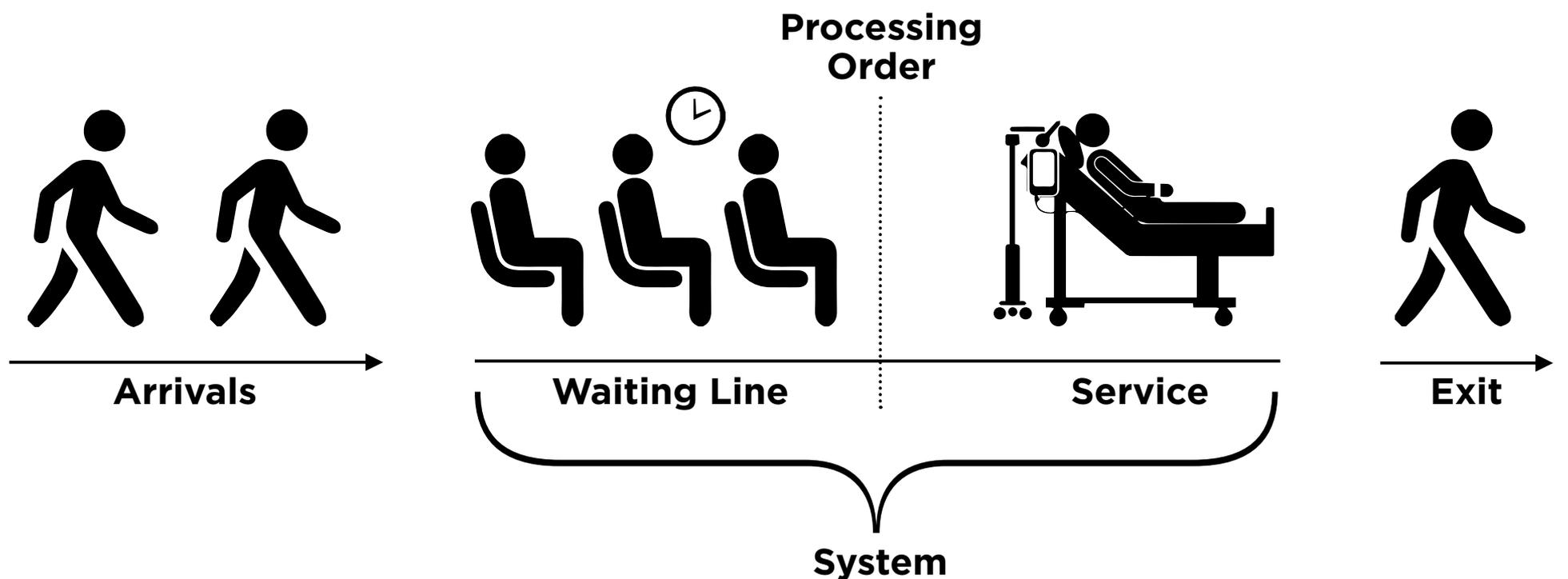


10 Practical Ways to Address Queuing Concerns



1

Reduce Preload

Reduce “unnecessary” visits or triage out. This seems sensible but this doesn’t won’t fix the whole problem. In a well run ED, low acuity visits are managed in a relatively small area and have a short length-of-stay, and don’t use up much of the ED’s overall capacity.

2

Strengthen the Pump

Make some ED operational improvements. Lots of ideas fall under this umbrella, including bedside registration, direct bedding, putting a doc at triage, building a fastrack area for low-acuity patients, KPI’s, flexible staffing to match ED volume, load leveling, and general situational awareness.

3

Observe

Fix the outflow tract, through ED Observation—buffer and control outflow for borderline admissions, creating an opportunity to do case management without taking up an inpatient bed.

4

Micro LOS

Address “micro LOS” which occurs as floors resist new patients (getting empty beds cleaned, ready to take report, timely transport when bed ready)

5

Jolt the System

Move admitted patients to inpatient hallways or solariums. May stimulate early discharges, via a Hawthorne effect.

6

Discharge by Noon

Discharging inpatients before noon better matches to ED arrivals, which usually accelerate around 10-11am. Accounting for 3-4h workup, anticipate a need for inpatient beds by early afternoon. If inpatient discharge orders are just being written by early afternoon, beds won’t be cleaned and ready for ED patients until hours after the need arises.

7

Discharge Lounge

Don’t allow discharged patients to sit in a room if they can be vertical—put patients in discharge lounges until their ride arrives.

8

The Weekend Effect

Total LOS for patients discharged on Mondays is generally several days longer than for those discharged on Fridays or Saturdays. This is not due to severity differences, but instead because nothing really happens over the weekend; hospitalist staffing is reduced, fewer key tests are available, and nursing homes don’t accept transfers on weekends. Then on Monday, when “normal business” is resumed, discharge systems are overloaded and slow, just when ED business is increased. If discharges continued on the weekends at the same rate as weekdays, the hospital would have far more capacity on Mondays.

9

Elective Admissions

Litvak started the concept of the rationalization of elective admissions. These days that mostly refers to elective surgical admissions. Monday is a busy surgical day for the convenience of surgeons, this competes for acute/emergency med/surg beds; hospitals should spread the load evenly over all days of the week.

10

It’s Bigger Than Us

Understand that ED crowding is a hospital-wide, system-wide problem and everyone in the system needs to take some responsibility for the fix.