

Award Application

1	Project Title	Emergency Department Throughput
2	Clinical or Operational Area	Emergency Department
3	Healthcare System	
4	Hospital or Entity Name	Kootenai Health
5	Applicant Name	Dershi Bussey
6	Applicant Title	Director of Emergency and Time Sensitive Emergencies
7	E-mail Address	dbussey@kh.org
8	Telephone	208-625-5721
9	Mailing Address, City, State, Zip Code	2003 Kootenai Health Way, Coeur d'Alene, ID 83814
10	Please list the names and titles/roles of the additional members of the project team:	
	Name:	Title/Role:
	Eric Kenner	Manager Emergency Services
	Brenda Burke	Emergency RN
	Andria Myers	Emergency RN
	Michelle Hixson	Emergency RN
11	Name of Senior Risk Management or Corporate Insurance Representative	Helen Holmes
12	Mailing Address, City, State, Zip Code	2003 Kootenai Health Way, Coeur d'Alene, ID 83814

13. The best practice/improvement submitted for consideration is a: *(Check all that apply)*

- Clinical Policy
- Performance Improvement Strategy *(Six Sigma, etc.)*
- Communication Strategy *(Briefing before surgical procedure, senior management rounds, etc.)*
- Other *(Please specify)*

Click or tap here to enter text.

14. Can the project be duplicated to support patient safety/risk mitigation strategies at other organizations? Yes

No

15. Briefly describe the project: *(two paragraphs maximum, please attach any supporting documentation)*

Emergency (ED) congestion is a risk factor for staff burnout, patients leaving prior to treatment, unsafe staff to patient ratios and may lead to poor patient outcomes as declining patient status is not identified. The hospital leadership brought together a multidisciplinary team including a consultant with the goals of improving ED throughput. Over a three-day work session, staff developed a plan to utilize direct patient bedding, use of internal results waiting areas, nurse-

initiated orders for delays in rooming, the use of AIDET (Acknowledge, Introduce, Duration, Explanation, and Thank You), prioritized discharges, and discontinued admission report to lower acuity areas.

Results from the first 3 months:

- Improved ED door to discharge by 50 median minutes
- Improved ED door to admission by 100 median minutes
- Improved left without being seen from 2.4% to below 1%
- Limited use of hallway beds for admission pending transport only
- Improved Press Ganey rating 0-10 from the 58th percentile to the 73rd percentile by June
- Decreased noise level
- Nursing ratios returned to 4:1
- ED staff and providers feeling less stress and improved safety
- Calmer, quieter department

16. Describe how this project has reduced the potential for liability and improved patient safety. (one paragraph maximum)

The ED improved length of stay has reduced the number of patients in the ED at any given time allowing the:

- Patient to:
 - Remain in the ED for treatment rather than leaving without being seen with a worsening condition
 - Feel listened to and part of the treatment decision making process
- Staff to:
 - Maintain their 4:1 ratio
 - Improve documentation
 - Give focused care
 - Review vital signs and order results
 - Improve patient rounding
 - Improve discharge education to prevent unnecessary returns to the ED or complications

17. What metric(s) have been used to measure and/or sustain success? (one paragraph maximum)

- Door to discharge
- Door to admission
- Left without being seen
- Press Ganey rating 0-10

18. Are you willing to share this project with other members of AEIX? Yes No

19. Was this project an original concept created by the project team? Yes No

20. Was this project based on successful practices evaluated from literature or other healthcare providers? Yes No

21. Is this project being implemented in your health system for the first time? Yes No

22. Do you have plans to publish the project results in a professional publication or networking forum? Yes No

23. Is there anything else you'd like to share about this project?

This was a multidisciplinary project led mostly by bedside ED nursing staff who made decisions on practice, developed the training, gave the training, and acted as superusers in the ED for the next 3 weeks. They have participated in multiple follow up meetings to review workflows and results, made suggested changes and implemented them. The inpatient nurses had a small workgroup from the project that helped put processes in place and set standards for report of admitted patients.

Thank you for completing the application. Please follow these next steps.

- Please save this document in Word format and gather your supporting documentation.
- Forward the application and documentation to your senior risk management leader or corporate insurance representative. *They will need to complete and sign the Evaluation of Awards Application Form on the final page of the application before submitting it to American Excess Insurance by Friday August 16, 2024.*

Evaluation of Award Application

The evaluation must be completed and signed by the senior risk manager or corporate insurance representative. Please evaluate the Award Application by indicating the best answer to the question.

1. How will this project improve safety and/or reduce liability?

- Little effect on safety and liability (1)
- Some improvement but metrics are not defined and/or it is not clear that measurable effect can be sustained (2)
- Strong effect with clearly defined metrics (3)

2. What is the potential to share this project or practice with other AEIX members?

- Little potential – i.e. *implementation requires major budgetary commitment, topic is highly specialized, and/or metrics are not clearly defined* (1)
- Some potential but process may be hard for another organization to implement, and/or its application may be limited - i.e. *major budgetary commitment, topic is highly specialized, and/or metrics are not clearly defined* (2)
- Strong potential for producing best practices (3)

3. What level of impact will this project or practice have on the severity of risk exposure?

- Little chance of impacting severity of risk but could address other issues (1)
- Some potential to impact risk exposure (2)
- Strong ability to impact severe malpractice exposure caused by significant risk events (3)

4. What level of innovation best describes this project?

- Project/practice is new to this organization and is based primarily on firmly established best practices (1)
- Project/practice was created primarily by applicants with some assistance from an outside vendor and contains well-established best practices with additional innovative features (2)
- Project/practice was created solely by applicants and could be included in established literature or industry best practices (3)

5. Share your comments or recommendations.

Overcrowding and long wait times in the Emergency Department can lead to potential safety events and dissatisfaction with care. Prior to this process improvement effort, we were using multi hallway beds and our waiting room was backed up as well. We had experienced some near misses related to monitoring patients in hallway beds. Since go-live, we are using almost no hallway beds, and both our left without being seen rate and overall door to discharge time have both decreased as well. This has improved patient care, staff satisfaction and reduced risk.

Helen Holmes, Executive Director, Quality & Risk Management

8/16/24

E-Signature

Title

Date

208-625-4313

hholmes@kh.org

Phone

Email

Send the completed application in Word format, supporting documentation, and signed evaluation to ana_taylor@premierinc.com by *Friday August 16, 2024*.

Thank you for your submission. In continued pursuit of our mission and vision to partner with forward-thinking healthcare leaders, inspire innovation, and provide the leading pathway for managing risk, we may share your project with other members of American Excess. However, this project will not be shared outside of the American Excess Insurance membership without your prior consent.