

Hospital Name:

Johns Hopkins Bayview Medical Center

Address:

4940 Eastern Avenue
Baltimore, MD 21224
(410) 550-0100

Contact:

Edward Bessman, MD
Director of Emergency Medicine

2005 YTD ED Volume: 49,541
Growth from 2004: 12.5%
Total Staffed Hospital Beds: 655
Acute ED Beds: 22
Fast Track: Yes
Clinical Decision Unit: No

Problem to be Resolved:

Long delays in admitting ED patients led to a crowded ED.

Key Words:

- Phone consult
- Direct admit system
- Inpatient admissions
- Hospitalist

Lessons Learned:

Although it is important to have outside physicians evaluate patients prior to their admission from the ED, this consultation can adequately be provided by a hospitalist via telephone, rather than waiting for a physical evaluation.

Reason for Change:

Johns Hopkins Bayview Medical Center's ED was congested because of delays in admissions. This congestion resulted in patient boarding in hallways and ambulance diversion. Ultimately these problems mean compromised patient care and a loss of income for the hospital.

Implementation:

Admitted ED patients often waited hours to be transferred out of the ED and into an inpatient unit. Johns Hopkins staff recognized that a major delay in the admission process was that their procedure for admission called for the patient to first be evaluated by the medical resident, who then wrote the admissions orders. Johns Hopkins found that they could reduce this delay in admission by eliminating the outside consult from the medical resident. Under the new system, the ED attending writes brief admitting orders using a preprinted admission order sheet, after discussing the patient's condition with a hospitalist via telephone.

Johns Hopkins conducted a study to determine whether this new admissions process could adequately replace the previous system and whether it was an effective tool for reducing congestion in the ED.

Results/Impact:

Comparing the time from the decision to admit until the arrival on the inpatient floor, hospital length of stay, and in-hospital mortality rates pre- and post-intervention, the study found that there were no significant changes in length of stay and mortality rate. On the other hand, the length of time from the decision to admit until arrival on an inpatient floor did decrease significantly. Prior to the intervention, it took approximately 2.5 hours for a patient to reach the inpatient floor after the decision to admit was made. After the intervention, this process took an average of only 18 minutes. However, this study excluded data from those times when there was no available inpatient bed. The lack of an inpatient bed is still likely to play a substantial role in admission delays.