

Hospital Name:

Northwest Community Hospital

Address:

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Arlington Heights, IL 60005

Contact:

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2006 ED Volume: 69,954
Growth from 2005: 4.1%
Total Staffed Hospital Beds: 401
Acute ED Beds: 19
Fast Track: Previously
Clinical Decision Unit: No

Problem to be Resolved:

One-quarter of patients were being treated in hallways rather than actual treatment areas.

Key Words:

- Hallway treatment
- ALOS
- Advanced Care Triage Area

Lessons Learned:

The hospital realized that even though a traditional fast track unit did not work for them, there could be other methods for speeding care for lower-acuity patients.

Also, even though they lacked extra space or means to expand the facility in order to open a new unit, they were able to create this unit by making better use of a previously under-utilized area.

Reason for Change:

Based on the indicators of ED overcrowding identified by the US General Accounting Office (number of hours on diversion, proportion of patients boarded in the ED awaiting a staffed ED or inpatient treatment bed and the length of time that they are boarded, and the proportion of patients who leave the ED before receiving a medical screening exam), Northwest Community Hospital was doing alright. However, a recent consultant's report found that 25 percent of ED patients were being seen and treated in hallway beds rather than actual treatment areas. This could potentially lead to problems, including an unpleasant care environment, lack of patient privacy, dissatisfaction from patients, prolonged patient pain and suffering, poor clinical outcomes, emergency care provider stress and dissatisfaction, increased potential for errors, and increased liability risks. Management at Northwest Community Hospital wanted to address the issue of overcrowding before any of these problems became serious issues. The ED was projecting to see a patient volume that exceeded its capacity the following year, and wanted to plan to accommodate these additional patients.

Implementation:

Northwest Community Hospital already had a number of best practices in place, including triage standing orders, point-of-care (POC) testing, additional mid-level providers, flexible RN hours, bedside registration, a bed flow coordinator position, and faxed reports. Initially they felt that there was not much more than could do with their current capacity.

Management decided to address the triage-to-bed placement portion of patient throughput, as initiatives in this area had not previously been addressed. The consultant's report revealed that the least-ill patients had the longest waits for bed placement, so they wanted to find a way to improve the timeliness of treatment for these lower-acuity patients.

An interdisciplinary team was formed of physicians, nurses, mid-level providers, IT representatives, registration staff, and representatives from the facilities department. Together members of the team came up with the solution: an Advanced Triage Care Area. Here the lowest acuity patients would be assessed, treated, and discharged without waiting for a traditional ED treatment bay. The ED already had a fast track unit; however the unit was generally thought of as inefficient and ineffective, and more often than not was used as an overflow area for the main ED.

The new unit, called Unit 45, would treat ESI levels 4 and 5, and begin work up on ESI level 2 and 3 patients who are awaiting

placement in the main ED. Such work up might include blood draws, ordering x-rays, ordering CT scans, and ordering EKGs.

The ED did not have the space for the Advanced Care Triage Area, but found an area that was currently used for storage near the ED registration desk. This area was converted into a three bed unit with treatment areas separated by walls and privacy curtains. Desks, computers, gurneys, and other necessary equipment and supplies were brought in to this new unit. Unit 45 is staffed from 10 a.m. to 10 p.m. with midlevel providers and patient care techs.

Results/Impact:

Since creating Unit 45, ALOS has stayed constant at 3.6 hours, despite an increase of 4,000 patients annually after a neighboring ED closed. Right away Press Ganey patient satisfaction scores increased, from the 60th percentile in Quarter I of 2005 to the 90th percentile in Quarter IV. By the end of 2006, patient satisfaction was up to the 95th percentile. Staff morale has increased greatly, as staff now perceives their activities as a team effort.