KEY PLAYERS IN KEY ROLES: THE BAYSTATE PATIENT PROGRESS INITIATIVE TO IMPROVE EMERGENCY DEPARTMENT EFFICIENCY AND PRODUCTIVITY

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Contribution to Emergency Nursing Practice:
- In the emergency department, the number of patients seen per day is a measure of productivity.
- The percentage of patients who leave without being seen is a measure of efficiency.
- Dedicated nursing management structure can improve productivity in the emergency department and the efficiency of flow.

Abstract
Background: The percentage of patients who leave the emergency department without being seen by a provider is a measure of efficiency and presents risk-management concerns. The number of patients actually “seen” by a provider is a measure of productivity. The opening of our new emergency department in December 2012, resulted in increases in both demand and the percentage of patients who left without being seen. Operational nursing leadership managed ED patient flow, but the structure was loosely organized on an ad hoc basis.

Methods: Operational nursing leadership roles were re-assigned to personnel with management aptitude and interest. The charge nurse coordinated care throughout all sections (pods) of the department while the pod lead nurse coordinated care in each pod. The flow coordinator nurse accepted transfers and emergency medical services arrivals. Nursing and physician staffing remained unchanged, and measures were calculated over a 3-year period (December 3, 2012, to December 2, 2015). The number of patients seen per day was analyzed using simple linear regression. The percentage of patients who left without being seen was analyzed using fractional logistic regression; \( P < 0.05 \) was considered statistically significant.

Results: The weekly mean number of patients seen per day rose 13% from 265 to 299 patients. The weekly mean percentage of patients who left without being seen declined 45% from 8.2% to 4.5%. The regression lines for both measures were significant at \( P < 0.001 \).

Conclusion: Measures of efficiency and productivity can be improved significantly with a dedicated operational nursing leadership structure without adding nursing or physician staffing.

Key words: ED nursing leadership; Nursing interventions; Emergency department flow; Left without being seen; Crowding; Nursing leadership

On December 3, 2012, a new emergency department opened at Bay State Medical Center Medical Center in Springfield, MA. The institution is the only level 1 trauma, ST-elevation myocardial infarction and interventional stroke center in the western part of the state, which covers an area of close to...
3,000 square miles. The new emergency department has 94 licensed bays and spans 72,000 square feet, which is roughly 3 times the size of the old department. Eighteen bays are dedicated to the care of children under the age of 18, and 9 are specifically designed for behavioral health patients. The remaining 67 bays are divided into 4 separate, but connected, pods for adult care (Figure 1).

Expectations were high that the new facility—with a much larger space—would significantly improve both patient and staff satisfaction and improve the efficiency and productivity of patient care delivery. On opening day, a hospital-wide incident command was set up at 5:00 AM to manage the move from the old to the new emergency department. The last patient was transferred at approximately noon the same day. A guiding principle was that hallway spaces were not to be used for patient care in the new department and that only fully equipped licensed beds would be used for patient care.

The advertising and public relations campaigns related to the opening of the new emergency department resulted in a record-high volume on the first day. The number of registered patients was 344 on day 1, but, regrettably, 18% left without being seen (LWBS) because of long wait (door-to-doctor) times. In short order, patients who LWBS became a priority because of very high daily rates of more than 10% during subsequent days and months.

FIGURE 1
Map of Baystate Medical Center Emergency Department Individual Pod Leads were assigned to Pods A/B, C, D, and P.
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