

**Hospital Name:**

Carondelet St. Mary's Hospital

**Address:**

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Tucson, Arizona 85745  
(520) 872-3000

**Contact:**

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2005 ED Volume: 49,123  
Growth from 2004: 14.6%  
Total Staffed Hospital Beds: 345  
Acute ED Beds: unknown  
Fast Track: Yes  
Clinical Decision Unit: No

**Problem to be Resolved:**

Long length of stay in the ED  
and high LWBS rate

**Key Words:**

- Average length of stay (ALOS)
- Left without being seen (LWBS)
- Patient satisfaction
- Discharge Lounge
- Mobile Admission Team
- Triage bypass

**Lessons Learned:**

Carondelet acknowledged the fact that whenever major changes are to take place, there will be resistance from staff. To help minimize this resistance, it is important to provide adequate support to all affected and to maintain regular communication through a variety of media. Additionally, Carondelet found that it is important to involve all those who will be affected by the changes from the beginning, so that they feel involved in the change process and are more accepting of it.

**Reason for Change:**

Carondelet St. Mary's Hospital set goals to decrease the average length of stay (ALOS) in the ED, originally at 5.6 hours, by eight percent to 5 hours and reduce the left without being seen (LWBS) rate by 50 percent. To accomplish these goals, hospital leaders focused on improving overall patient flow throughout the facility.

**Implementation:**

Carondelet formed a multidisciplinary team to come up with a plan for improving throughput in the hospital. The team implemented a number of changes relating to admissions, discharges, staffing, triage and registration, and standardization of procedures.

The team developed a centralized admissions process, using an electronic tracking board where bed capacity could be monitored continuously. Additionally, a Mobile Admissions Team, known as WelcomeMAT, was formed to do bedside admissions. On the discharge side, the use of a discharge lounge meant that beds could open up sooner, thus increasing bed turnover.

Most of the staffing changes related to recognizing the times when demand was greatest in the ED, and increasing staff accordingly. A bed control nurse position was created to monitor bed turnover and capacity. Additionally, the role of the inpatient unit Charge Nurse was redefined, with greater emphasis on overseeing flow and throughput in the unit.

A new procedure was put in place to allow triage to be bypassed when there was an open bed in the ED. Carondelet also began utilizing bedside registration, for both patients who bypassed triage and those who arrived by ambulance. Additionally, a Fast Track unit was set up, which helped decrease total care time for low-acuity patients.

While most of these changes are not revolutionary, together they helped redesign the throughput process through the hospital, which ultimately helped Carondelet reach its goals of decreased length of stay in the ED and reduced the LWBS rate.

**Results/Impact:**

Through these changes, Carondelet was able to decrease the average length of stay in the ED by seven percent, from 5.6 hours to 5.1 hours, just shy of their eight percent target. At the same time, they saw an increase the monthly ED volume of five percent, and increased the inpatient daily census by twenty percent. Together these improvements helped increase the hospital's net operating margin by 1.3 percent above budget.