

Patient Progression: A Multi-Disciplinary Approach to Moving Patients Safely, Quickly, and Efficiently

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Abstract

Background: Duke Regional Hospital (DRH), a part of the Duke University Health System, is an acute care community hospital with 369 licensed beds located in Durham, NC. In 2016 DRH's board of trustees set a strategic priority for fiscal year 2017: to lead in the delivery of highest-quality, patient centered care. **Objectives:** The specific goal for this strategic priority was to improve the emergency department (ED) length of stay for admitted patients. This is to be accomplished by improving patient progression. High ED lengths of stay and ED crowding can negatively impact patient care, patient satisfaction, and patients' leaving without being seen by a medical provider. DRH's goal with improving patient progression was to provide safe, efficient and timely movement of patients from admission to discharge. Our additional goal was to decrease patient wait times at transition points. **Methods:** DRH used a multi-disciplinary approach to improve patient progression. Hospital staff in multiple departments across various disciplines impact the moving of patients during an admission, including Care Management, Environmental Services, and physicians. Our team also included the hospital president and vice-president of operations. We spent several months completing a deep dive into process flow and understanding the barriers to patient throughput at our facility, to achieve a true understanding of all issues. Once issues were identified, our team further divided into four workgroups, each with a specific list of action items to complete. Through our deep dive into the barriers, the action items were noted to be, if completed, the most impactful to improving the hospital's patient progression. The four work groups were: Clinical Staffing; Discharge Process; General Medicine; and Data. **Results:** Some of our results include 1) the creation of a General Medicine unit incorporating our teaching service patients, clinical nurses, and providers; 2) the completion of an Admission and Discharge nurse pilot; and most notably, 3) a 50% reduction in the number of patients waiting greater than 240 minutes (4 hours) for an inpatient bed. Other results include a hospital-wide, unit-level based dashboard that notes metrics and performance over time, redesigned patient throughput processes, and improved communication among multiple disciplines. In addition, the ED length of stay for admitted patients has decreased by 10% since the beginning of the fiscal year. Throughout the length of the project, a core team meets bi-weekly to review metrics and discuss any safety issues with throughput. Issues are also escalated in real time to management for immediate resolution to best meet the needs of the patient. **Significance:** A strategic, multi-disciplinary approach with ongoing leadership oversight and data review is critical to improving patient progression to move patients safely, efficiently and quickly through a healthcare facility.