

Hospital Name:

Albert Einstein Medical Center

Address:

5501 Old York Road
Philadelphia, PA 19141

Contact:

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2006 YTD ED Volume: 65,000
Growth from 2005: unknown
Total Staffed Hospital Beds: 701
Acute ED Beds: 37
Fast Track: Yes
Clinical Decision Unit: Yes

Problem to be Resolved:

Overcrowding, gridlock, and diversion in the ED.

Key Words:

- Patient Flow Coordinator
- Throughput
- Staff moral

Lessons Learned:

Key to their success was effective, hospital-wide communication, accurate measurement of the problems and extent of improvement, and providing incentives and holding individuals accountable for outcomes.

Reason for Change:

Albert Einstein Medical Center's ED was plagued with problems, including dissatisfaction among physicians and other staff, extensive gridlock and diversion in the ED, long length of stay in the ED, and low patient satisfaction. A number of small improvements were attempted, however with no comprehensive, integrated plan, these did not accomplish much.

Implementation:

Hospital leadership worked together to come up with a series of improvement initiatives that together could help improve patient flow and relieve pressure in the ED. These changes would take place throughout the hospital, not just in the ED.

Previously multiple departments were involved in the bed assignment process, with each department filling beds as needed. This process was changed so that bed assignment would be entirely under the control of the Healthcare Access department. Procedures were established regarding bed use and unit overflow. Additionally, a dedicated Patient Flow Coordinator position was created. This did not require any additional staff; rather the position was created out of an existing Healthcare Access position. Staff also began holding daily bed briefings once or twice a day, depending on need, with hospital-wide representation. Nursing leadership began communicating monthly reports regarding bed assignment issues, so that everyone was kept up-to-date with issues in the facility.

Nursing home placements had previously been a source of delay in the hospital. Staff began using Extended Care Information Network (ECIN) software to facilitate with nursing home placements. They also made changes to centralize nursing home placements and for reconciliation of the daily nursing home placement list with social workers and nursing home placement staff.

Albert Einstein MC also made some changes specific to the ED. They expanded physical capacity to accommodate the growing patient volume. They also put in place a set of procedures with objective criteria for determining when to divert, using the National Emergency Department Overcrowding Score (NEDOC) to assess ED capacity.

Results/Impact:

Since implementing these changes, Albert Einstein MC has seen a reduction in ED diversion hours and ED LOS, as well as a reduction in the LWBS rate. They have improved their city-wide diversion ranking, and cut back on potential admission denials.

**California
ED
Diversion
Project**

The hospital has seen financial benefits as well, through sustained reductions in length of stay. Additionally, both patient satisfaction and quality of care have improved, as well as satisfaction among physicians and staff.