

# High Performing Emergency Departments

## Managing Throughput



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### Overview

Today's emergency departments provide highly effective lifesaving care, yet the demands of managing high capacities and a wide range of clinical and mental health needs is overwhelming - and often negatively impacts the patient experience. Despite the challenges, it is worth the time and effort to deliver the best ED experience possible. The Emergency Department serves at the front door to healthcare organizations, and is a critical component of generating awareness and strengthening brand reputation. Nationally, about four times as many patients use the ED as use inpatient beds. In essence, the ED is where your hospital's reputation is made or broken.

In this white paper, we review foundational best practices for building a high-performing emergency department, with a focus on managing throughput during various stages of the patient's ED journey in a manner that facilitates timely and responsive care.

### Managing Throughput During Each Stage of the Experience



### Registration and Triage

How a patient is received upon arrival sets the tone for the entire stay. Registration and triage are an opportunity to create a positive first impression at a time when patients and their caregivers often have high anxiety and uncertainty.

Here are 4 best practices for expediting registration and triage:

1. Provide a **dedicated fast-track** for non-emergent patients who can be treated in 30 minutes or less. This should include a separate area with a mid-level provider, in which patients are seen on a "first come, first served" basis rather than acuity level. This reduces the overall throughput time as well as dramatically improves the experience of non-acute patients.
2. **Dedicate a nurse to triage.** This is only an option if volume supports a separate position, but often times it does. This will ensure that triage can begin immediately after a quick registration and patients are able to receive care in an appropriate timeframe. Without this role, all ED nurses must take on this responsibility, negatively impacting efficiency and resulting in sometimes long waits for triage.

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3. **Triage short form and treatment protocols.** This includes developing comprehensive treatment protocols that include standing orders for diagnostic testing for lab, radiology, EKG, etc. Additionally, it necessitates focusing the triage process only on the acute issues that brought the patient into the ED, and not spending time on long standing chronic conditions.
4. **Quick upfront registration.** Particularly for more acute patients, only basic information is needed upfront to begin triage and start a chart. The rest of the information can be gathered after triage and diagnostics, when the patient is in the ED room waiting on lab results.



### Diagnosics - Treatment and Admission

As patients move through the diagnostic stage, it sometimes becomes apparent that the ED is not the proper level of care for them and they need immediate inpatient care. In these cases, it is critical to expedite admission for patients who need it. Getting patients admitted quickly is first a clinical issue, but is also a throughput issue that involves an analysis of how inpatient processes work.

Best practices for expedited admission of ED patients include:

1. **Expedited admission authority.** The most common barrier is getting admissions approved and orders written, as it is not always a priority for hospitalists. Few hospitals give admitting authority to ED physicians, but having ED physicians write initial orders that are followed up by the hospitalist within 24 hours can expedite the process.
2. **Centralized bed control** with real-time status alerts. The second most common admission bottleneck is not having a bed available because a discharging patient has not left, housekeeping has not turned the room over, or floor nurses are too busy to accept a patient. All of these functions must be monitored by a centralized “czar” who has the authority to expedite inpatient bed turnover.
3. **Face-to-face handoffs.** The ED nurse caring for a patient should transport them directly to the nurse who will be providing inpatient care. This allows for complete and up to date information about the patient’s condition and helps to overcome resistance of the inpatient unit to accept a new admission.

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### Discharge

For the majority of ED patients who are not admitted, but rather sent home, it is estimated that 78% do not understand discharge instructions given by a doctor in the ED\*. Along with information overload, many are in physical pain or have high anxiety that makes it difficult to process the information they are told. Providing a thorough follow-up plan in a way that patients and their caregivers can understand is not only a practice of good care, but may prevent an unnecessary return to the ED.

Effective discharge must:

- Thoroughly prepare patients for what to expect. This includes clearly explaining what side effects or symptoms to expect at home – and when it is necessary to return to the ED.
- Effectively communicate instructions. This includes setting the right environment for teaching; communicating clearly; and reinforcing that the message is understood by having the patient “teach back” what is explained to them. This may require a mix of verbal and written information, or providing patients with a way to take notes about the instructions.
- Ensure that the plan is doable. This includes making sure the plan addresses all issues and that the patient has the understanding and resources to carry it out. Many patients return to the ED because they cannot afford the follow up medications prescribed upon discharge. Determine any barriers to the discharge plan and work out a solution prior to discharge.

### Taking Action – Measuring for Success

For each of the best practices reviewed, mastering throughput takes measurement of key metrics. There is an old saying applicable to emergency departments – *“If you can’t measure it, you can’t manage it.”*

Maintaining an on-going, accurate tracking system for key throughput metrics allows you to act upon metrics that show negative variance. Without tracking, it is difficult to know where the priority bottlenecks are and gain momentum to put changes into place to address these issues.

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Although each emergency department is different, here is a Top 10 list of best practice metric benchmarks taken from high performing emergency departments around the country.



1.	Total Average Visit Time	90 minutes
2.	Avg Time for Discharged Pts	60 minutes
3.	Avg Time for Admitted Pts	80 minutes
4.	Door to Triage Time	7 minutes
5.	Door to Room Time	10 minutes
6.	Admit Decision to Transfer	50 minutes
7.	Left Without Being Seen	<0.5%
8.	Pts Who Return within 72 Hrs	<2.0%
9.	Paid Hours per Visit	<2.5 hrs
10.	ED Patient Satisfaction	80%

Here are tools that can help with tracking and understanding patient ED experiences, particularly if you are struggling with lower than ideal satisfaction scores or difficulty meeting benchmarks.

- Take our complimentary SMART assessment for Emergency Departments. It only takes 10 minutes and does not require additional information gathering. You will receive a PDF showing where you stand relative to benchmarks and best practices. [Take the survey here.](#)
- Emergency Department Experience Mapping – A research technique that elicits an understanding of the patient’s experience, including their emotional and functional needs, at each step of the journey. [Read more here.](#)
- Dashboards – Bring together disparate sources of data with dashboard technology that allows you to track and monitor your progress in real time. [Read more here.](#)
- Read about our process, tools and other resources. [Click here.](#)

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### About Gelb Consulting

Healthcare market leaders and challengers turn to Gelb Consulting to advance their strategic objectives. We work collaboratively with our clients to merge market insights and industry expertise to design and implement practical strategies. Our clients keep coming back to us not only for a near-term game plan, but as a long-term trusted partner.

### Understanding the *What* and the *Why*

Our approach yields direction for our clients to drive advocacy – customers willing to go out of their way to recommend you. This is formed by the alignment of your brand’s promise, your delivery of services and how they are delivered. These create the ideal experience.

We believe that market leadership is based on a keen understanding of the underlying drivers of your customers – whether they be patients, families, referring physicians, donors or employees. Since our founding in 1965, we have continued to innovate identifying industry-leading best practices and deploying the latest research techniques to support our clients’ success.



### Making the *How* a Reality

This is where our experience comes in. Our clients include many of the most recognized and well-regarded healthcare organizations in the country, with a focus the most complex - academic medical centers. We bring best practices and success to the table.

In addition, our seasoned consultants have been in your shoes, having decades of experience serving in leadership positions within healthcare organizations. We understand the challenges of navigating the most challenging of situations – from competitive environments to resource constraints. We work with you to implement practical strategies to accelerate business performance at a pace that’s manageable for your organization.

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