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Optimizing Emergency Department Admissions: Real-World Wins in Patient Flow

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Learning Objectives



- Discuss strategies to implement an ED observation unit to improve hospital throughput.
- Explain the impact of real-time utilization review and workflow automation on ED admission accuracy.



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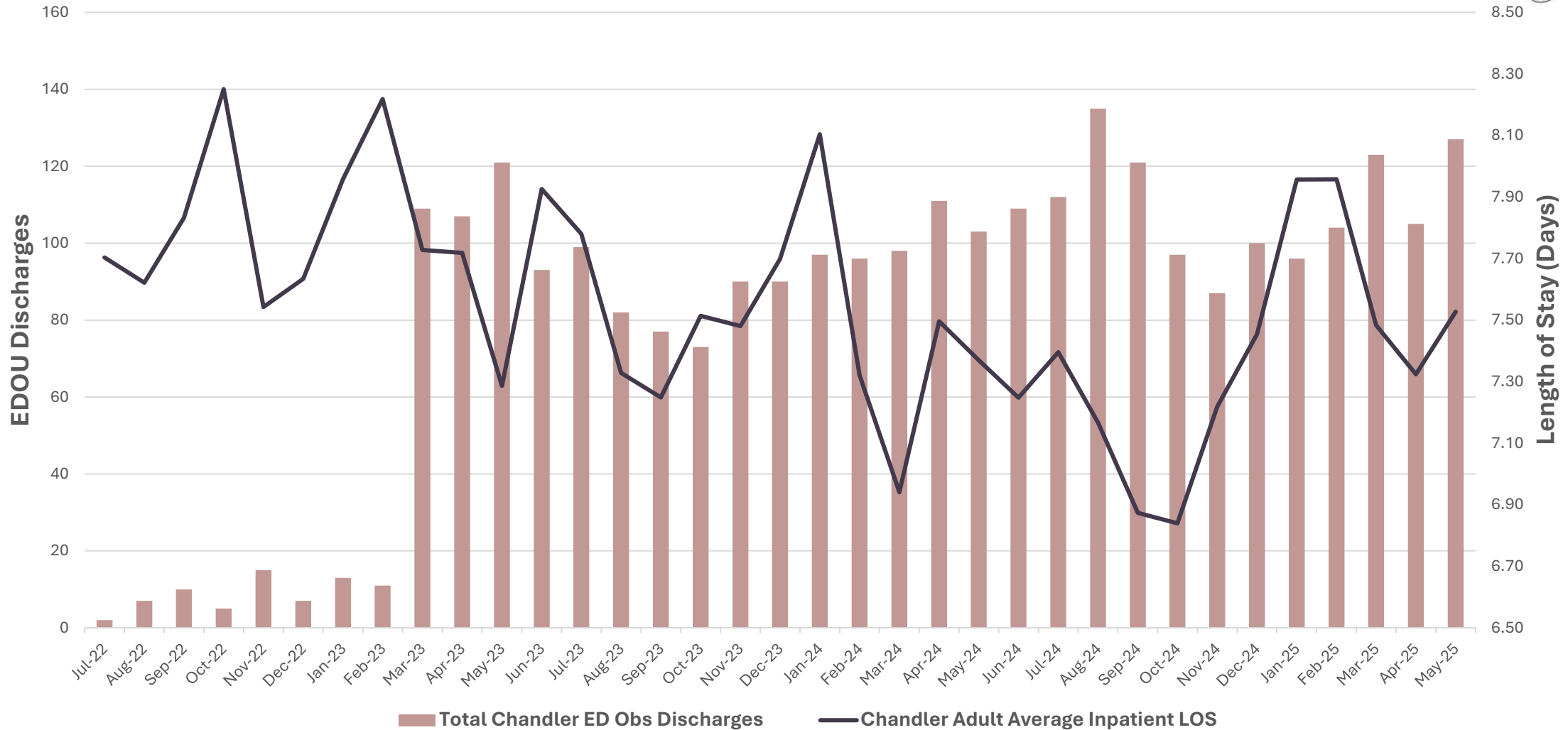
ED Observation Unit



- In March 2023, UKHC implemented a 12 bed Emergency Department Observation Unit (EDOU)
 - 1 attending physician
 - 1 resident physician (> PGY2) or midlevel provider.
 - 1 case manager
- Regression analysis:
 - Statistically significant relationship between ED Obs discharge volume and Chandler adult average LOS (p-value = 0.00064; adjusted R2 value of 0.28)
 - Statistically significant relationship between ED Obs discharge volume on Chandler adult inpatient average LOS (p-value = 0.0033; adjusted R2 value of 0.21)

Data Source: Internal database

EDOU Discharges vs. Inpatient Length of Stay



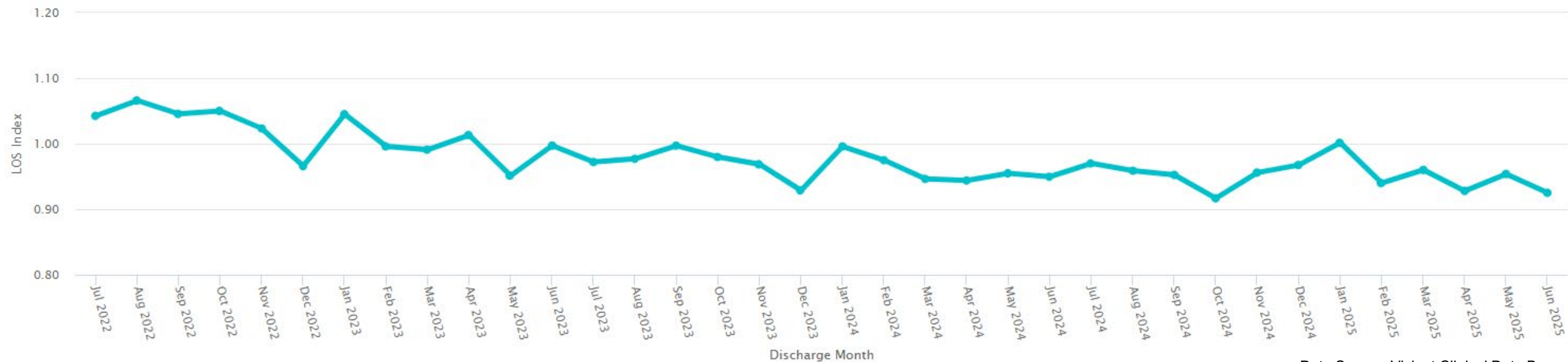
EDOU= Emergency department observation unit

Data Source: Internal database

Factors to Consider



LOS Index
by Service Line, trended by Discharge Month



Data Source: Vizient Clinical Data Base

Despite a higher CMI and increasing number of patient encounters, the LOS index has consistently decreased since EDOU implementation




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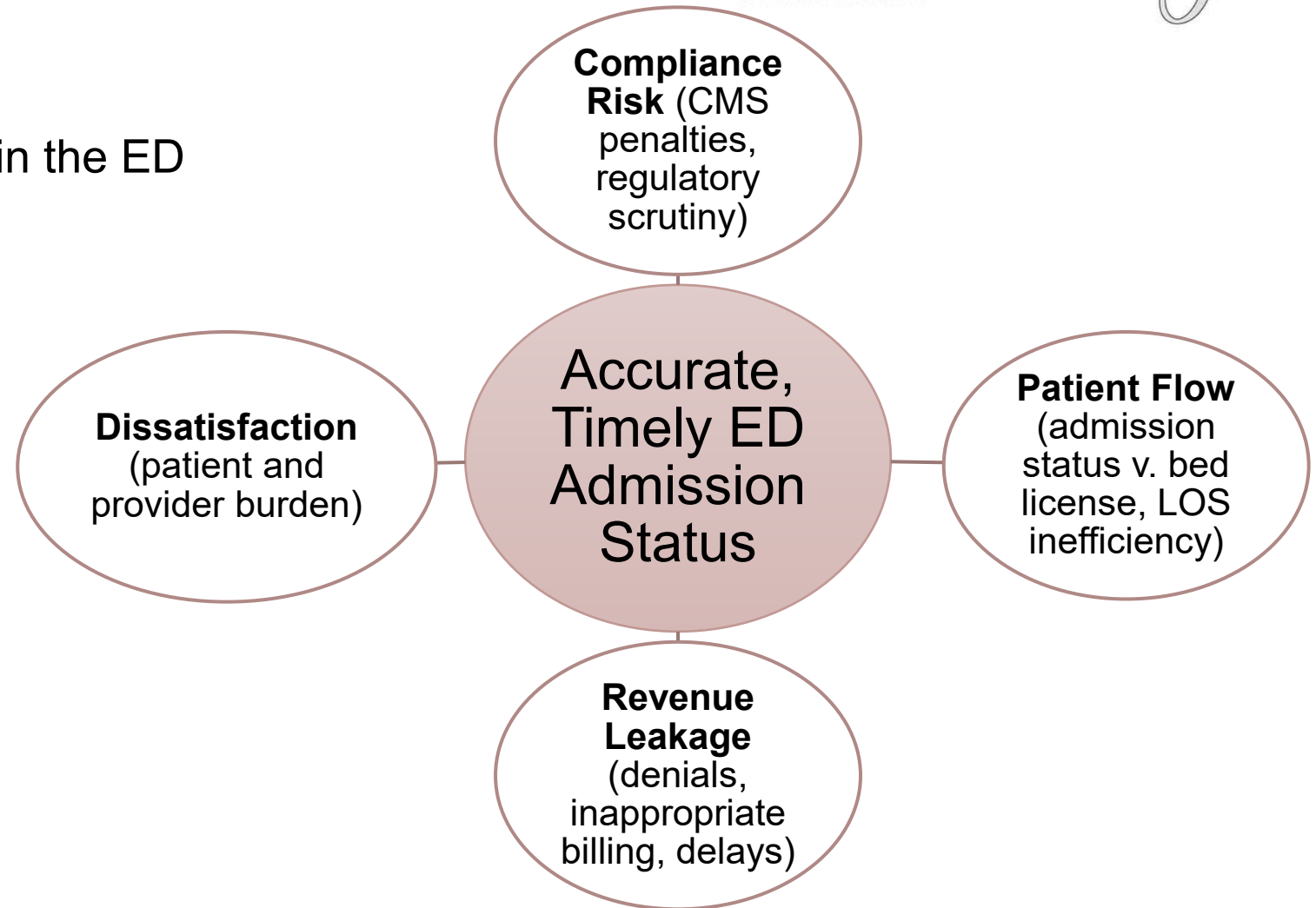
Admission Status – Why This Work Matters

89% 30-day readmissions start in the ED

 ↑ LOS & ↓ patient and provider satisfaction

 CMS penalties triggered by misclassified admissions

 Patients may pay more and be denied appropriate benefits, increased administrative costs



Getting the admission status right improves flow, protects revenue, and ensures patients receive the right care at the right time

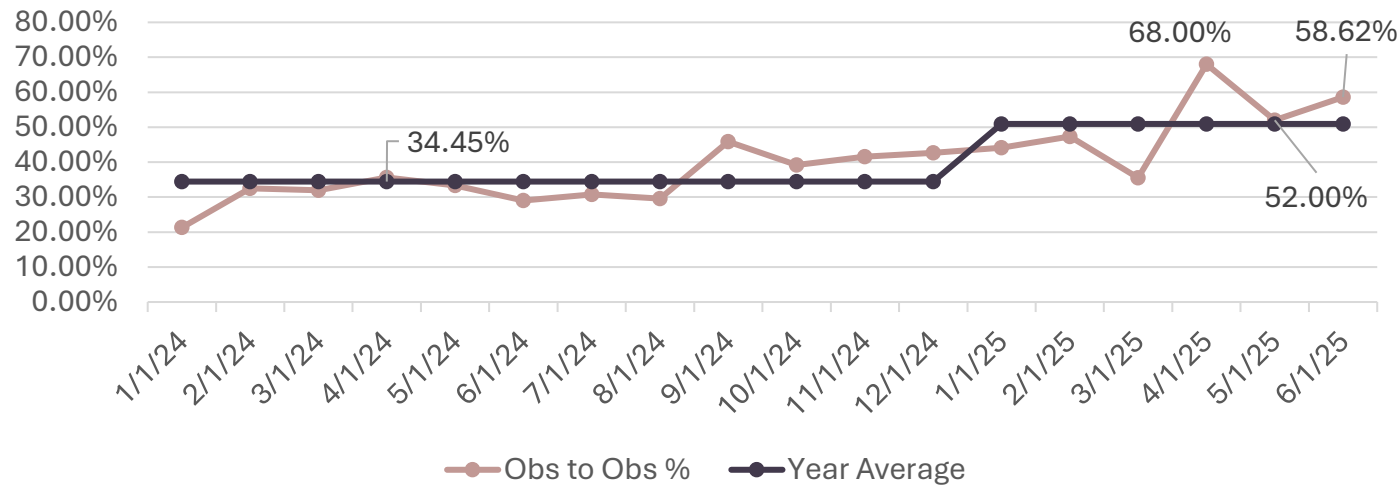
What We Did: Targeted Interventions Across the System

- ❑ Nine interventions identified
- ❑ Implementation of interventions focused on the following variables:
 - ✓ Impact
 - ✓ Early adoption
 - ✓ Long-term results



What We Achieved: Results That Matter

Observation to Observation Status Percentage by Month



Data Source: Internal database

- 27 fewer readmissions/month
→ \$4.99M in annual cost savings
- 360 inpatient bed days saved annually
- Reduced Observation LOS by 11%
(3.5 hours per discharge)
- 7.7% reduction in incorrect readmission inpatient short-stay orders (23.9% overall reduction in incorrect inpatient orders)
- \$571K in annual revenue from correct status conversions (3.4 patients/month)
- 141 patients/year properly classified at initial decision

Lessons Learned

- Start with the why, not just the workflow.
- Engage providers early — especially those placing orders.
- Design for real-life workflows collaboratively.
- Data is only valuable when validated and understood.

Key Takeaways

- Identify and engage executive sponsors early.
- Build multidisciplinary buy-in and ownership.
- Expect resistance — reduce friction through education and collaboration.
- Use EHR iteratively; don't over-engineer it.
- Track the impact of each intervention
- Ensure you can tell the story of your impact to leadership

Questions?



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