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Moving Slow to Move Fast-Nursing Handovers-Implementing Electronic to ED Report to Improve Throughput

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Moving Slow to Move Fast: Nursing Handovers

Implementing Electronic ED to Inpatient Report to Improve Throughput

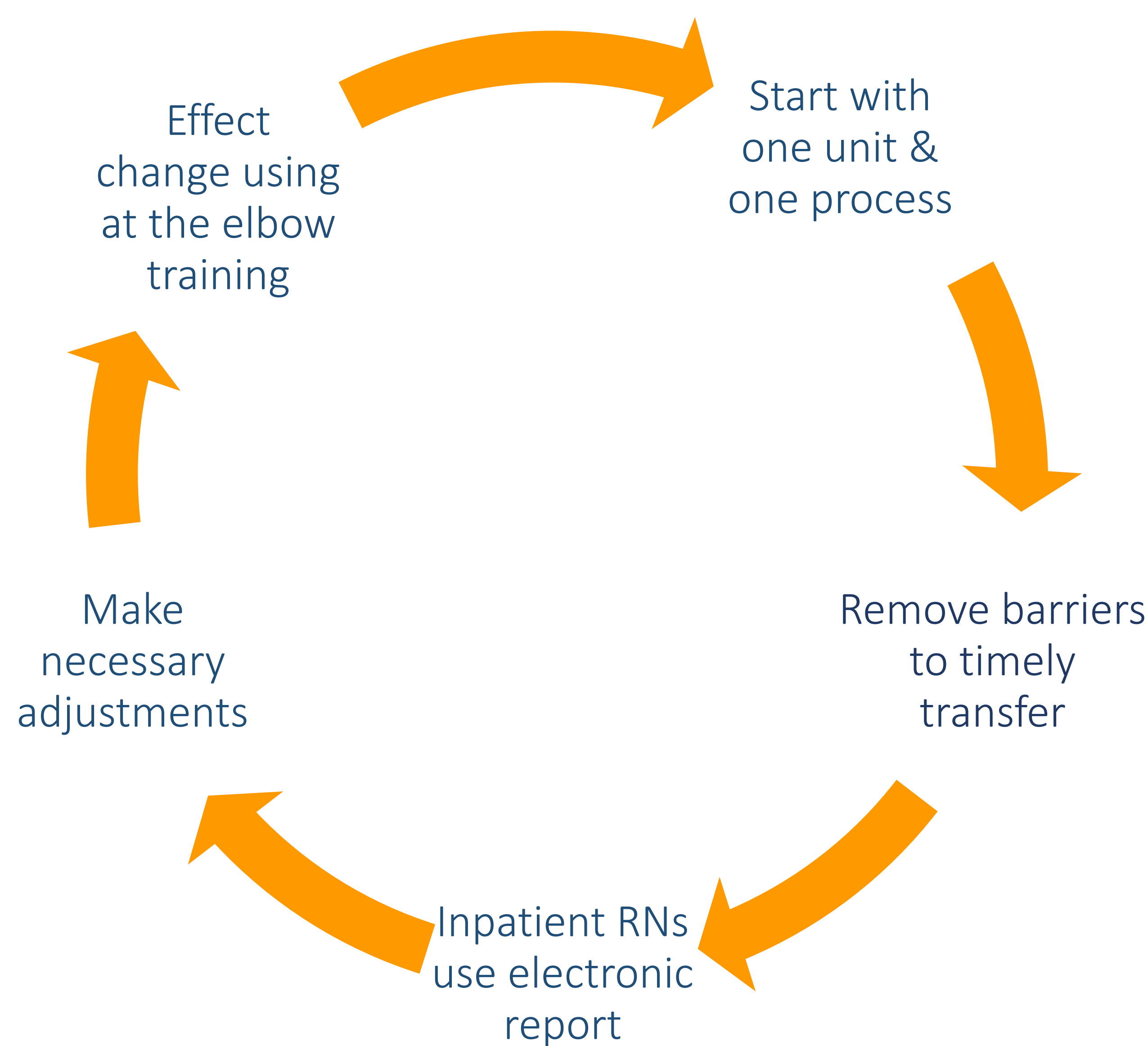
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Background

We recognized a need to minimize the time in which Emergency Department patients wait for inpatient beds. This prompted process improvement changes to optimize patient care. Areas of focus were a) decreasing ED wait times, unassigned beds and multiple bed changes before admission and, b) exploring artificial and actual causes of delays. The length of time from decision to admit in the Emergency Department to “wheels out” to a bed on a unit exceeded PRMCE standards. The metric used is time from “Patient Ready to Move” to “Arrival to Inpatient Bed”.

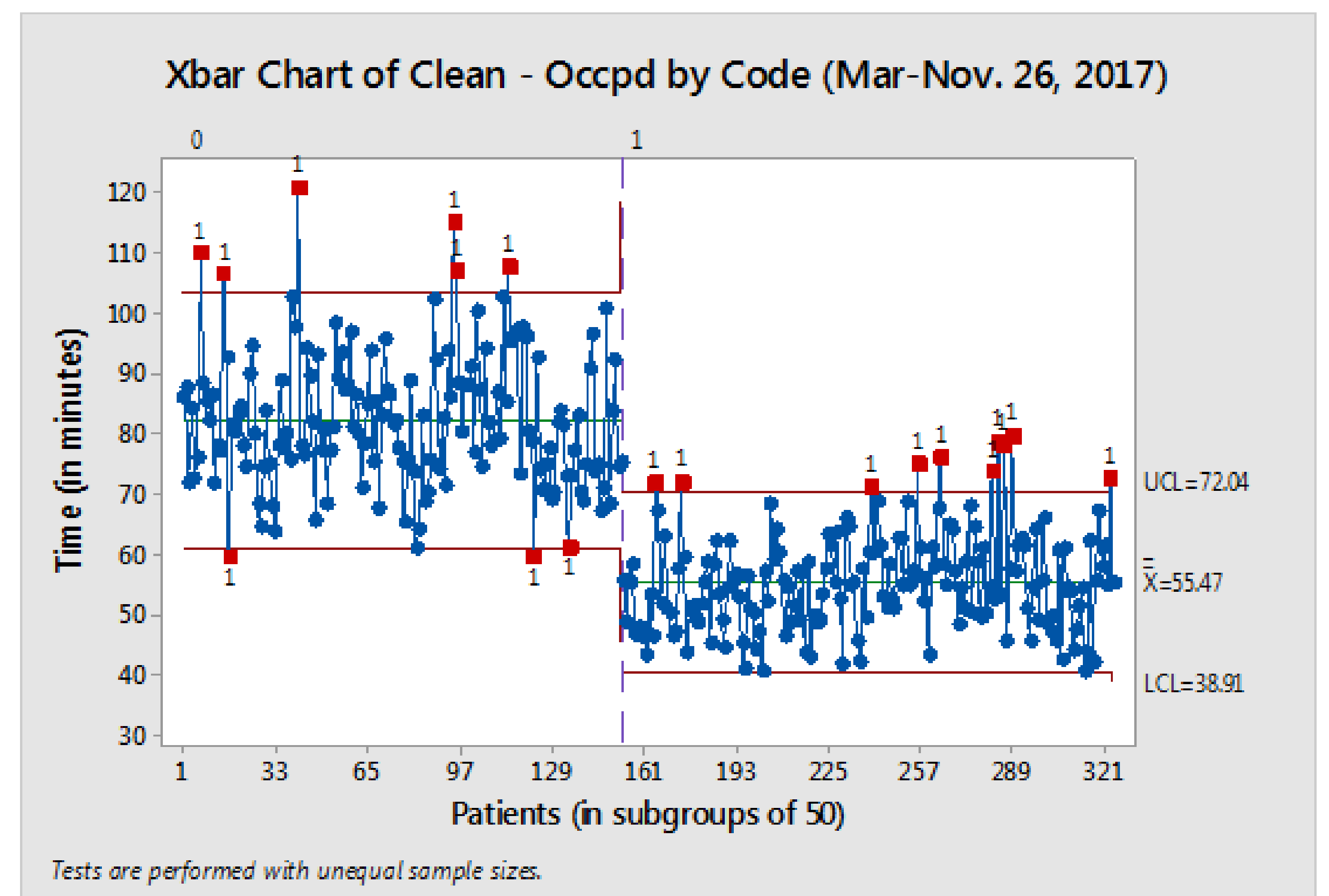
Aim

To decrease patients ready to move (RTM) from ED to occupied bed time to <30 minutes.



Lessons Learned

- Small Tests of Change using PDSA cycles allow for real time fixes to the process.
- At the elbow 1:1 training of how to access and use the tools is imperative to success and sustainability.
- Involve direct care staff in the planning and implementation.
- Ask for feedback and maintain feedback loop with direct care staff.
- Frequent updates to key stakeholders and frontline staff with progress and areas identified for improvement
- Take the time needed to set up the process and train all staff before implementing the change.
- Start small. We started each test on one unit before expanding to all units.
- Celebrate the wins!



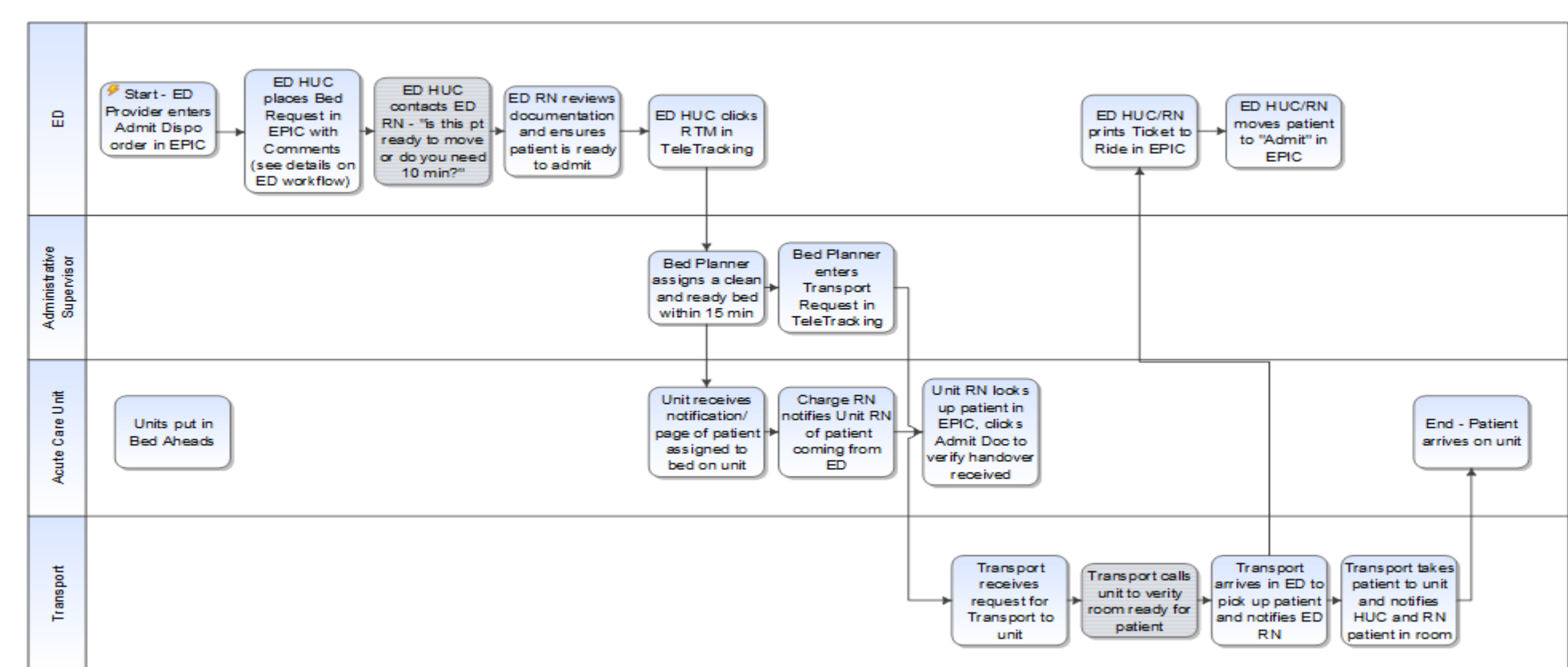
Project Strategy

The project design was created with interdisciplinary collaboration between nurse leaders, executive leadership, transport services, clinical informatics and frontline caregivers in the ED and acute care units.

Changes Made

Patients are assigned to clean and ready beds only. Transport is requested at time of bed assignment-prior practice was to wait for RN to call report and request transport.

Accepting RN receives report electronically with the option for clarification via phone. This process was designed using EPIC and Teletracking which are existing tools in use at the facility.



Outcomes

Average minutes from patient ready to move to arrival at inpatient unit decreased from 88 minutes to 56 minutes. The improvement was sustained for 6 months post implementation. We had an increase of 4 minutes for the first 8 months of 2018 with a higher number of outliers. Next steps implemented will be assigning patients to beds while they are being cleaned in order to attain goal of 30 minutes.

