COMMITTEE GOAL:
To facilitate the creation and implementation of flow initiatives at SFGH and its affiliated clinics through engagement of interdisciplinary stakeholders

SCOPE:
Effective improvement of patient flow throughout the hospital will require changes that affect nearly every aspect of hospital operations. As such, this group will involve the regular collaboration between hospital administrative, physician, nursing, and operational services.

PAST SUCCESSES:
- **CT Turnaround Time (RJ Merck/Alex Rybkin):** All inpatient computed tomography (CT) are completed within 24 hours.
- **Rape Treatment Care (RTC) Room (Alicia Boccellari/Chris Barton):** Room in Zone 4 reserved for RTC examinations was repurposed for general use. All RTC exams that do not involve medical injuries or mental health concerns are conducted in a more patient-centered room on 6E.
  
  **OUTCOME:** Additional room available for care of ED patients resulting in approximately 12 additional patients being seen in Zone 4 per day.
- **Children’s Health Center Urgent Care (6M) Hours (Lannie Adelman):** 6M clinic hours were expanded from 8:00 pm to 10:00 pm to offload an influx of pediatric patients in the ED when they are reaching peak volumes.
  
  **OUTCOME:** 5 fewer patients per day transferred from the Children’s Health Center to the ED during peak hours of 7pm-10pm; 3 to 5 pediatric patients previously seen in the ED, now treated in 6M.
- **Nurse Report (Kathryn Fowler and Med/Surg Nursing team):** Implementation of fax system for patient sign-out from ED to accepting ward. The inpatient nurses now have 20 minutes to call the ED with questions/concerns before patient is transported to the unit.
  
  **OUTCOME:** Reduced wait time for transfer out of ED to unit once beds are available (from >90 minutes to 20 minutes)
- **Telemetry Criteria (Chris Barnett/ Jeff Schmidt/Angie Canas):** Telemetry guidelines developed to help staff determine which patients need (or do not need) a transfer to the Telemetry unit.
  
  **OUTCOME:** close to zero ED holds and no delayed transfers from outside hospitals due to lack of Telemetry beds
- **Consults to 4A rather than sending to ED (Nela Ponferrada/Shieva Khayambashi/MERT team):** Patients on 4A Skilled Nursing Facility now evaluated for acute changes in patient’s clinical condition by the MERT team and decision to directly admit patients is made at the point of service.
  
  **OUTCOME:** no 4A patients transported to ED for evaluation since implementation in March.
- **Direct admits from clinics – bypass ED (Leslie Dubbin/Mark Jacobson/Ward 86 Clinic Leadership):** Patients at on-campus clinics in need admission are sent directly to Units from the clinic, bypassing the ED.
  
  **OUTCOME:** Significant decrease in Ward 86 transfers to ED

TEAMS/PROJECTS IN PROGRESS:
- **ED Clinical Decision Unit (Craig Smollin):** Specific criteria used to send appropriate patients to CDU for monitoring and decision-making.
  
  **PROGRESS TO DATE:** steady increase in CDU census with resultant increase in ED beds for acute patients; cardiology patients recently added to CDU
- **Timely ED Consults (Alice Chen/Specialty Clinicians):** Working on consult policy that requires consultants to respond to a page and arrive in the ED within 45 minutes
  
  **PROGRESS TO DATE:** working on data tracking system for current time to consultation; draft of consultation form created; have identified means for using the EDIS system to estimate wait times for patients
• **Inpatient Discharge Process (Jack Chase/FIS and FCM inpatient team):** Plan to start discharge planning at admission
  PROGRESS TO DATE: Transitions in Care team and the Hospital Flow committee to develop pilots for improved discharge flow, including: discharge planning, multidisciplinary rounds, discharge medications. Plans to pilot on Medicine/FIS service in the coming months.

• **ED 24/7 Utilization Management staff (Todd May/Ava Sampera):** Increase staffing of UM personnel in ED to help guide decision-making related to transfers in and LLOC patients.
  PROGRESS TO DATE: Decreased LLOC days in hospital; improved repatriation from outside facilities; significant decrease in number of non-acute admissions.

**CHALLENGES:**
- Keeping up momentum with various teams
- Sustainability of “completed” initiatives as newer ones are implemented
- Difficult to maintain regularity of monthly 2hr meetings
- Completing analysis of ED LOS for admitted/discharged patients