

2024 VIZIENT CONNECTIONS SUMMIT

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REFLECT | ADAPT | EVOLVE

Efficiency in Motion: Addressing ED Throughput to Optimize Patient Flow

Harborview Medical Center:

Ellen Robinson, PT, CPHQ, Clinical Quality Analyst

Kellie Hurley, MN, RN, SCRNP, Associate Administrator Nursing Operations and Clinical
Capital Development

Stanford Health Care:

Meagan Moyer, MS, MPH, RD, Manager, Digital Health Operations

Sam Shen, MD, MBA, Clinical Professor, Emergency Medicine

Patrice Callagy, RN, MPA, MSN, CEN, Vice President, Emergency Services

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Learning Objectives

- Describe a multipronged approach to manage high inpatient census
- Describe key components of designing and implementing a virtual visit track program through the biodesign process.

Efficiency in Motion: Addressing ED Throughput to Optimize Patient Flow

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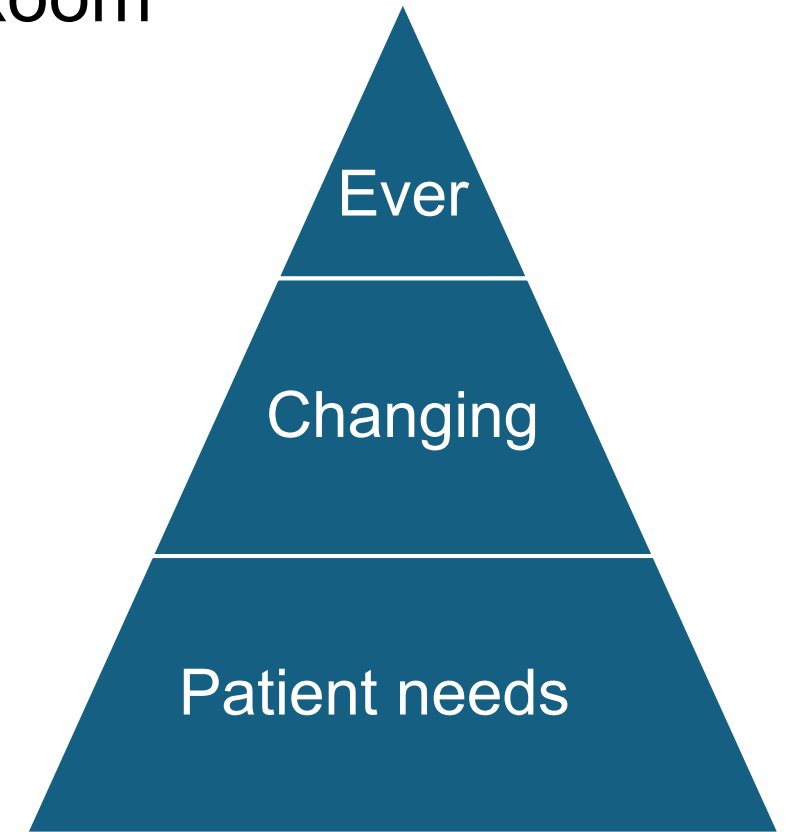
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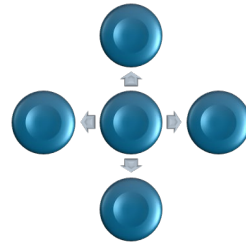
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The Situation – too many patients and not enough space

- Inpatient admissions through the Emergency Room have increased 10% since 2021
- Seasonal differences of patient populations
- Daily fluctuations of Acute Care (AC) versus Intensive Care (ICU) needs
- Goal of interventions to ensure all patients are served in the ***right place at the right time***



Multi-Pronged Intervention



Analysis to identify services needing more capacity

Open unit with new model of care that can flex between acute care (AC) & intensive care unit (ICU)

Focus on improving time from admit order to inpatient bed

Visibility of performance to provide feedback on the initiatives

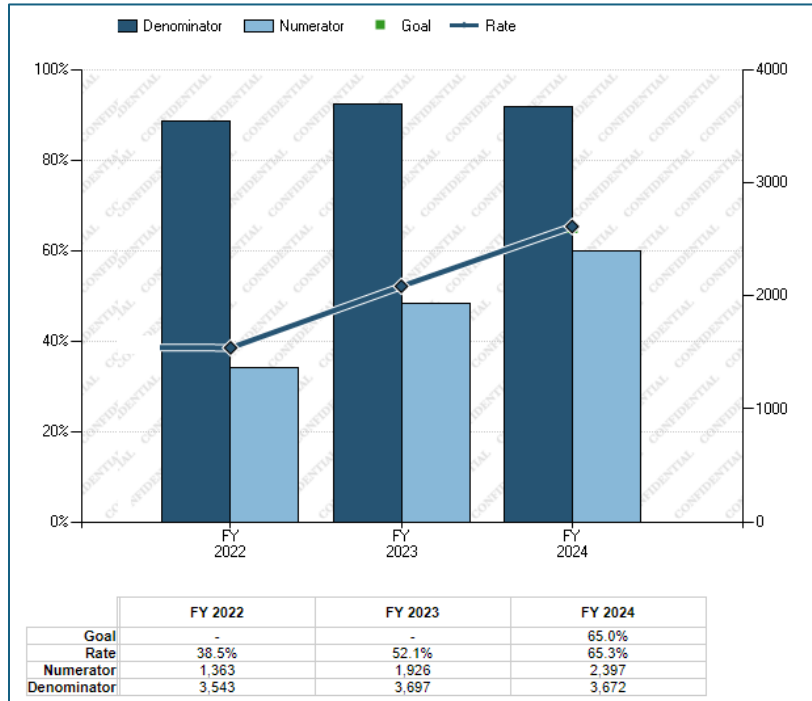
Transition patient placement role from program coordinator to RN

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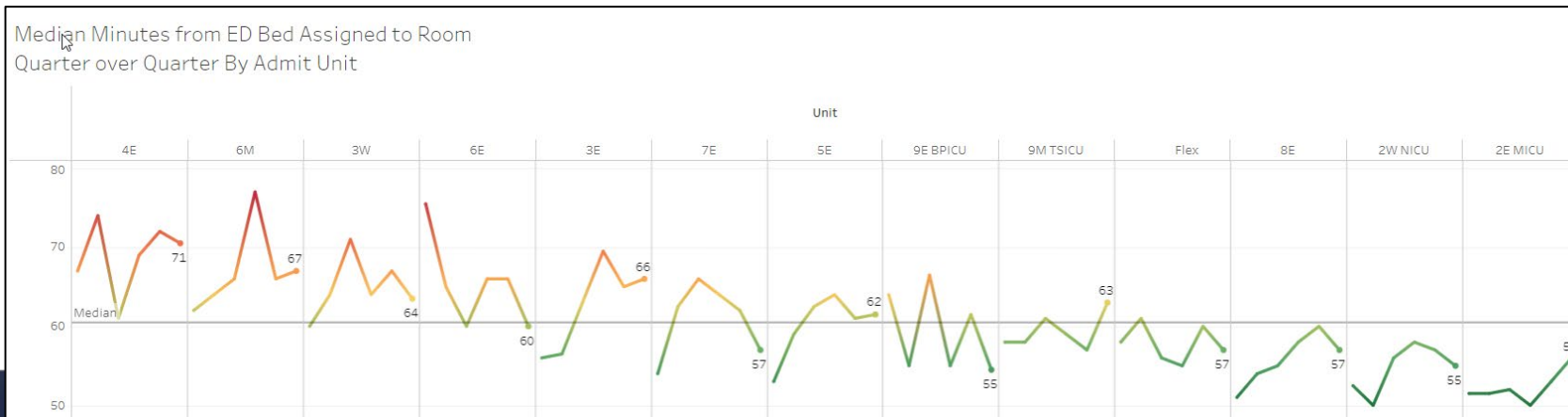
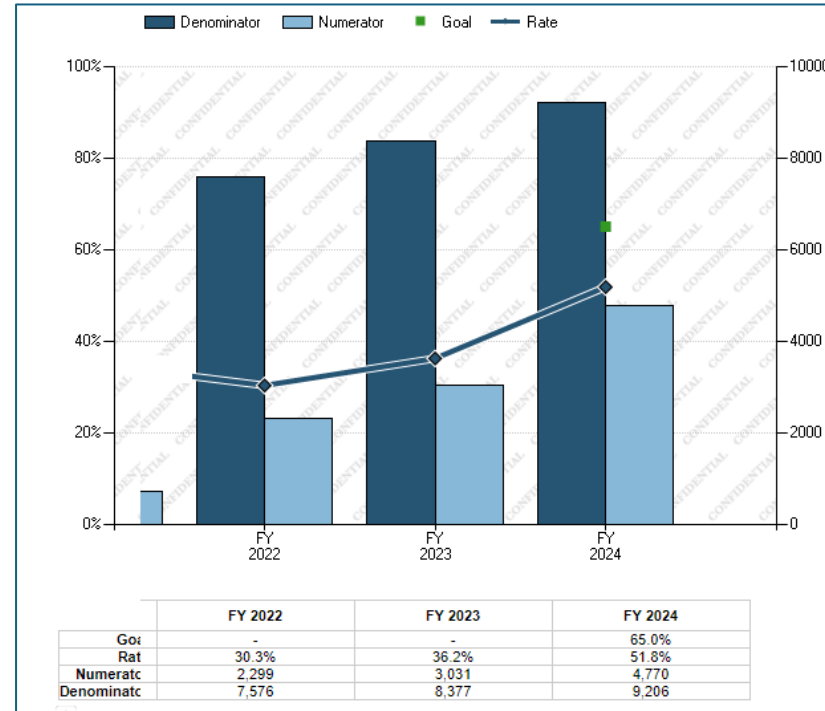
Process Measure: Post Order Pre-Admit (POPA)



Admit Order to IP Bed in 2 Hours - ICU



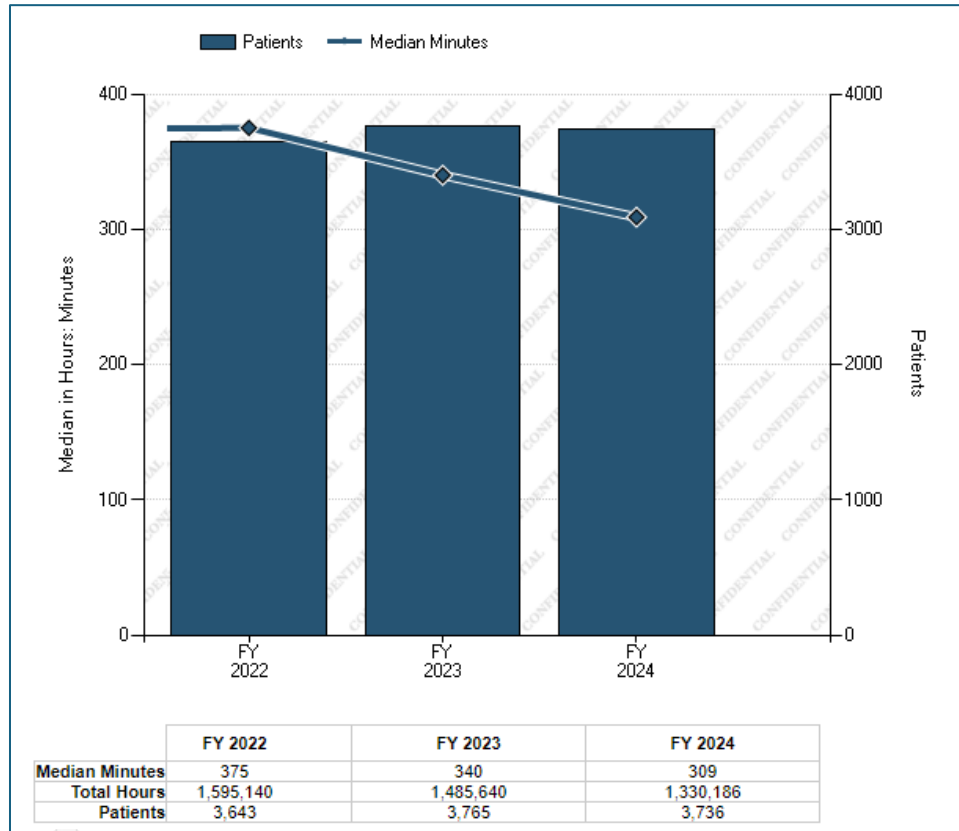
Admit Order to IP Bed in 2 Hours - Acute



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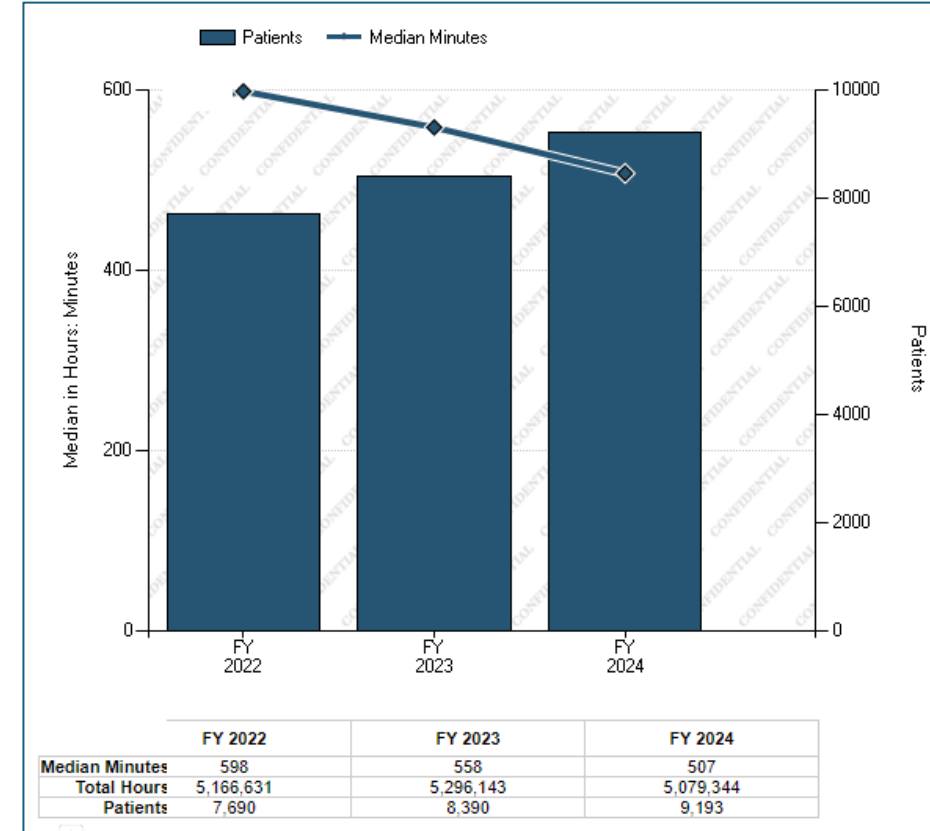
Outcome Measure: ED Length of Stay

ED LOS ICU



Median ED LOS decreased 66 min

ED LOS AC



Median ED LOS decreased 91 min

Balancing Metrics



Rate of Falls/1000 patient days

Unit	Flex	HMC
FY 2022	5.1	5.0
FY 2023	3.3	4.6
FY 2024	0.82	3.9

Patient Experience: Would you recommend?

Unit	Flex	HMC
FY 2022	61%	64%
FY 2023	62%	62%
FY 2024	64%	63%

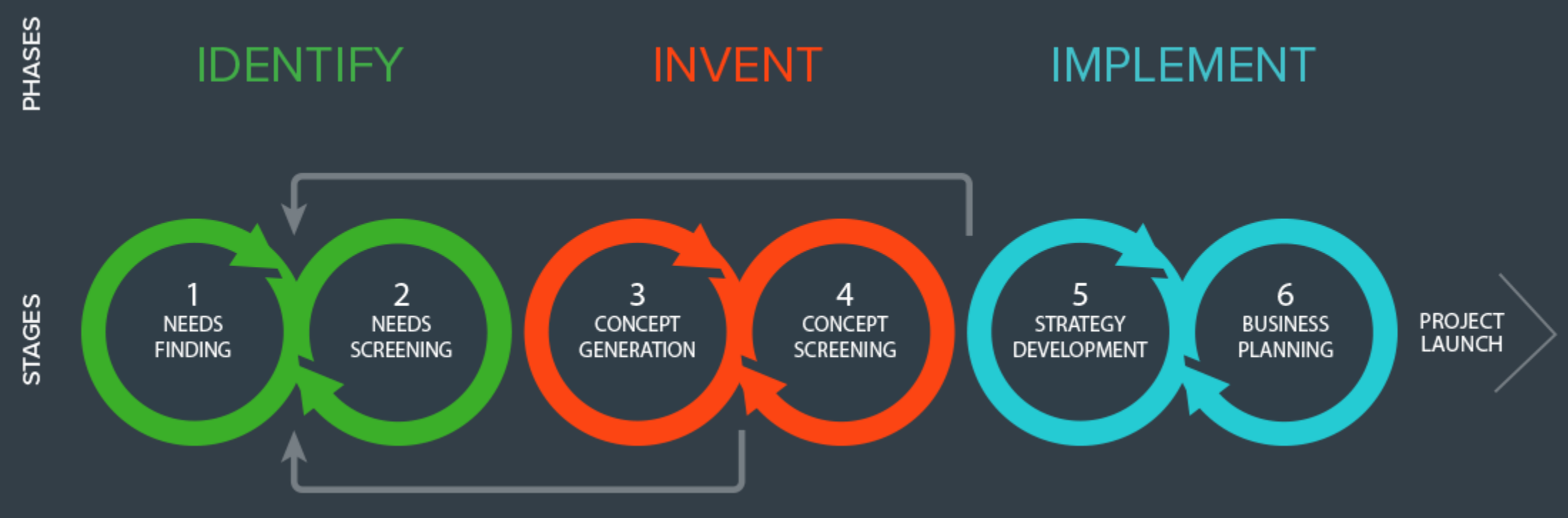
Left Without Being Seen from ED

Fiscal Year	Percent LWBS ED
2022	9.2%
2023	9.0%
2024	7.6%

HMC: Harborview Medical Center



Stanford Byers Center for Biodesign Innovation Process



Source: [Process | Stanford Byers Center for Biodesign | Stanford Medicine](#)

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Need statement that drove program design and implementation

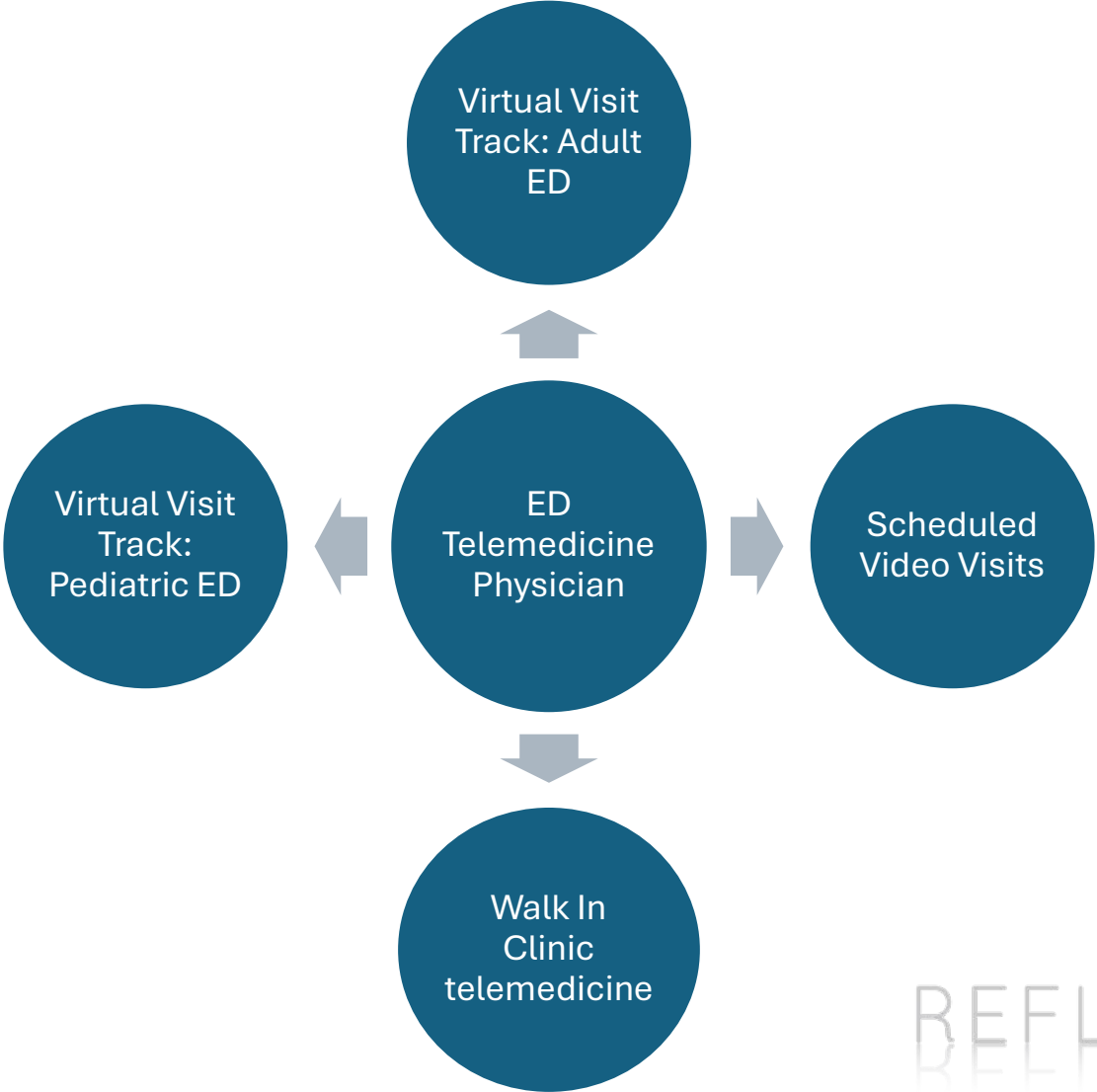
A way to improve patient throughput and reduce avoidable Emergency Department visits while providing high quality patient and staff experiences.



Digitally-connected hub and spoke model that extends physician resources



IMPLEMENT

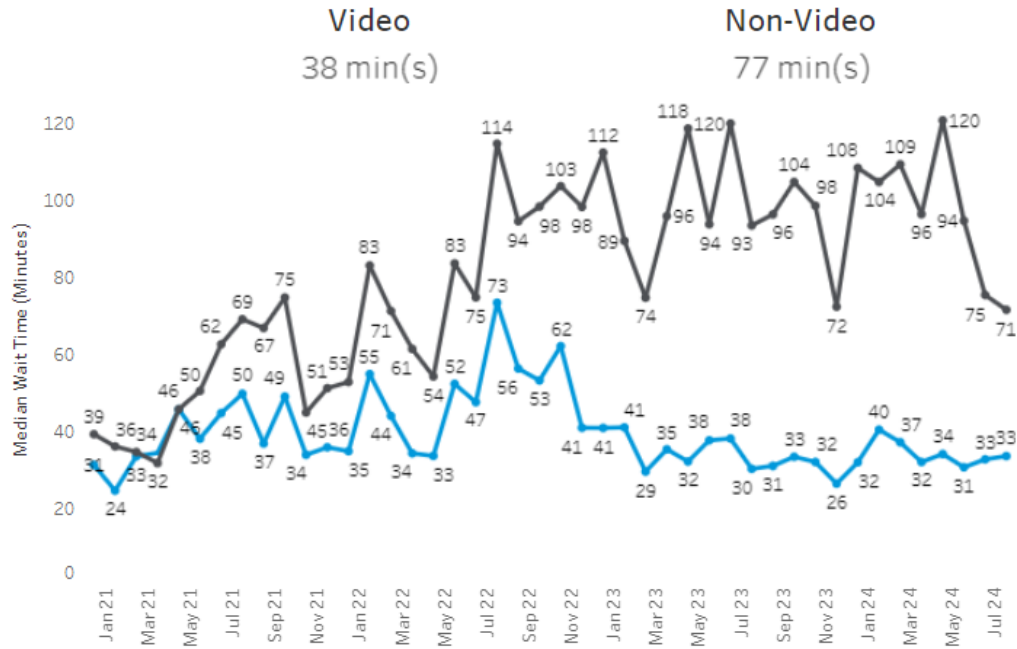


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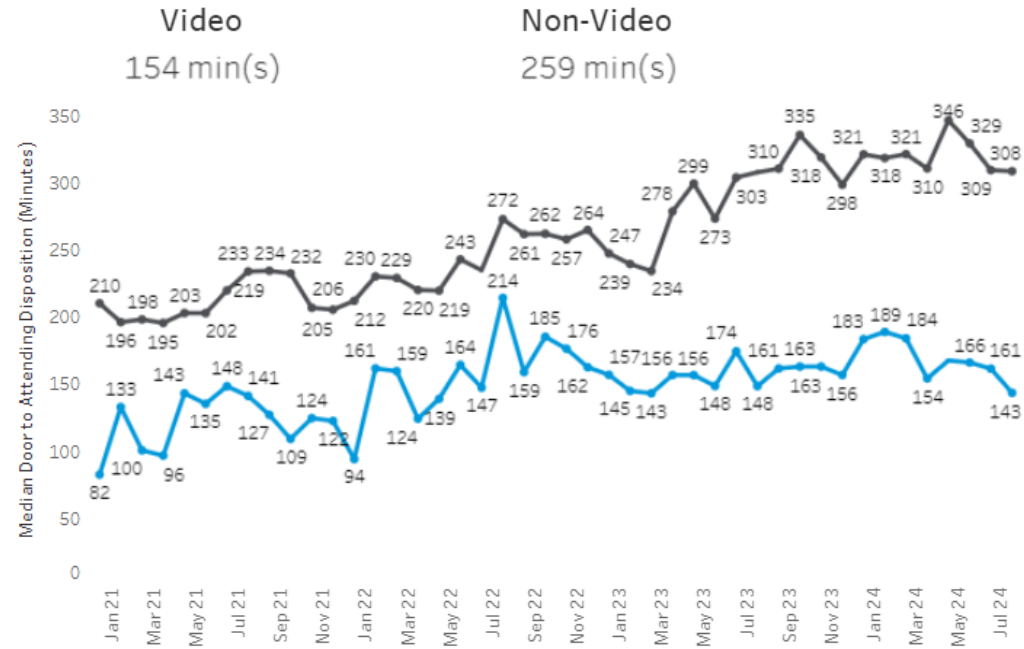
Virtual Visit Track decreases overall time spent in ED

Definitions

ED Median Wait Times (Minutes)
(12/1/2020 - 7/15/2024)



ED Median Door to Attending Disposition (Minutes)
(12/1/2020 - 7/15/2024)



■ Non-Video
■ Video

118 bed days freed

Top 10 Adult ED Video Visit Track Chief Complaints

Dec 2020 – July 2024; excluding COVID-19 cases

1	Chest pain (ESI 3)
2	Back pain (ESI 4)
3	Sore throat (ESI 4)
4	Knee pain (ESI 4)
5	Ear pain (ESI 4)

6	Rash (ESI 4)
7	Cough (ESI 4)
8	Foot pain (ESI 4)
9	Cough (ESI 3)
10	Back pain (ESI 3)



- ✓ Not just “minor illnesses”
- ✓ Expansion of scope to higher complexity patients

Emergency Medicine Virtual Care Continuum



Post-Discharge Inpatient ED Follow-up Video Visits

Scheduled visits with discharged Hospital Medicine patients to avoid ED visit/IP readmission

Scheduled ED Video Visits

Urgent need or post-ED visit follow-up video visits with ED MD

Walk in Clinic Telemedicine

Telemedicine services at Walk In Clinic to support on-site clinical care team

ED Virtual Visit Track

Low/moderate acuity patients triaged to Virtual Visit Track for faster ED throughput

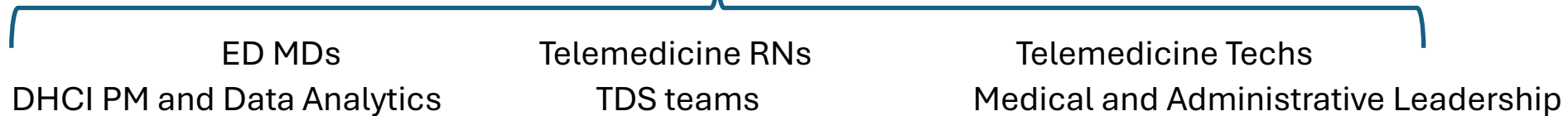
Tele-SNF

MD to MD consultations to avoid preventable ED visits and hospital readmissions

Live

In progress

Shared Resource Model



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Lessons Learned

HMC

Physical
space/location
considerations

Provider engagement

Patient Placement
change management

HMC: Harborview Medical Center

Stanford

Dedicated tele-presenter
role improves patient flow
and efficiency

Communicate and inform
patients on expectations for
better acceptance

Continuous improvement
efforts needed to optimize
program

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Key Takeaways

Partnerships with common goals

HMC: ED teams and inpatient teams working together

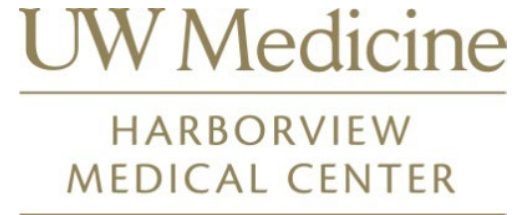
Stanford: MD and RN triage criteria alignment important

Data validation and transparency

HMC: Outlier review by admitting unit; agreed upon targets

Stanford: Set metrics early, measure often and iterate on outcomes

Questions?



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