

Adapting a Multi-disciplinary Team Approach To Enhance Throughput in The ED Split Flow Area

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Problem Statement

The Long Island Jewish Medical Center Emergency Department (LIJMC ED) has experienced a 7% annual volume increase from the previous year - 89,109 visits in 2022 vs 94,003 in 2023. Concurrently, an uptick in higher acuity patients presenting to the ED has been observed. Ultimately, this has resulted in a 4% increase in hospital admission rates from 2022 to present. It became clear that operational improvements were needed to accommodate for increased volume which has led to an increase in treat and release length of stay (LOS). The ED team met in July to brainstorm and after analyzing the data felt that targeting the split flow intake area would yield the best outcomes.

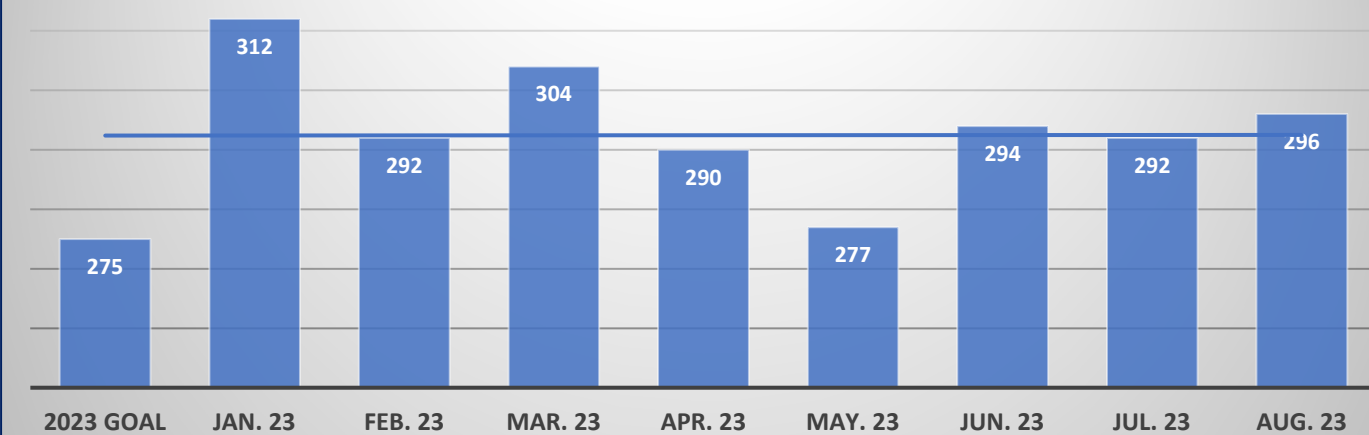
Goals

System Goal for LIJ ED Treat and release median LOS for 2023 is 275 minutes. Currently we are at 296 minutes. Our goal will be to decrease by 7% with full implementation of the multi-disciplinary teams.

Current Process

Intake Providers (Docs, PAs, and residents) currently assign themselves patients by LOS based upon when they choose to sign up for the patients. The nurses divide the area up into 3 districts, but the Providers don't and there is little accountability on the Providers to get patients seen expeditiously. In the main ED patients are distributed in "multi-disciplinary" teams by the charge RN.

LIJ ED Median Treat and Release LOS

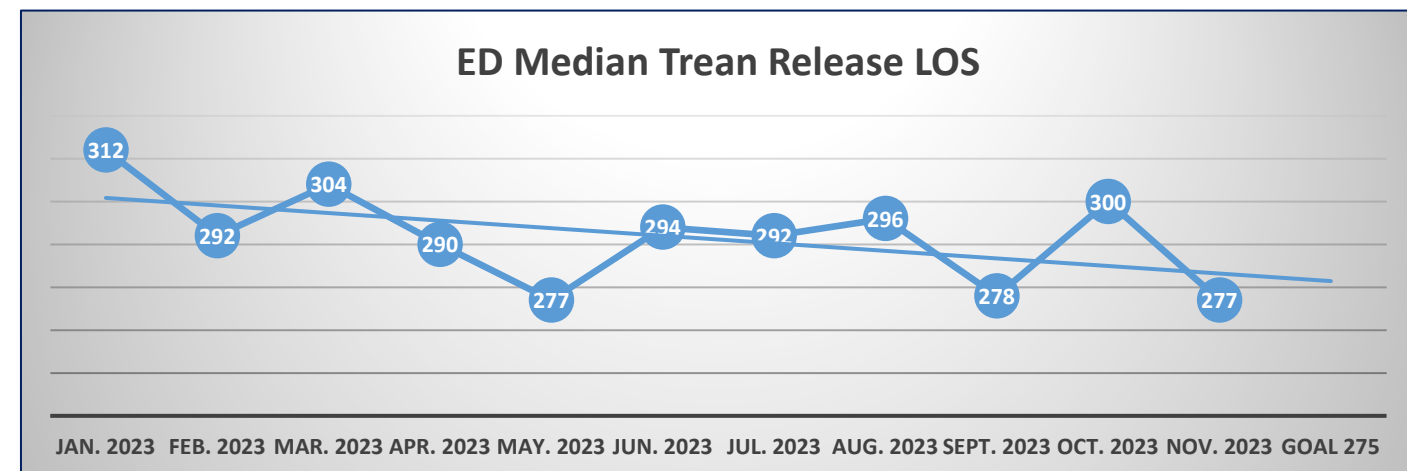
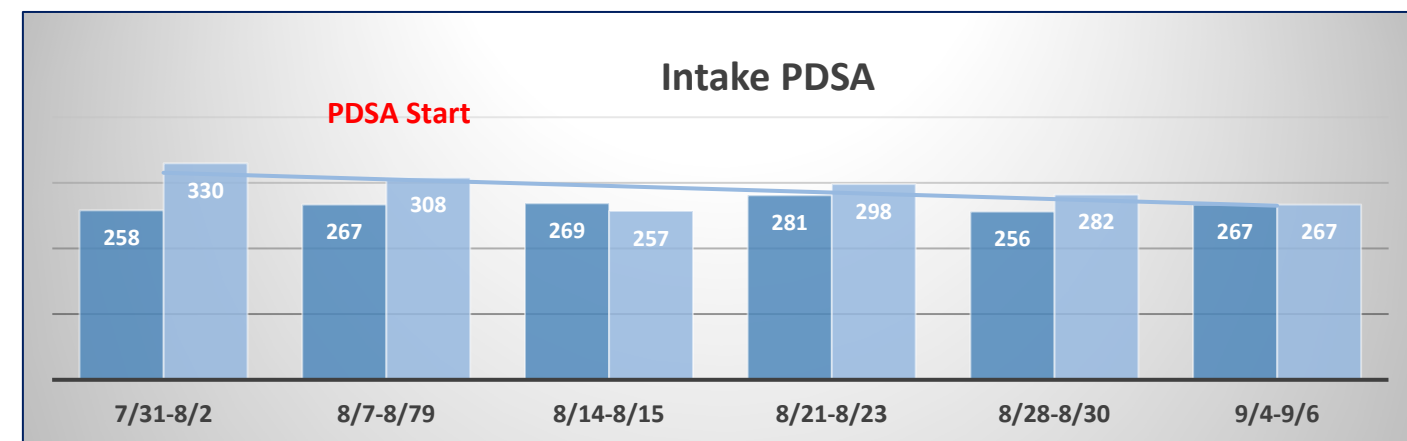


References

- ACEP Emergency Medicine Practice Committee, ED Crowding: High Impact Solutions May 2016. <https://www.acep.org/sites/media/crowding>
- Otto, R. National Institutes of Health: Length of Stay as a Quality Indicator in ED July 2022. <https://www.ncbi.nlm.nih.gov/articles/PMC9135863>

Strategies and PDSA Cycles

- The PDSA process owners decided that Intake teams would be created, and the patients would be distributed on a round robin basis Monday through Friday. Each team consisted of a Provider, Resident or PA & RN
- PDSA's began the first week of August and feedback was collected from the teams in real time and changes were made based on feedback.
- New process being done consistently Monday thru Friday and on weekends when staffing/volume warrants.
- Mid September the new process was implemented 5 days a week from 8am to 10:30 with a RN distributing the patients amongst the teams.



Next Steps

- Treat and release LOS have decreased by 20 min since new process started
- Expand teams to weekends to solidify consistency of new process
- Charge RN in intake is key to the new process's success. If staffing doesn't allow assign ANM or ED Technician to distribute patients.

