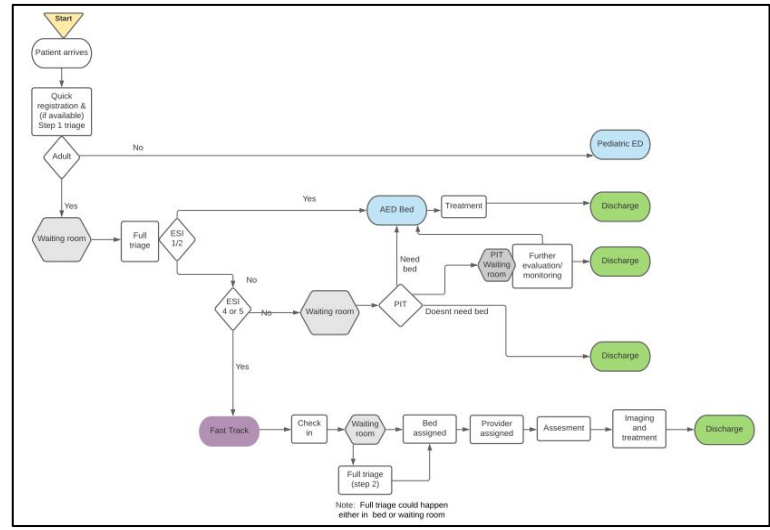


Problem Statement:

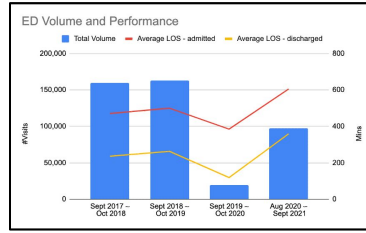
1. Patient length of stay (LOS) exceeding 260 minutes; benchmark: 192 minutes
2. High rates of patients left without being seen (LWOS)

Objective:

Map ED process & identify opportunities to reduce LOS & LWOS



Analysis



Overall ED LOS

325 minutes ✓

April-October 2021 Patient Length of Stay (LOS) – ED All
Benchmark = 192 minutes

FastTrack LOS

161 minutes ✓

April-October 2021 Patient Length of Stay (LOS) - FT
2019 LOS = 148 minutes; 2020 LOS = 120 minutes

COVID Testing

2% ✗

Patients Main Complaint is looking for COVID Testing
1410 patients total

Disposition to Discharge

17.9 minutes ✓

Time from patient 'ready to discharge' to discharged

Triage Length

Triage Window (Triage Start – Triage Complete) ✓

ED All → 14.1 minutes
FastTrack Only → 47.4 minutes

Recommendations

Pain point	Finding	Proposed solution
Patients that do not require and ED service being admitted into the ED	Patients that do not require and ED service have to go through the flow and this consumes time and space (e.g. behavioral)	Pre triage prior to entering into the formal ED Outpatient option for behavioral (bridge clinic/Telehealth)
Optimization of labor and resources given union constraints	Optimizing allocation of labor with different job peaks per area is a constraint given unionization	Cultural program to enhance feeling of "One ED". Pre-agree with nurses having some flexibility in their assignments.
Flow management and space optimization	There is not a centralized management of the flow and resource requirements across the ED	A floor coordinator, sitting at a desk behind the adult triage monitoring the EPIC board and either sending messages or making calls that direct traffic to next stages.
Interaction between FT and other required services (Commutes and Labs)	Patients spend time commuting to the FT area, waiting to be assigned to labs, waiting for transportation or for the labs results	Applying signage to support patients getting from ED to Fast Track efficiently; more efficient than an escort. Adapting EPIC for proactive notifications.
Triage efficiency and automation	A high percentage of patients are assigned to ESI 3 and some move to FT while others remain in the main ED, the distinction could be more clear cut	Consider additional training and observation of triage process. Review current triage questionnaire to identify potential efficiencies (review board)