loss of bed capacity
  - This leads to an inability to treat ED patients in a timely manner
  - Longer wait times for ED patients
  - Decreased bed utilization
  - Suboptimal quality and safety for boarded patients
  - Poor perception of quality and confidentiality by boarded patient
• Overuse of the ED by the uninsured because patients cannot obtain routine care
• Doctor’s offices are typically closed during peak ED hours
• Hospital closures and consolidations
• Hospitals on divert status
• Reduced inpatient length of stay
• Patients frequently return within 0–7 days

Patients Often Leave Without Being Seen

Concerns for a patient that left without being seen due to long wait times include:

- Possibility of sentinel events
- Community not receiving proper care
- Lost revenue for hospital
- Patient dissatisfaction
- Threatens ED public relations

Factors that Affect Patient Flow

• Increased demand
• Low staff numbers
• No beds for admissions
• Delays in:
  – Registration
  – Diagnostic testing
  – Specialty consults
  – Discharging patients

Best Practices, Pt. 1

- Identify gaps in process to include:
  - Patient arrival time
  - Triage time
  - Patient in-room time
  - Time seen by a doctor, APN, or PA
  - Decision to admit as inpatient or discharge from ED
  - Actual departure time

Best Practices, Pt.2

- Revise staffing patterns
- Streamline registration process
- Provide rapid access to a qualified health provider
- Improve triage flow

### Best Practices, Pt. 3

<table>
<thead>
<tr>
<th>Practice</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Incorporate appropriate staffing models</td>
</tr>
<tr>
<td>2.</td>
<td>Move patients from the waiting room to treatment area as soon as possible</td>
</tr>
<tr>
<td>3.</td>
<td>Hire scribes to assist physician or physician extenders</td>
</tr>
<tr>
<td>4.</td>
<td>Always document vital signs upon discharge</td>
</tr>
</tbody>
</table>

---

Three Models to Improve ED Flow

• Qualified health provider in triage model
• Super track model
• Split flow model

Cross-train registration staff

- Cross-train on secretarial duties
- This promotes flexibility throughout the ED

Conclusions

Expand the ED (add space/beds/lounge chairs/fast track)

Use special discharge or observation rooms

Use ED nurses specifically for boarded patients

Avoid ambulance diversion

Promote data driven change packages

Implement small tests of change
Lessons Learned

- Make decisions based on data, not perception
- More staffing does not necessarily lead to better throughput. However, ensure appropriate staff are skilled to address the volume and acuity of patients in the ED
- Cross-train ED staff to meet demands
HSAG

- Committed to improving the quality of healthcare services
- Putting patients first
- Provide healthcare quality expertise
- Provide tools and resources
Polling Question 3

• Do you actively collaborate with HSAG for quality improvement activities?
  – Yes
  – No
Coming together is a beginning. Keeping together is progress. Working together is success.

–Henry Ford
Thank you!

Cassie Jo Watson, PhD, MSN, RN
HSAG Quality Specialist
813.865.3453 | cjw Watson@hsag.com
References, Pt. 1


References, Pt.2


References, Pt. 3


References, Pt. 4

This material was prepared by Health Services Advisory Group, the Medicare Quality Improvement Organization for Arizona, California, Florida, Ohio, and the U.S. Virgin Islands, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The contents presented do not necessarily reflect CMS policy. Publication No. QN-11SOW-D.1-05312019-02