

Implementation of an ED Flow Team to Reduce Patients Leaving Without Treatment

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Problem Statement

- Emergency Department (ED) boarding leads to lower quality of care, reduced patient safety, and decreased patient satisfaction.
- The project site's ED had an average ED boarding time of 19 hours, compared to the Joint Commission standard of less than 4 hours.
- Boarding patients use ED beds that cannot be used for new patients seeking emergency care.
- In fiscal year 2023, the site's ED had 22% of its' patients leave without being seen by a physician or nurse practitioner.

Purpose of Project & Goals

The purpose of this quality improvement project is to determine if an interdisciplinary, collaborative ED flow team would decrease the number of patients seeking emergency care from leaving the ED by reducing ED boarding times.

- **Process Goal:** The median bed assignment to patient arriving on the inpatient unit will reduce to 60 minutes.
- **Outcome Goal:** The left without being seen by a provider rate will reduce to less than 18%.

Methods

- **Setting:** The adult ED in a large, urban, academic medical center
- **Population:** Adults, aged 22 and older, who present to the ED for emergency care
- **Intervention:** Required weekly meeting with ED and inpatient nursing and provider leadership, nursing informaticist, environmental services supervisor, transportation services supervisor, bed coordinators, and case management to expedite ED boarding patients' transfer to inpatient units
- **Strategies:** Introductory meeting with education, formal commitments, compensation for meeting attendance
- **Data Collection:** Weekly chart audits of the electronic health record deidentified to REDCap, a secure HIPAA compliant platform

Results

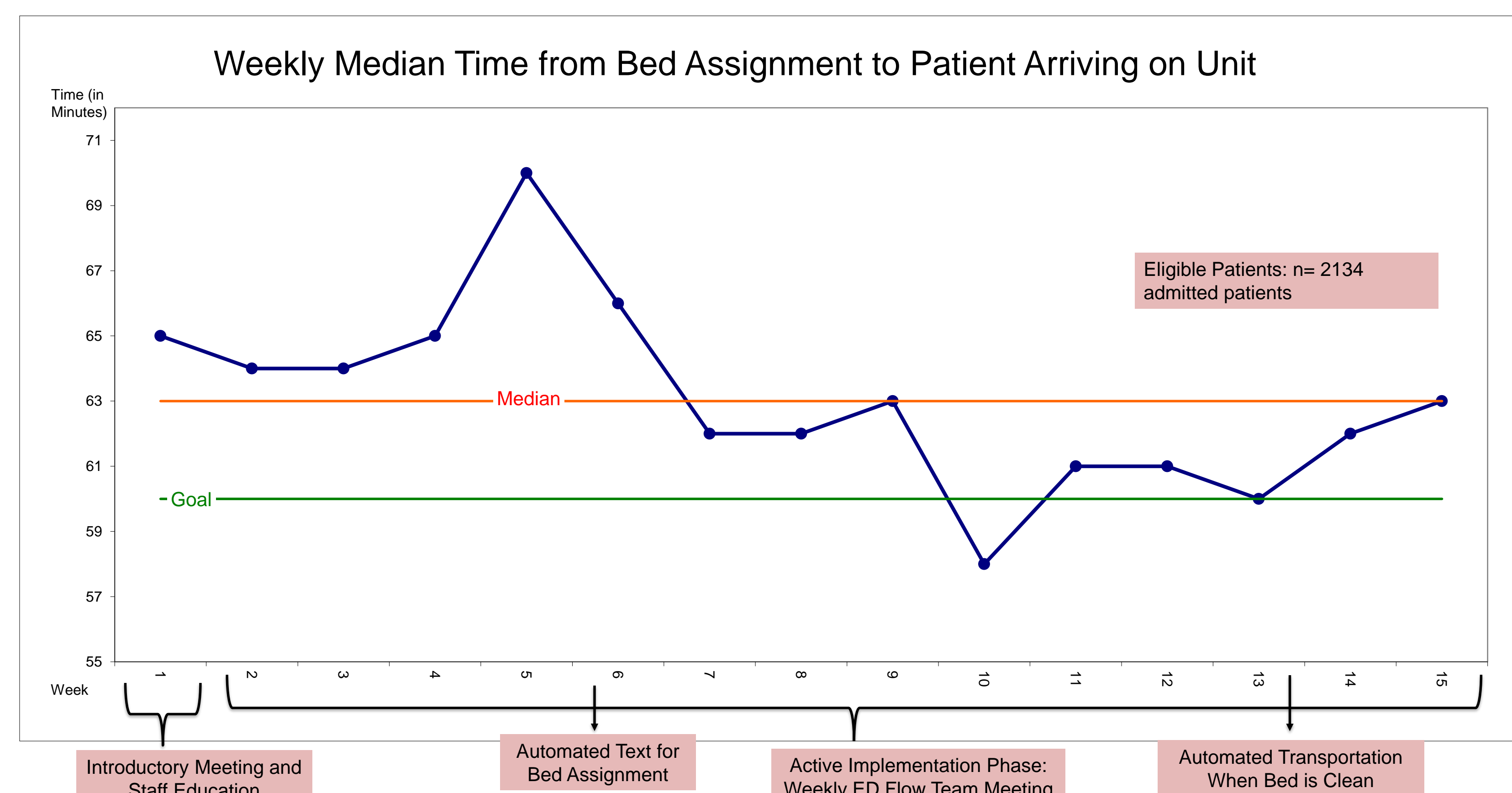


Figure 1: Run Chart of Weekly Median Time from Bed Assignment to Patient Arriving on Unit

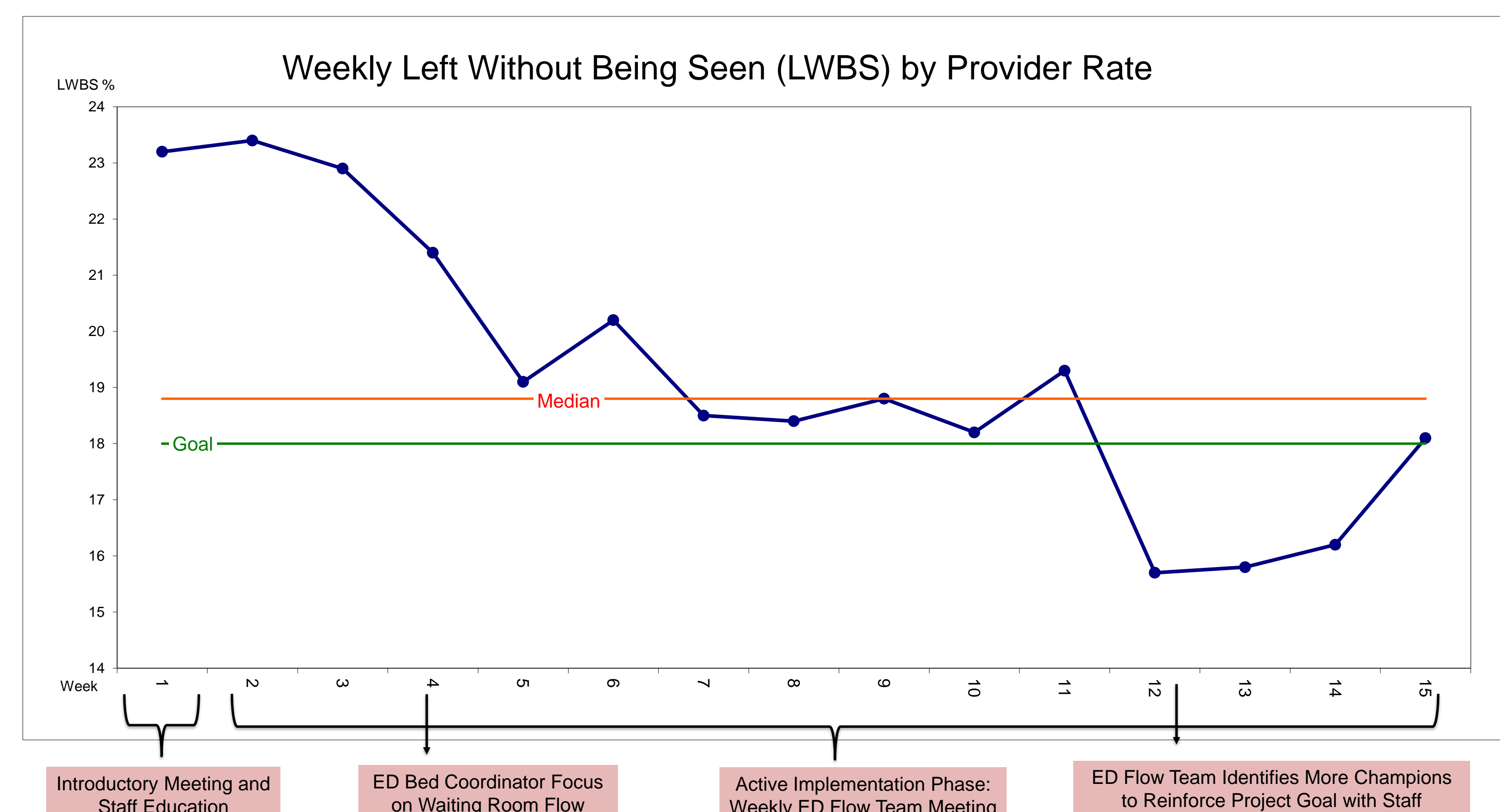


Figure 2: Run Chart of Weekly Left Without Being Seen by Provider Rate

Key Outcomes

- Intervention impacted a total of 12,453 patients who presented to the ED over 15 weeks
- The left without being seen by a provider rate decreased by 5.6%
- This intervention resulted in over **700 patients receiving emergency care** who may have left without being seen prior to implementation of the ED flow team

Discussion

- The ED flow team led to a decrease in the median time from bed assignment to the patient arriving on the inpatient unit from 65 minutes to 63 minutes
 - Goal of 60 minutes was not achieved due to an increase in patients admitted to the hospital from the ED
- **The left without being seen by a provider rate was decreased from a median of 23.2% to 18.8%**
 - Goal of less than 18% was not achieved due to an increase in patients presenting to the ED during the project.
- **Limitations:** ED flow team members have busy schedules and were unable to attend each meeting; ED and inpatient nursing staff have multiple patients

Conclusions

- The implementation of a collaborative, interdisciplinary ED flow team successfully impacted the throughput of patients from the ED to inpatient units and led to a decrease in new patients leaving without being seen by a provider

Sustainability and Next Steps

- Continuation of the weekly ED flow team to ensure each department is meeting its' goals
- Interdisciplinary team to monitor ED throughput and suggest future quality improvement initiatives

References

Scan QR code for project references



Acknowledgements

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