

# Improving the Emergency Department Handoff to Facilitate Inpatient Throughput

Amy Garner, BSN, RN, CEN & Veronica Sorenson, BSN, RN, CPHQ  
Baylor Scott & White Medical Center of Plano

## INTRODUCTION

The Emergency Department throughput has been identified as a major factor that can impact care and quality throughout the hospital(I). Delays in patient flow may derive from hand off issues, availability of beds, and policies that inhibit patient transport (II).The nursing hand-off was a large frustrating factor for all staff as well as a barrier to smooth patient flow.

## BACKGROUND

- ❖ A team was developed to identify delays regarding the transferring and receiving of patients between the ED and Inpatient Units.
- ❖ The ED LEAN Admission team included 14 multidisciplinary members ranging from Executive Leadership, Unit Secretaries, Registered Nurses, and the Admission Coordinator.
- ❖ The hospital has 6,619 admissions per year with 24,010 ED visits.
- ❖ **KEY ISSUES:** nurse availability for report, policy to prohibit admissions during shift change( No fly zone), confusion of nurse assignments for admissions, dirty rooms marked clean, pager errors, and staff pushback.

## PURPOSE

**Purpose:** To eliminate delays in throughput and maximize patient flow.

### Objectives:

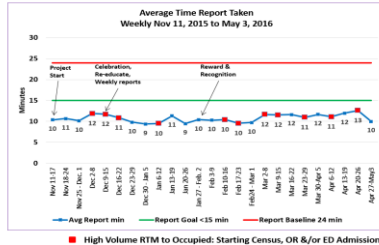
- ❖ Determine key issues and solutions that can be addressed as a team.
- ❖ Select a work flow process that can impact the bed capacity challenge.
- ❖ Identify patient throughput metrics that can provide data pre and post changes.

## ACTIONS TAKEN

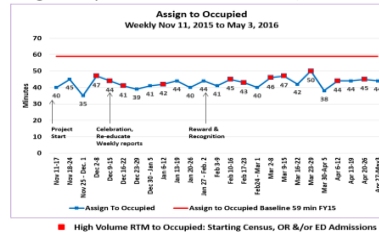
- ❖ Standardize the patient report process
- ❖ Inpatient RN would call ED RN in <15 minutes.
- ❖ Remove the “No Fly Zone”
- ❖ Ensure room is ready prior to the patient being moved to the unit.
- ❖ The ED secretaries “instant notified” room control when patient leaves the ED.
- ❖ Utilization of PDCA cycle to help improve process.

## OUTCOMES

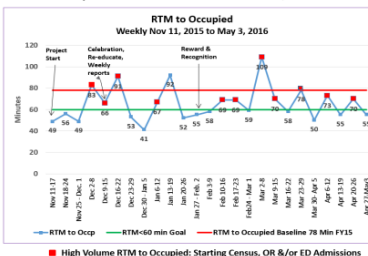
Average Time Report Taken: baseline 24 minutes to 10.7 minutes, a 55% decrease



Assign To Occupied: baseline 59 min FY15 to 43 min, a 27% decrease



RTM to Occupied: baseline 78 min FY15 to 65 min, a 17% decrease



## IMPLICATIONS

- ❖ The pull process allowed inpatient RNs control of patient flow which improved organization.
- ❖ The process increased the timeliness for access to inpatient care.
- ❖ Nursing autonomy was developed due to the bedside nurses helping to create many of the interventions for their unit.

## REFERENCES

- I. Baker, S.J. & Esbenshade, A. (2015). Partnering effectively with inpatient leaders for improved emergency department throughput. *Advanced Emergency Nursing Journal*, 37(1), 65-71.
- II. Handel, D.A., Hinds, J.A., Ward, M.J., Rabin, E., Zwemer, F.L., & Pines, J.M. (2010) Emergency department throughput, crowding, and financial outcomes for hospitals. *Academic Emergency Medicine*, 17, 840-847.

## RESOURCE CONTACT

- ❖ Amy Garner
- ❖ [Amy.garner@bswhealth.org](mailto:Amy.garner@bswhealth.org)
- ❖ 469-814-2529