Maximizing ED Throughput and efficiency

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Disclosures

- None

Learning Objectives

- Identifying Pain Points
- Service Line Partnerships
- Physician Efficiency

Pre-Covid

- Wasn't great
- Nursing staffing was inconsistent
- We had holds
- System stretched and already not ideal on a number of days

Post-Covid

- System Broken
- High LWBS/LWCT
- Holds galore
- No Nursing

LWBS

- Risk management, pt satisfier and business for house as well as ED group
- Percentages as high as 20+%
- Some departments below 1%
- What are you doing about it?

LWBS

- Solutions include, surge, provider in triage, vertical- you name it.
- When did you start
- How do you staff
- Think outside the box

Case Study

- 80K ED, Level 2 Trauma Center, Single County Hospital
- Flood takes out 50 of the 60 beds late in July.
- Pre-flood- about 1.2% LWBS
- Time to full department availability is 4-6 months on initial assessment

Developed Team Triage

- Created a vertical process in lobby with physician initially
- Eventually went to APP model with specific physician responsibility
- LWBS never went above 2% in first month and under 1% since

- We called it team triage now team 8?

Is perception reality in pain points

- Order to nurse order completion time
- Order to result by shift- CBC, BMP, Trop
  - Times look good when results TAT are bunched together from lab.
- Urinalysis
- Order to read by shift- Cxr, AAS, CT Head, CTA Head/Neck, CT PE, CT Abd Pelvis
  - Things look really good when results TAT are bunched together as one from Rads.
- What are consultant/admitting provider response times?

Practice Agreements

- Admit process and consult process
  - Expectations (15-30min) and yield reported
- Lab- Individual turnaround times for all labs with yield
- Radiology- Individual turnaround times with yield
- Nursing intra-department TAT to order to completion- meeting regularly with leadership- Gives ROI to C-suite to staff appropriately

Dirty Little Secret

- Relationship with admitter/ Hospitalists
- Hospitalist Efficiency Matrix- percentage of discharge pts to census daily and tracked.
- Who orders what and when impacts inpt length of stay significantly
- What are expectations from med staff level for consultants to the hospitalist as far as pt priority, Communication, convenience care etc.

ED Physician Efficiency

- We all know A docs and B docs.
- What does that even mean.
- There are days and we all know them when you think you have people on that are producers by the original sense but they clog a department.
- We all know who the slower ones are
- Is there a way we can stratify this mathematically

Physician Efficiency

- Doc A- 2.5 pts/hr
- Doc B- 2.6 pts/hr
- Doc C- 2.0 pts/hr
- Who do you want to work with?

Efficiency Coefficient

- Your real responsibility is when you pick up a pt to when you disposition a pt.
- You say that you are impacted by radiology, lab, etc.
- Over the course of a month or a year, we all get the same impact.
- How does one perform next to the other.
- If we are truly interchangeable (dirty word), I mean the standard deviation of our work is very tightly distributed, the department runs smoother.

Efficiency Coefficient

- Eff Coef= (Doc Pt/Hr Ave/Dept Pt/Hr Ave) x (Dept Ave LOS/ Doc LOS) x (Doc RVU/Pt/Dept RVU/Pt)
- LOS (Length of Stay provider to dispo)
- RVU/Pt is a substitute for case mix
- Dept ave is 1
- Above 1 is above ave
- Below 1 is below ave

Doc Comparison

- Doc A 2.5 Pts/Hr with LOS of 120 min and RVU/Pt of 5.0
- Doc B 2.6 Pts/Hr with LOS of 210 min with RVU/Pt of 4.9
- Doc C 2.0 Pts/Hr with LOS of 150 min with RVU/Pt of 5.1
- Ave = 2.37 Pts/Hr with LOS of 160 min with RVU/Pt of 5.0 = 1
- Doc A = 1.41
- Doc B = 0.84
- Doc C = 0.90

Application

- 210-120 = 90 min times 20 pts = 1800 min which is 30 hours of bedtime. How many extra patients can you move through your system in 30 hours of bedtime available.
- In group trial, our low numbers on each day matched our highest/only LWBS days.
- Coach lower performers
- We were able to shave 20 mins off our lowest performers
- Most people are amenable and work on teaching disposition over picking up.

Physician Behaviors

- Service Excellence- Take patients a pillow, a blanket, a coffee, a popsicle.
- Nursing and others see you working for them, they do the same for you.
- Happy patients ask less questions
- Positive work environment makes you and others more efficient.

Questions

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