

Improving Patient Flow: ED to Inpatient Bed Assignment Process

Lucy Xenophon, MD, MPH, CMQ

Amy Petsas

Kim Keller



**Mount
Sinai**

About Mount Sinai St. Luke's

- Member of the Mount Sinai Health System
- 300-bed hospital serving the Harlem and Morningside Heights communities of NYC
- Approximately 100,000 ED visits annually, 12% of ED visits result in admission to MSSL



Reason for Action

- The Emergency Department was consistently boarding 8 -20 admitted patients daily
- Excess time in the emergency department increases the opportunity for patient harm, frustrates staff, and negatively impacts the patient experience

Scope: Admitted Medicine Patients

True North: Flow



What Did We Do?

- Patient Flow Committee, led by CMO, tasked a small multidisciplinary Kaizen team to design a process to reduce the time from when a bed is requested by an Emergency Department physician until a bed is ready
- Challenges identified
 - Limited visual management
 - Multiple handoffs
 - Variability in process
 - Work performed in silos
 - Batching



Lean Principles

Visual Management for One Piece Flow



Use bent door tag as a visual cue to trigger standard work

Unit Secretary: Discharge patient from system in real time without batching

NA: Strip linen from the bed

EVS: Clean the room. If linen is on the bed, enter Linen Delay and inform Unit Secretary or Charge Nurse.

Voice of the Customer



- Admitting is a customer of the ED
- Admitting cannot assign a bed without Attending name

Remove Waste

- Charge RN is removed from the process



Communication Plan and Culture Change

- New workflow socialized to staff via huddles, staff meetings, and workshops
- Combined ED and Inpatient “Charge Nurse Day” held to improve communication and break down silos
- Deputy CNO addressed culture of ‘hiding beds’ and batching discharges in multiple sessions attended by every Unit Secretary and Nurse Manager

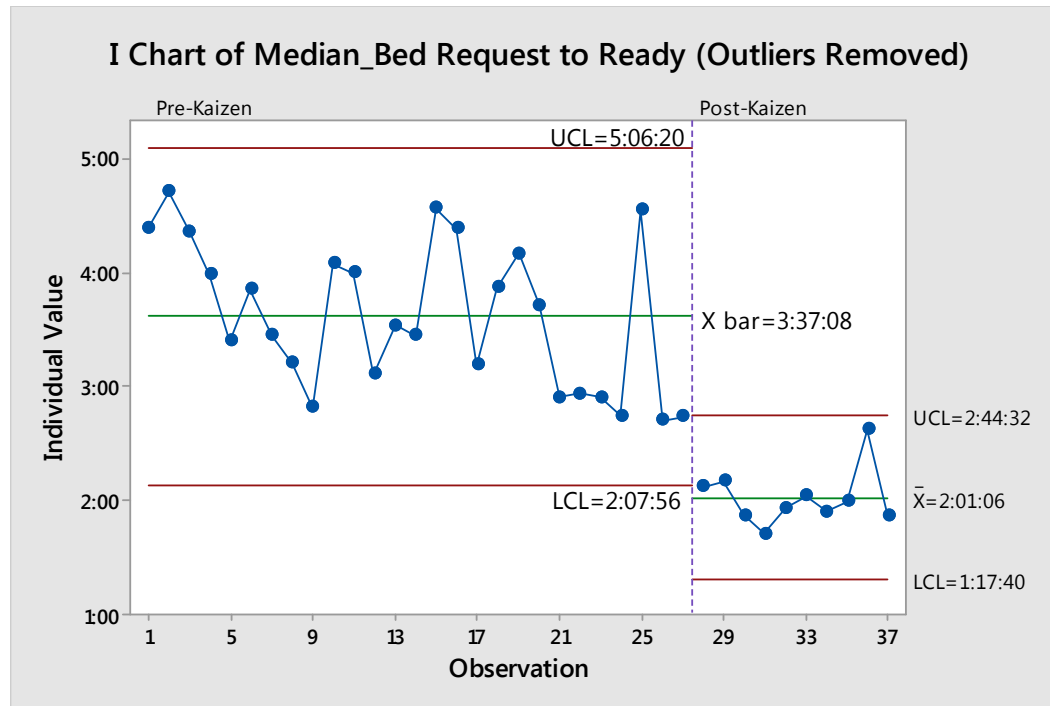
Create an elevator speech to communicate what? and why?

How does the change benefit the patient and the end user?

Outcomes and Sustainment

Time from Bed Request to Bed Ready

	Pre-Kaizen	Target	30 Days	60 Days	90 Days	Total Post Through 3/10/18	Reduction
Average	7h 1m	5h 10m	3h 57m	3h 29m	3h 22m	3h 53m	3h 8m (45%)
Median	3h 45m	2h 40m	2h 30m	2h 12m	1h 58m	2h 11m	1h 34m (42%)



- Statistically significant difference in mean before and after Kaizen
- Outliers removed for January 017 and 2018 because of influx during flu season