

Hospital Name:
Ball Memorial Hospital

Address:
2401 University Avenue
Muncie, IN 47303

Contact:
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2006 ED Volume: 56,138
Growth from 2005: unchanged
Total Staffed Hospital Beds: 380
Acute ED Beds: 39
Fast Track: Yes
Clinical Decision Unit: Planned

Problem to be Resolved:
Slow throughput times and low patient satisfaction in the ED

Key Words:

- “No wait” ED
- CDU
- Electronic tracking system

Lessons Learned:
By putting patient care rooms in the space that would otherwise have been used for a waiting room, Ball Memorial Hospital is able to get patients into rooms more quickly and begin providing care sooner than they otherwise would have.

Reason for Change:

When re-designing its ED, the CEO at Ball Memorial Hospital challenged ED management to be innovative and think outside the box for ways to improve the patient care experience.

Implementation:

In 2003, Ball Memorial Hospital re-built its ED in an innovative new way. The new department does not have a waiting room; instead there are 39 large and well-equipped treatment rooms. Following a brief registration upon arrival at the ED, all patients are immediately brought back to one of these treatment rooms.

To ensure that patients may be taken to treatment rooms immediately upon arrival in the ED, the overall throughput of the ED needed to be enhanced so that patients were not taking up space in the ED any longer than necessary. To facilitate this, the ED now has its own x-ray and lab equipment, so that patients do not have to leave the ED or compete with other patients throughout the hospital for these services. Also, each patient room is fully-equipped with all medical supplies and equipment that most patients will require, so that they do not need to go to different parts of the ED in order to receive all necessary treatment.

Additionally, the hospital implemented an electronic patient tracking system, which it believes will facilitate the flow of patients throughout the ED.

As part of current planned expansions, Ball Memorial will be building a clinical decision unit next to the ED for patients who do not require admission but do need some extended care.

Results/Impact:

Since opening the re-designed ED, total length of stay in the ED has decreased by an average of 30 minutes, for both fast track and regular ED patients, to 90 minutes and 163 minutes, respectively.

Additionally, patient satisfaction has increased, and is now in the 80th or 90th percentile. Previously, it was always below the 50th percentile.