Background

Delays in transferring patients from the emergency department (ED) to inpatient (IP) units have significant consequences for quality of care and length of stay (LOS). A recent study demonstrated that an ED LOS of greater than 12 hours is associated with a 12.4% increase in IP LOS and an 11% increase in IP cost. Humber River Hospital (HRH), a community hospital in Toronto, Canada, identified delays in the transfer of admitted patients from the ED to IP units, particularly once the IP bed is ready, as a quality improvement target to help reduce overall ED LOS.

Aim

To decrease LOS of admitted patients in the HRH ED by efficiently transferring admitted patients to an appropriate IP unit in a timely manner.

Actions Taken

A multidisciplinary working group consisting of frontline staff and management worked in collaboration with GE Healthcare and developed a pull-based process grounded in Lean principles to improve admitted patient transfer from the ED to IP unit. Features of the pull-based process include:

- Parallel processing: IP nurse initiates transfer of accountability ("pull") by calling the ED nurse for verbal report, while room clean is still in progress
- Direct nurse to nurse communication: ED nurse includes their name and contact number in the electronic transfer request form to facilitate direct communication between the ED and IP nurses, thereby reducing transfer delays and increasing patient safety.
- Monitoring and escalation: Timeframes are monitored and prompt action is taken once the inpatient bed is ready.

Summary of Results

The new pull-based process demonstrated a 35% reduction in “Bed Ready to Transfer” time during prime time hours (7:30 a.m. - 7:30 p.m.) on two pilot units, thus reducing unnecessary wait times for admitted ED patients. Moreover, feedback from staff indicated that the new process results in more even distribution of workload, drives increased compliance with ED nurses carrying their ASCOM phones which further facilitates the transfer process, and maximizes the bed allocator role (which manages escalation triggers). Next steps include designing a dashboard of “Bed Ready to Transfer” time by unit for biweekly review to support hospital-wide rollout and sustainment of the new process.

Figure 1. Hospital-wide Performance Transfer from ED to IP 2016

Figure 2. Patient Transfer from ED to Inpatient Unit Process

Figure 3. Pilot Unit Performance - Bed Ready to Transfer Day Shift Only

Once bed has been ready for 15 min, ED nurse is notified to call the IP unit to give verbal report if not already completed.

Once bed has been ready for 30 min, situation is escalated to the Flow Manager who will initiate a transport request, notify the receiving unit of a pending patient move and facilitate verbal report.