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9-6-2023

Project #82: HFWH Vertical Treatment Zone

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Project #82
HFWH Vertical Treatment
Zone
(Wyandotte)

HENRY FORD HEALTH®

Improving Community Access to Emergency Department Care

Team Members: Elizabeth Ashley MBA, BSN, RN ED Clinical Manager – HFWH ED, Wendy Butterfield BSN, RN ED Unit Educator-HFWH ED, Jodie Cole MSN, RN, AGCNS-BC, Clinical Nurse Specialist-HFWH ED, John Chandler, MSN, RN HFWH Care Experience Manager, Kristina Cross BSN, RN HFWH ED Clinical Coordinator, Julie Johns LMSW, ACSW South Market Care Experience Director, Anna Leszczynski BSN, RN HFWY ED ACM, Leszczynski, Sara HFWH ED RN, T. J. Manning HFWH Emergency Management and EMS Coordinator, HFWH ED RN Christopher Nedzlek, DO- ED Assistant Medical Director, Dr. Plemmons MD-ED Medical Director, Rene Rivas BSN, RN HFWH ED ACM, Toni Silas MSN, BSN, RN HFWH Nursing Administrator, Dr. Spencer MD-ED Assistant Medical Director, Kellie Strelve HFWH ED RN, Vanessa Wargosie HFWH ED RN



AIM

- Problem Statement: Limited Emergency Department bed capacity and increased acuity resulted in increased left without completing service (LWCS) resulting in increased patient safety risk.
 - Limited Capacity as evident by the following:
 - Increased Left Without completing service (LWCS)
 - Increased arrival to provider times
 - Increased length of stay of discharged patients
 - Decreased patient satisfaction
 - Improvement (Goal) Statement: Design a new patient throughput workflow to provide safe, timely and quality patient centered care resulting in decreased LWCS, decreased arrival to provider times, decreased LOS of the discharged patient, and increased patient satisfaction.

CHECK (EVALUATION OF CHANGES)

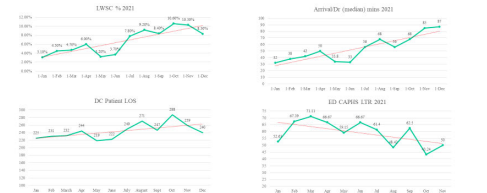
- Demonstrated decreased LWCS from a peak of 10.5% in October 2021 (July 2021-Dec 2021 AVG LWCS 9.1%) to a 4.7% overall average in 2022. That is a recognized decrease of 4.4%.
- Captured 947 LWCS patients resulting in captured revenue of \$834,285.
- The median arrival to doc times for 2021 were 54 minutes. For 2022, with the implementation of VTZ the median arrival to Doc times decreased to 24.5 minutes. Ultimately treating the patient 30 minutes sooner.
- Average length of stay of the discharged patient went from a 2021 average of 244 minutes to a 2022 average of 208. This is a decrease of 36 minutes in LOS.
- Patient Satisfaction has increased from 2021 AVG of 54.84 (18th percentile) to 2022 Avg of 63.68 (53th percentile).

ACT: SUSTAIN AND SPREAD

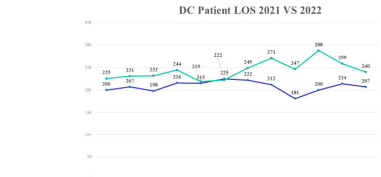
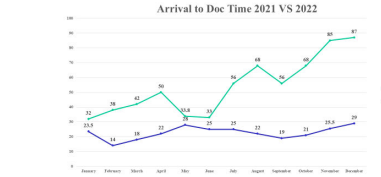
- Daily posting and monitoring of LWCS. Reported daily to safety huddle and posted in the department on staff whiteboard.
- Ongoing PDCA with monthly multidisciplinary meetings. Includes input from front line staff.
- Monthly review with ED leadership for effectiveness and data review.
- Have shared process via ED Nursing System meeting.
- Meeting goals on a monthly basis with steady and sustained improvement.
- Have requested an EPIC change to the names of the rooms in ED to correlate with VTZ process.

PLAN: CURRENT STATE

- Patients are arrived (in EPIC) immediately upon presentation.
- Triage RN/Paramedic complete the triage process and if no bed immediately available the patient is moved to the lobby until a bed is available for provider assessment.
- During high volume times, basic labs or imaging is ordered on lobby patients however:
 - Provider assessment is not performed due to lack of exam room availability
 - Lack of accountable provider or nurse to follow-up results for lobby patients waiting for emergency department bed placement.
 - Inability to consistently complete labs on patients waiting.
- Inability to start treatment on patients waiting in the lobby



MEASURES



DO: CORRECTIVE ACTIONS / INTERVENTIONS

- Implemented Multidisciplinary Team Meetings
- During dedicated hours, all emergency department patients are seen and treated through the vertical treatment zone (VTZ) and the lobby.
- Emergency department gurneys replaced with recliners
 - Evidence shows keeping patients upright shortens LOS.
- Scripting used to effectively communicate process and plan of care to patient.
- Vertical Treatment Zone used to assess patients, order appropriate labs/imaging, and start treatment of lobby patients waiting for ED beds.
- Lower acuity patients who's workups completed through VTZ were discharged after re-evaluation.



Additional Photos or Visuals

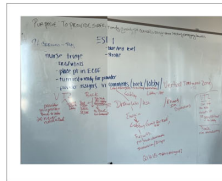


Figure 1

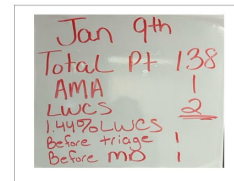


Figure 2

- Figure 1: Multidisciplinary Team Initial Brainstorming Session
- Figure 2: Daily LWCS and volume review for all staff.

KEYS TO SUCCESS / LESSONS LEARNED

- Multidisciplinary team identified different areas for concern/improvement and created shared mental model to improve engagement.
- Dedicated staff that fully understand and believe in the process are key to success and can really drive the data.
- Monthly meetings with stakeholders (i.e. clinical staff) identified ongoing changes that needed to occur.
- Share and track data frequently to ensure changes are accomplishing desired results.
- Ongoing examination of process to determine if changes should be adapted, adopted, or abandoned.
- Staff that are not efficient at the process should be teamed up with another staff member until proficient
- SUPPLIES! Be sure you have what you need for success.

This project scored high in:

- **Quality and Safety**
- **Growth**
- **Customer Experience**
- **Value/Cost Efficiency**
- **Community Benefit**
- **Engagement**

Project Owner: Elizabeth Ashley

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