Experience Challenges in a Space-Limited Academic Emergency Department

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Challenges in an Academic ED

Overview

• **Physical space for patient care**
  - Working within the limitations of a location

• **Communication**
  - Patients, providers, trainees, and ancillary staff

• **Patient transportation**
  - Unique challenges with 3 floors of emergency care

• **Resource utilization**
  - What provides the best experience for all patients?
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Physical Space Limitations

- How does inadequate space impact experience?
  - Long waiting room times, delays to inpatient transfers
  - Increase in the time to see a provider, potential LBS
  - Privacy and communication limitations
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Physical Space Limitations

- Additional care space to improve experience
  - Brand new facility
  - Expand or repurpose existing spaces
  - Multiple locations
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Physical Space Limitations

• **Expand or repurpose existing spaces**
  - *Use of resuscitation rooms for less emergent care*
  - Other spaces converted for patient care

**New benefits**
- Flexible use of space
- Increased beds
- Reduced wait times

**New challenges**
- Patient privacy
- Family and visitors
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Physical Space Limitations

- **Expand or repurpose existing spaces**
  - Use of resuscitation rooms for less emergent care
  - *Other spaces converted for patient care*

**New benefits**
- Patient safety
- Seclusion
- Privacy

**New challenges**
- Specialty use rooms
- Increased care time
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Physical Space Limitations

- **Multiple locations – 3 floors of emergency care**
  - ED Clinical Decision Unit / Observation Unit
  - Pediatric Emergency Medicine with its own floor

CDU 3
Adult ED 2
Pediatric ED 1
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Physical Space Limitations

• Multiple locations – 3 floors of emergency care
  - ED Clinical Decision Unit / Observation Unit (2006)

New benefits
- 12 more beds
- Extended workup area
- Overnight observation

New challenges
- Hours of operation
- Transportation
- Proximity to resources
- Staffing flexibility
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Physical Space Limitations

• Multiple locations – 3 floors of emergency care
  - Pediatric Emergency Medicine with its own floor (2010)

New benefits
- Brand new department
- Dedicated pediatrics
- Additional bed space (2011)

New challenges
- Staffing flexibility
- Shared resources
- Transportation
- Resident consultants
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Communication

- **Patient history in an academic center**
  
  "What brings you to the Emergency Department today?"
  
  - Patient greeter
  - Triage nurse
  - Bedside nurse
  - Registration
  - Medical student
  - Resident physician
  - Attending physician
  - Consulting service resident(s)
  - Additional consulting services
  - Shift changes
  - Location changes
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Communication

• Patient history in an academic center

Unique challenges
  - Many layers of interactions
  - Trainees
  - Confusion about roles

Areas for potential improvement
  - Direct to bed initiative
  - Provider and nursing evaluation
  - Reduce internal bed transfers
  - Attending interactions
  - Consulting service workflow
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Communication

- **Provider and nursing information transfer**
  - Inside the department
    - Moving between nursing assignments (RN report)
    - Move to the Clinical Decision Unit (Provider report)
  - Outside the department
    - Admission to inpatient unit (RN report)

**Areas for potential improvement**
- Modifications of internal processes
- Collaboration with inpatient units
- Improved communication by resident physicians
- Decrease non-essential patient movements
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Patient Transportation

- **Three floors of emergency care**
  - Lots of time and resources involved with transportation
  - Personnel, waiting time, transport time
  - Not contributing in a positive way to patient experience
  - Looking for ways to increase efficiency
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Patient Transportation

- Three floors of emergency care
  - Lots of time and resources involved with transportation
  - Personnel, waiting time, transport time
  - Not contributing in a positive way to patient experience
  - Looking for ways to increase efficiency

- Plans to double CDU bed space and capacity
  - Ambitious undertaking to improve patient experience
  - Resource intensive
  - Need for efficiency in patient movements
  - Close coordination with ancillary testing
  - Significant staffing increases
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Resource Utilization

• **Current focus on throughput initiatives**
  - Enhancing the patient experience by expediting care
  - Eliminating unnecessary delays
  - Maximizing the limited space that is available
  - Concentrating on internal and external processes
  - Addressing patient and family concerns about wait time
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Resource Utilization

- **Evolving role of Emergency Medicine**
  - Single “Emergency Room” vs. full diagnostic center
  - Specialists with increased ability to expedite patient care
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Resource Utilization

• **Current multi-disciplinary approach**
  - Direct to bed
  - Triage / Nursing intake teams
  - Refining consult process
  - Expediting admissions
  - Deferring non-emergent testing

• **Multiple working groups**
  - Front end processes (Internal ED operations)
  - Patient transportation
  - Consults and admissions
  - Psychiatric consultation and boarding
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Resource Utilization

- **“Resident-driven” processes for admissions**
  - Many services without direct Attending presence in ED
  - Motivations for trainees and productivity are different!
  - Potential opportunities for improving efficiency
  - Enhance patient experience by reducing redundancy
  - Serial consultations in the ED lead to patient frustration

- **Recent enhancements**
  - ED Attending admission bed requests
  - “Ready to move” order – default when possible
  - Accountability for consult and admission times
  - Some diagnoses will trigger expedited admission
  - Inter-service agreements for selected diagnoses
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Resource Utilization

• Multiple simultaneous initiatives
  - Enhancing font-end processes
  - Transportation
  - Consultation process
  - Admission processes

• Early successes
  - Improved throughput times
  - Improved metrics for multiple categories
  - Even our communication & empathy metrics improved!
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