

HOSPITAL CHARACTERISTICS

## ADVOCATE LUTHERAN GENERAL HOSPITAL

- ▶ Park Ridge, IL
- ▶ 629 beds
- ▶ <http://www.advocatehealth.com/lu>  
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### S . T . E . E . E . P .



#### SAFE

New process ensures the right patient gets into the right place at the right time.



#### TIMELY

Average ED LOS, inpatient ED LOS and bed-assigned-to-bed-occupied decreased. Patients placed in beds under one hour has increased.



#### PATIENT-CENTERED

The new processes streamline efforts and encourages patient-focus in a collaborative team effort.

## GREEN DOT TO MOVE

### The Problem

Advocate Lutheran General Hospital (ALGH) admits 32 percent of its emergency department patients per month on average. With this busy of an ED and such high-volume admission, it is critical that all clinicians and departments prioritize and support the patient through the process.

In its initial state, it was uncertain what priorities took precedence. Each department (ED, clinical bed management (CBM), accepting inpatient units and transportation) worked in individual, siloed functions to make decisions on when and where a patient would be moved. Because of the variation in patient-care practices, it was challenging to know when the nurse or physician was ready to release the patient to move up to the floor.

This uncertainty lead to CBM often assigning and then reassigning patients to a bed on an inpatient unit because either the ED wasn't ready to release the patient, the accepting inpatient unit wasn't ready to receive the patient or because the virtual bed assigned was an inappropriate match for the patient's needs. Transportation services were impacted by these inefficiencies since they came when a job was placed for patient transport, but were often turned away because the clinical staff wasn't ready due to improper handoffs between the ED and units.

### The Solution

An interdisciplinary rapid improvement events team, comprised of 16 members, examined the current process and offered recommendations. The primary recommendation had CBM assign admissions and transfers to all nursing units. In order to streamline communications in the ED, expedite patient throughout the hospital and synchronize movement between various departments, the following processes were created:

Symbols were created in the First Net, Care Connection of the hospital's electronic medical record system to serve as a visual prompt to indicate the patient was ready to move. The collaboration of three symbols—physician done, nurse done and bed request—serve as a trigger to CBM that the patient in the ED is ready to move. When an ED physician is certain a patient is going to be admitted, they place a "bed request" in the system, finish their patient care and then put a "physician done" symbol in the EMR. In addition to those two symbols, a nurse puts a "green dot or nurse done" in the system, indicating that initial treatments and medications have been started, nursing reports have been given to accepting units, the patient is hemodynamically safe for transport and meets criteria and the patient belongings checklist has been completed.

Admitting functions were given back to CBM so they could operate as a virtual command center to collaborate efforts between the ED, environmental services, transportation and inpatient units. Once all three symbols are displayed in the EMR, it is understood that the

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patient will be transported within 15 minutes. This step sets off a series of actions by CBM—assigning the patient to a room on the unit, notifying the inpatient unit charge nurse and notifying transportation. Additionally, CBM assigns beds throughout the hospital utilizing this same method.

### Results

This new house-wide process, affectionately named “green dot,” after the nurse-done symbol, has been sustained for five months (April to August 2009). It has streamlined the handoff process and reduced rework.

- » The average ED length of stay has decreased by 15 percent, from 263 minutes to current of 222 minutes. In tandem, the average length of stay for all inpatients in the ED has decreased by 20 percent, from 343 minutes to 251 minutes.
- » The overall average bed-assigned-to-bed-occupied time has decreased by 15 percent from 50 minutes to 48 minutes.
- » The overall percentage of patients placed into a bed in under one hour has had an increase from 74 percent to 82 percent

Along with these results, a cultural shift was experienced and several new trends developed at ALGH.

- » The “ready-to-move” movement has spread to the ICU floors where charge nurses are having discussions with residents and unit information secretaries are ensuring patients are truly ready to move.
- » Units and key hospital areas, such as PACU, cath lab and the operating room, are taking proactive steps to ensure the patient is ready to move before a bed is requested.
- » The transportation department reprioritized routes accordingly and assigned three full-time transporters to the ED.

In addition, the ALGH left-without-being-seen is at 0.6% and is under the national benchmark average of 2.4% and diversion rates are currently at 0 hours and have been on a downward trend since implementation.