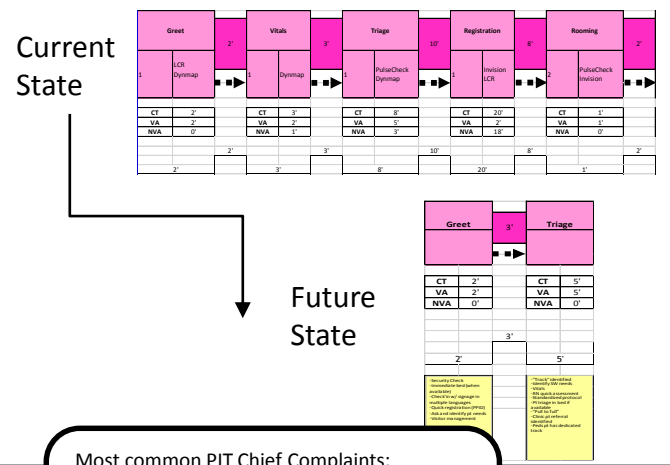


### I. Background

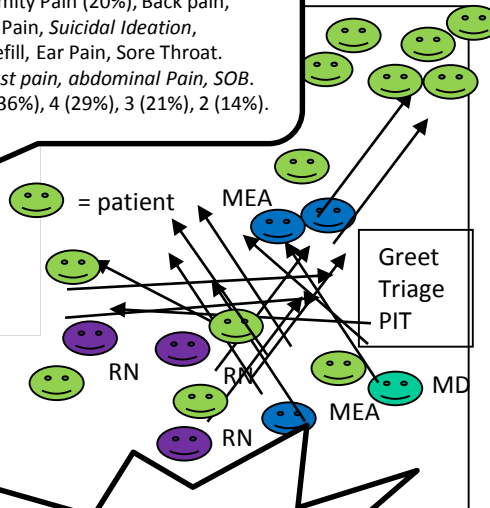
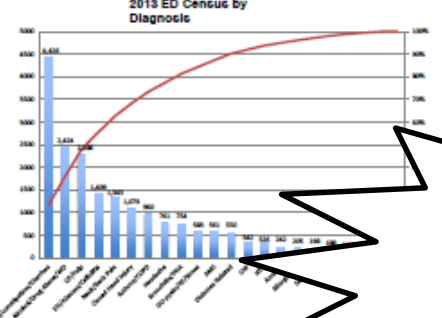
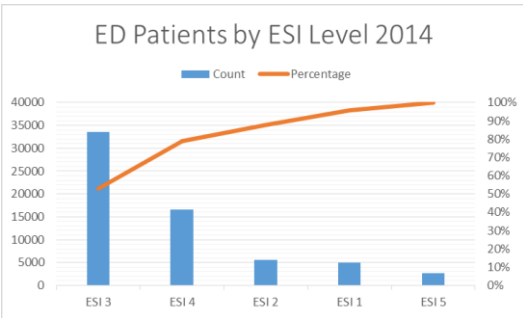
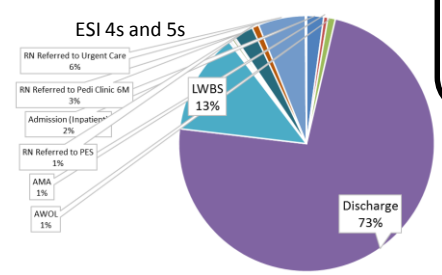
Patients present to an MEA in the waiting area upon presentation to the ED. Patients are triaged, registered and roomed based on ED bed availability, staffing, acuity and resources. The decision on where the patient is roomed is made by the Triage Nurse. The Triage nurse also: responds to radio calls, gives meds, starts IVs, draws labs, takes 4 minutes for documentation, transports patients throughout the hospital, rooms patients, does handoff, find supplies, notifies different providers of patient needs. There are up to 3 Triage nurses at a time. These nurses sometimes work 12 hour shifts at triage. There is no standard work for coordination of triage efforts between the 3 nurses. Patients enter through the same door by ambulance, or by walk in. Some nurses start diagnostic testing immediately.



Most common PIT Chief Complaints: Isolated Extremity Pain (20%), Back pain, Tooth/Mouth Pain, Suicidal Ideation, Medication Refill, Ear Pain, Sore Throat. Also sees: Chest pain, abdominal Pain, SOB. ESI Scores: 5 (36%), 4 (29%), 3 (21%), 2 (14%).

### II. Current Condition

7% of patients LWBS.  
12% of ESI level 4s LWBS  
21% of ESI 5s LWBS  
Median LOS for 4s and 5s is 253 minutes.  
The Median LOS for PIT patients is less than 144 minutes.



Over 50% of our patients come in with a dx of Abdominal Pain, ETOH or Chest Pain. 50% of our patients are acuity 3. 88% are Acuity 3 or 4.

### Problem Statement (Gap)

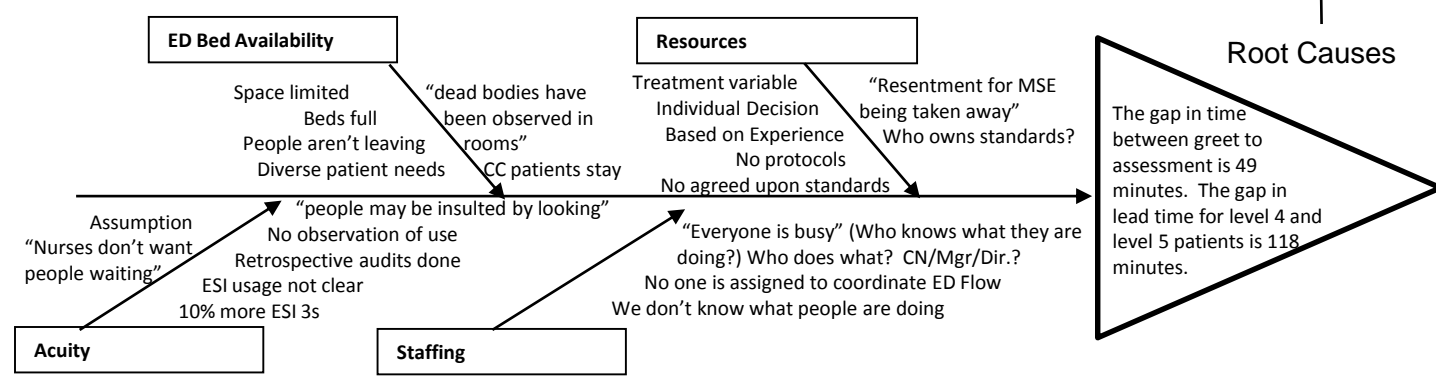
The gap in time between greet to assessment is 49 minutes. The gap in lead time for level 4 and level 5 patients is 118 minutes.

### III. Goals & Targets

1. Reduce median LOS from greet to assessment from 59 minutes to 10 minutes by December 2015.
2. Reduce LWBS rate from 7% to 0% by December 2015.
3. Reduce lead time for acuity 4 and 5 patients from 253 minutes to 135 minutes by December 2015.

### IV. Analysis

1. No Leadership accountability, 2. No standard process for the front end, 3. No flow buster prevention



### V. Proposed Countermeasures

Item #	Problem	Countermeasure	Responsibility	Date	Status
1	No Standards for ESI 3s (prioritizing, rooming, staffing)	Create care plan for ESI 3	Mary	1/31/16	A P C D
2	Standard work created in the workshop and no one knows	Teach and validate SW	Rich	12/31/15	A P C D
3	Confusing with multiple channels on walkie talkies	Create and test different channels for walkie talkies	Dave	12/18/15	A P C D
4	No signaling for waiting room, # of waiting, LOS	Create and test signaling in pulse-check with IT	Dave	1/6/16	A P C D
5	Computer on Wheels are broken	Fix broken Computers on Wheels, get at least 2 additional computers	Dave	1/6/16	A P C D
7	The location plans in the workshop are applicable in the current state only	Plan for move to building 25 using standard work created in workshop	Malini	1/6/16	A P C D
8	Plan for Fast Track in zone 4 for 90 days has not been communicated	Create Communication Plan	Mary	12/11/15	A P C D
9	New space being used for Fast Track	Create Security plan for new space	Liz	12/11/15	A P C D

### VI. Results 12/2-12/4/15

Measures	Baseline	Target	Day 1 (12/3/15)	Day 2 (12/4/15)	Day 3 (12/8/15)	Day 4 (12/9/15)	Final	Percent change
1. Lead time for level 4 and 5 patients	253 minutes	135 minutes	74	60	57	63	63	76%
2. Time from Greet-Assess	59 minutes	10 minutes	55	44	31	28	28	53%
3. Left without being seen	7%	0%	6%	10%	0%	0%	0%	100%

### VII. Plan - KW #1 30-60-90 Day Plan

1. Finalize/Perfect Welcome Triage Process
3. Continue improvement activities for the ESI 3 Team
4. Initiate teaching and coaching plan for 30-60-90 days.

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

1. ED Standard Work Coaches
2. DMS Stat Sheet implementation
3. 30, 60, 90 Day Target Sheet progress follow-Up and Tier 1 & 2 reporting