Title: ED Kaizen Workshop I "Front End Flow"

I. Background

40000

35000

30000

25000

20000 15000

10000

5000

1. 2.

3.

Assumption

"Nurses don't want

people waiting

Acuity

Diverse patient needs

No observation of use

Retrospective audits done

ESI usage not clear

10% more ESI 3s

CC patients stay

"people may be insulted by looking"

Staffing

No agreed upon standards

We don't know what people are doing

"Everyone is busy" (Who knows what they are

doing?) Who does what? CN/Mgr/Dir.?

No one is assigned to coordinate ED Flow

Owner/Date: Jenna Bilinski V. Proposed Countermeasures Current Patients present to an MEA in the waiting area upon presentation to State the ED. Patients are triaged, registered and roomed based on ED bed ltem # Problem Countermeasure CT 3' VA 2' NVA 1' CT 8' VA 5' NVA 3' CT 20' VA 2' NVA 18' No Standards for ESI 3s Create care plan for ESI 3 1 (prioritizing, rooming,

availability, staffing, acuity and resources. The decision on where the patient is roomed is made by the Triage Nurse. The Triage nurse also: responds to radio calls, gives meds, starts IVs, draws labs, takes 4 staffing) minutes for documentation, transports patients throughout the hospital, rooms patients, does handoff, find supplies, notifies different 2 Teach and validate SW Standard work created Future in the workshop and no providers of patient needs. There are up to 3 Triage nurses at a time. one knows These nurses sometimes work 12 hour shifts at triage. There is no State standard work for coordination of triage efforts between the 3 nurses. Patients enter through the same door by ambulance, or by walk in. 3 Confusing with multiple Create and test different Some nurses start diagnostic testing immediately. channels on walkie channels for walkie talkies Most common PIT Chief Complaints: talkies Isolated Extremity Pain (20%), Back pain, No signaling for waiting Create and test signaling in 4 Tooth/Mouth Pain, Suicidal Ideation, II. Current Conditio room, # of waiting, LOS pulse-check with IT Medication Refill, Ear Pain, Sore Throat. ESI 4s and 5s 7% of patients LWBS. Also sees: Chest pain, abdominal Pain, SOB. ESI Scores: 5 (36%), 4 (29%), 3 (21%), 2 (14%). 12% of ESI level 4s LWBS 5 Computer on Wheels Fix broken Computers on LWBS 13% 21% of ESI 5s LWBS are broken Wheels, get at least 2 additiona Median LOS for 4s and 5s is 253 computers MEA = patient minutes. Plan for move to building 25 7 The location plans in the Discharge 73% The Median LOS for PIT patients workshop are applicable using standard work created in Greet is less than 144 minutes. in the current state only workshop Triage Create Communication Plan Plan for Fast Track in PIT 8 2013 ED Census by Diagnosis zone 4 for 90 days has ED Patients by ESI Level 2014 not been communicated **** Create Security plan for new 9 New space being used 3500 for Fast Track space 90% 80% 70% 60% Over 50% of our patients come in with a dx of VI. Results 12/2-12-4/15 Abdominal Pain, ETOH or Chest Pain. 50% of our ESI 3 patients are acuity 3. Measures Baseline Target Problem Statement (Gap) 253 135 The gap in time between greet to assessment is 49 minutes. The gap in lead time for level 4 and level 5 patients is 118 minutes. 1. Lead time for level 4 and 5 patients minutes minutes 59 III. Goals & Targets 2. Time from Greet-Assess 10 minute minutes Reduce median LOS from greet to assessment from 59 minutes to 10 minutes by December 2015. Reduce LWBS rate from 7% to 0% by December 2015. Reduce lead time for acuity 4 and 5 patients from 253 minutes to 135 minutes by December 2015. 3. Left without being seen 7% 0% 1. No Leadership accountability, 2. No standard process for the front end, 3. No flow buster prevention IV. Analysis VII. Plan – KW #1 30-60-90 Day Plan ED Bed Availability Resources Root Causes 1. Finalize/Perfect Welcome Triage Process Treatment variable "Resentment for MSE 'dead bodies have Space limited 3. Continue improvement activities for the ESI 3 Team Individual Decision being taken away" The gap in time Beds full been observed in Based on Experience Who owns standards? Initiate teaching and coaching plan for 30-60-90 days. between greet to People aren't leaving noms No protocols

assessment is 49

minutes

minutes. The gap in

level 5 patients is 118

lead time for level 4 and

VIII. Follow-Up – Post Kaizen Events 30, 60, 90 Day Check-ins

ED Standard Work Coaches 1.

DMS Stat Sheet implementation 2.

3. 30, 60. 90 Day Target Sheet progress follow-Up and Tier 1 & 2 reporting

V11 12/10/15		
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	Responsibility	Date	Status
	Mary	1/31/16	A P C D
	Rich	12/31/15	A P C D
	Dave	12/18/15	A P C D
	Dave	1/6/16	A P C D
al	Dave	1/6/16	A P C D
1	Malini	1/6/16	A P C D
	Mary	12/11/15	A P C D
	Liz	12/11/15	A P C D

	Day 1 (12/3/15)	Day 2 (12/4/15)	Day 3 (12/8/15)	Day 4 (12/9/15)	Final	Percent change
	74	60	57	63	63	76%
	7 1	00	57			70/0
es	55	44	31	28	28	53%
	6%	10%	0%	0%	0%	100%