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# Capacity Solutions: Tailoring Emergency Department Approaches to Scale and Demand

## NYU Langone Health

Lisa Kesting, MPA, Health System Senior Director  
Comprehensive Transfer Center

Andrew Munfakh, MHSA, Director  
Comprehensive Transfer Center & Patient Flow Operations

## Tufts Medicine MelroseWakefield Healthcare

Michael J. DeLeo, III, MD, MBA, CPE  
Senior Vice President for Clinical Affairs, Chief Medical Officer

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# Learning Objectives



- Identify operational strategies to reduce left-without-being-seen rates and enhance patient experience in an ED setting
- Discuss surge capacity interventions that reduce ED boarding times and improve resource utilization



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# Background: Demands on Emergency Departments

- Emergency Department (ED) visits increasing
- Significant rise in ED boarding
- Left without being seen
- Patient Experience
- Bed demand fluctuates in total volume and by service
- Capacity growth is not keeping pace with demand

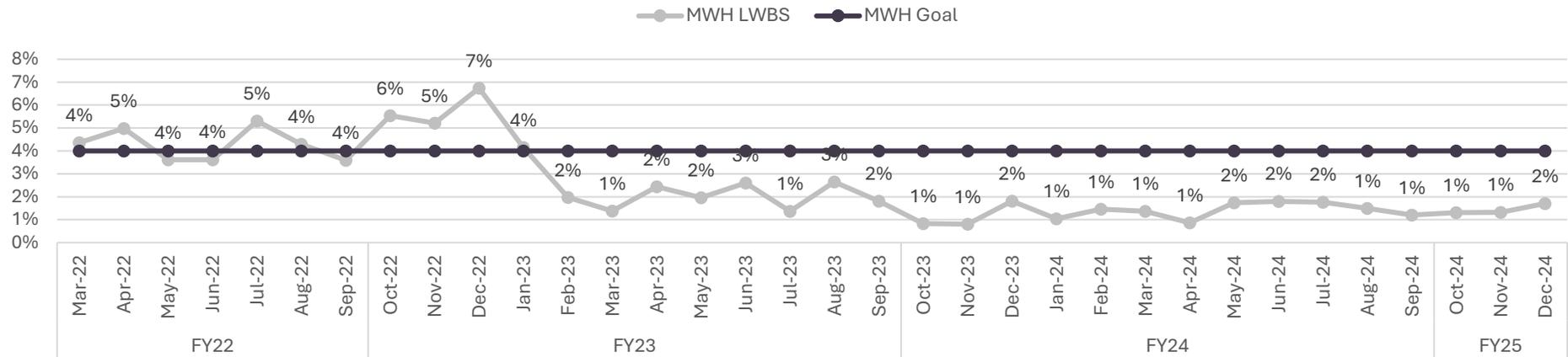
# Interventions Yielding Results

- Sustainable Provider-in-Triage Model
- Rapid Care & Assessment Model
- Continuous outcomes monitoring, coaching, feedback, and education
- Board engagement and involvement

# Improve Access, Improve Patient Experience



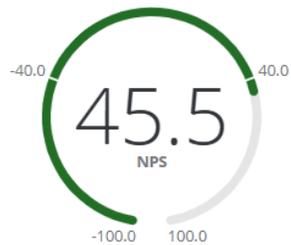
## MWH ED LEFT WITHOUT BEING SEEN



Left Without Being Seen rate has sustained improvement since January 2023.

- Throughput tipping point was 100 per day.
- Since January 2023, there were 10 months over 100 ED visits, yet LWBS remained 2% or less (avg. 1.5%)

Net Promoter Score 4,593



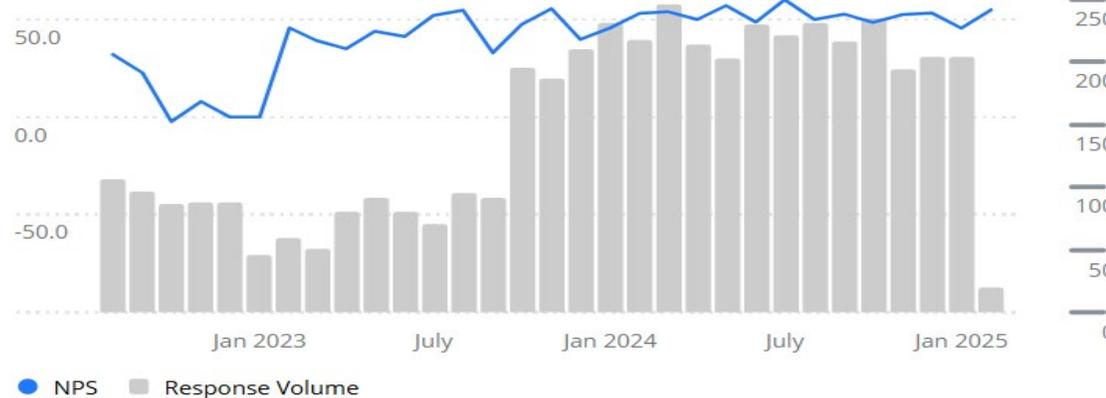
**Net Promoter Score** above national benchmark.

Significant growth in number of monthly responses.

+2.0 vs NPS Benchmark (7/1/22 - 6/30/24) (43.5)

\*Qualtrics

Net Promoter Score Trend 4,593



### Improvement Initiatives

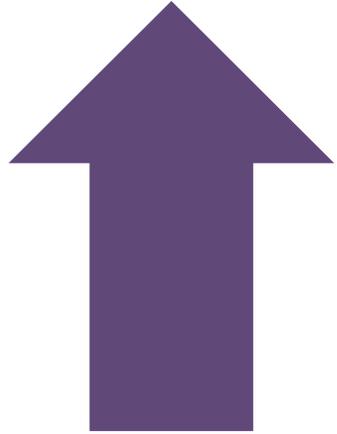
- ✓ Additional provider coverage in triage
- ✓ Implemented flex staffing model
- ✓ Modified EMS flow
- ✓ Focus to decrease IP LOS that improved flow of admitted ED patients

# Flexible but controlled approach manage capacity

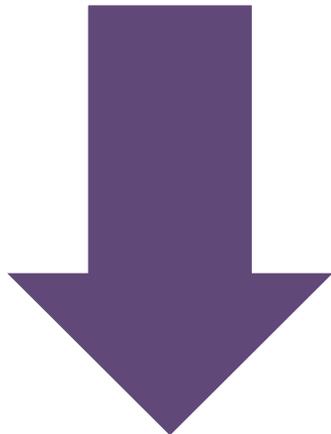


- Created “The Surge Playbook”- a formal protocol outlining hospital response to managing changes in bed demand
  - Defines specific triggers and corresponding response to bed demand changes for each patient population and hospital service
- Actions include:
  - Conversion of room capacity (e.g., private to semi-private room model)
  - Activation of an inpatient unit within the PACU
  - Adjustment of patient populations on designated units by converting unused capacity
  - Heightened review of outside hospital transfer requests
- Resulted in decreased ED Boarding hours and minimized empty bed time

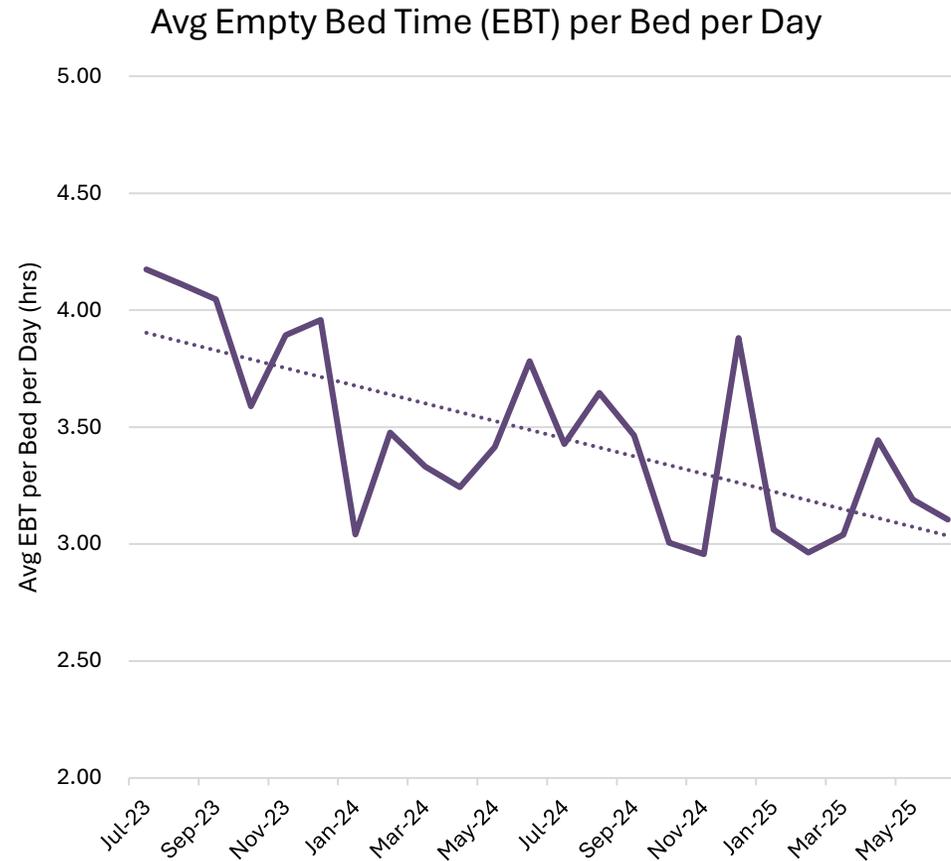
# Improved Throughput and Reduced Boarding



**Increased** patient throughput by **3.5 hours** per patient immediately following unit conversion



**Decreased** medicine patients boarding in the ED by **19%**



# Lessons Learned



- Understand downstream impacts of interventions
- Define clear, actionable steps for all stakeholders and establish agreed upon thresholds for activation
- Communicate clearly and promptly to all stakeholders
- A multidisciplinary lean approach, led by PI experts and clinical champions, works
- Operational excellence goes hand-in-hand with patient experience
- Outcomes are sustained when key stakeholders are aligned
- It's fun to be part of a winning team

# Key Takeaways



- Review existing interventions used during times of surge in patient volume
- Understand internal triggers that prompt action
- Identify key decision-makers involved in the process
- Engage your teams around things that matter to patients
- Process improvement specialists are super valuable
- Outline steps required to implement interventions
- Document protocols and share them broadly across the organization
- Communicate, communicate, communicate all along the improvement journey

Questions?



**Tufts**Medicine  
MelroseWakefield Hospital



## Contact:

Lisa Kesting, [Lisa.Kesting@nyulangone.org](mailto:Lisa.Kesting@nyulangone.org)

Andrew Munfakh, [Andrew.Munfakh@nyulangone.org](mailto:Andrew.Munfakh@nyulangone.org)

Michael DeLeo, [michael.deleo@tuftsmedicine.org](mailto:michael.deleo@tuftsmedicine.org)