

Independent Community Hospital Improves Emergency Department Flow and Revenue

Organizational Background

BRG professionals collaborated with an independent not-for-profit healthcare system in the northeastern United States consisting of one community hospital with outpatient centers and provider practices. The hospital is licensed for seventy-two beds and discharges 3,875 inpatients annually. Its emergency department (ED) consists of thirty-two spaces treating over 35,000 patients each year.

Prior to the engagement, the ED's median length of stay (LOS) was 272 minutes (released LOS – 243 minutes; admitted LOS – 422 minutes), resulting in a total left before treatment completed (LBTC) rate of 5 percent and a left without being seen (LWBS) rate of 3 percent.

BRG Approach

The system requested that BRG work with its leadership team and organization to decrease LBTC and LWBS, improve door-to-provider times, and decrease overall LOS. BRG's Emergency Services Solutions (ESS) team partnered with organizational and provider leadership to modify processes, utilizing two primary processes to effect results:

1. Decrease ED arrival to provider time
2. Optimize disposition to admit times for patients admitted to the hospital

“ Through collaboration and innovation, BRG helped us to transform challenges into opportunities, enhancing patient care and operational efficiency.”

– Vice President of Clinical Services/Chief Nursing Officer

Implementation

Decreasing ED Arrival to Provider Time

BRG collaborated with ED leadership and staff to modify the “intake” process. This included adding a registered nurse at the point of arrival who, together with registration personnel, quickly registered and triaged patients walking into the department. After triage, the RN communicated a bed need with assigned staff who escorted patients to the treatment area. If no treatment space was immediately available, the triage RN initiated physician-approved protocols based on the patient's condition.

To maximize treatment space availability, the ESS team implemented a vertical treatment area staffed with an advanced practice provider (APP) to rapidly evaluate, treat, and discharge lower-acuity patients. Combined with a rapid evaluation area to assess moderate acuities, this increased usage of available treatment space.

Results



43%

REDUCTION
IN LWBS



13%

REDUCTION IN
DISCHARGES LOS



\$925k

POSITIVE
ORGANIZATIONAL
IMPACT

Optimizing Disposition to Admit Times

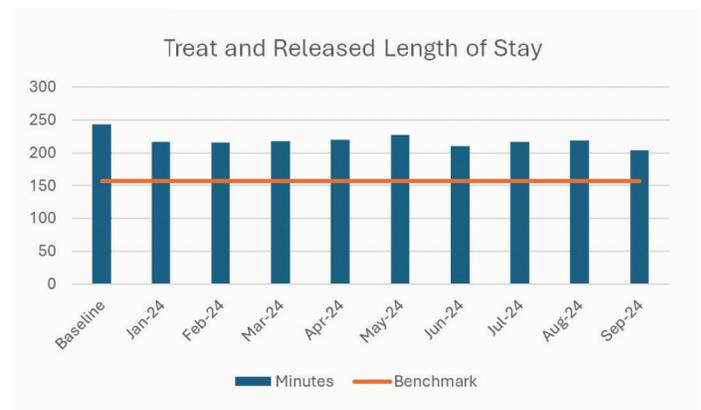
Inpatient bed availability, as well as a lengthy bed assignment process, led to increased LOS for both admitted and released ED patients and higher-than-expected boarding hours. The BRG team partnered with ED and inpatient nursing leadership, ED and inpatient provider leadership, and front-line staff to increase bed availability and expedite the bed assignment and patient movement processes.

The collaboration led to a defined electronic communication process between ED and inpatient providers when an admission was needed. Registration and the clinical coordinator/house supervisor were included in the communication to allow a “pre-assignment” of beds. This included refining expectations of timelines and studies needed prior to admission orders.

The organization had an existing multidisciplinary rounding process on inpatient units that occurred mid-day and did not include all needed ancillary personnel. Rounding was moved to the morning and expanded to include personnel directly involved in the discharge planning process.

Results

The partnership of hospital/provider leadership collaboration with BRG professionals led to an overall improvement of flow and reduction in LOS and LWBS rates. The median LOS decreased from 272 to 242 minutes (11 percent improvement). The released LOS decreased by 32 minutes (13 percent) and the admitted LOS by 39 minutes (9 percent). These improvements led to a 43 percent improvement in LWBS (3 to 1.7 percent) and a decrease in boarding hours (1,635 hours). Overall, this led to a \$925,000 positive impact to the organization.



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Lowell Hardin
Senior Managing Consultant
Lowell.Hardin@thinkbrg.com
256.529.1658

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