

Hospital Name:

Moses H. Cone Memorial
Hospital

Address:

1200 N. Elm Street
Greensboro, NC 27401
336-832-7000

Contact:

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Director of Emergency Services

2007 ED Volume: 75,000
Growth from 2006: unchanged
Total Staffed Hospital Beds: 535
Acute ED Beds: 35
Fast Track: No
Clinical Decision Unit: planned
for April 2010

Problem to be Resolved:

Traditional “Best Practices” were not helping to facilitate patient flow and reduce throughput times at hospitals in the Moses Cone Health System.

Key Words:

Flow Manager
Throughput
Bottlenecks

Lessons Learned:

With the assistance of technology, flow managers are able to remotely monitor patient throughput in the ED and notify necessary staff of any problems and bottlenecks so that these may be remedied in a timely manner.

Reason for Change:

The Moses Cone Health System tried a number of initiatives aimed at decreasing treatment delays and improving patient flow, but they were not achieving the benefits that they had hoped for. After extensive brainstorming for potential solutions, ED leaders came up with the idea of flow managers: individuals designated to manage flow processes in the ED.

Implementation:

The health system created three designated flow manager positions. Together these flow managers supervise patient flow at each of the health system’s three EDs from a central location. They track each patient’s treatment from the moment that patient enters the ED, managing the overall process virtually. The flow managers can determine when there are delays in a patient’s care, and will contact the appropriate providers in order to address these delays. For example, a flow manager may monitor the status of a lab order, and contact staff if they notice that there is a delay in getting the results of the lab test. Additionally, if the flow managers identify empty treatment beds, they will determine how best to fill those beds. This helps ensure that there are no unnecessary delays in patient throughput.

Initially, the staff was resistant to such a change because they did not like the idea of such close monitoring; however, once they saw the benefits that flow managers could produce in terms of decreased throughput times, they embraced the change.

Results/Impact:

The flow managers have effectively helped reduce the ALOS for patients in the ED, and have helped facilitate more timely delivery of care, although data is not currently available on the extent of these improvements. However, during a previous pilot project involving flow managers, patient throughput times decreased an average of 20 to 30 minutes.