Improving Emergency Department to Intensive Care Unit Admission Times

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Define

Problem/Opportunity Statement

There was a delay in getting critical ICU patients from ED to ICU when no ICU beds are available. The delay was often related to needing multiple internal transfers to make an open bed in ICU. The goal of this project was to decrease the time it takes from ICU admission order to ICU bed placement. According to the Emergency Nurses Association, critical care patients boarding in the emergency department have significantly poorer outcomes related to the higher level of care the patient requires.

The project scope included all ICU admissions who met the criteria for an ICU alert. The time was measured from admission order to transfer to ICU bed.

Expected Benefits

Decreasing length of time from ICU admission order to ICU bed placement gets the ICU patient to their optimal level or care which will increase patient safety and patient outcomes.

Measure

Baseline Data:

Report created to determine ICU bed assigned to ICU bed arrival in order to obtain baseline data.

Jan, 2018- June 30, 2018 mean= 45 min
Goal= 30 min
Weekly report created to measure ongoing data.

Analyze

An interdisciplinary team was developed and comprised of subject matter experts and key customers. Throughout the weekly meetings the team discussed our 5 Whys, developed a swim lane map, observed the processes, discussed barriers, and determined root causes.
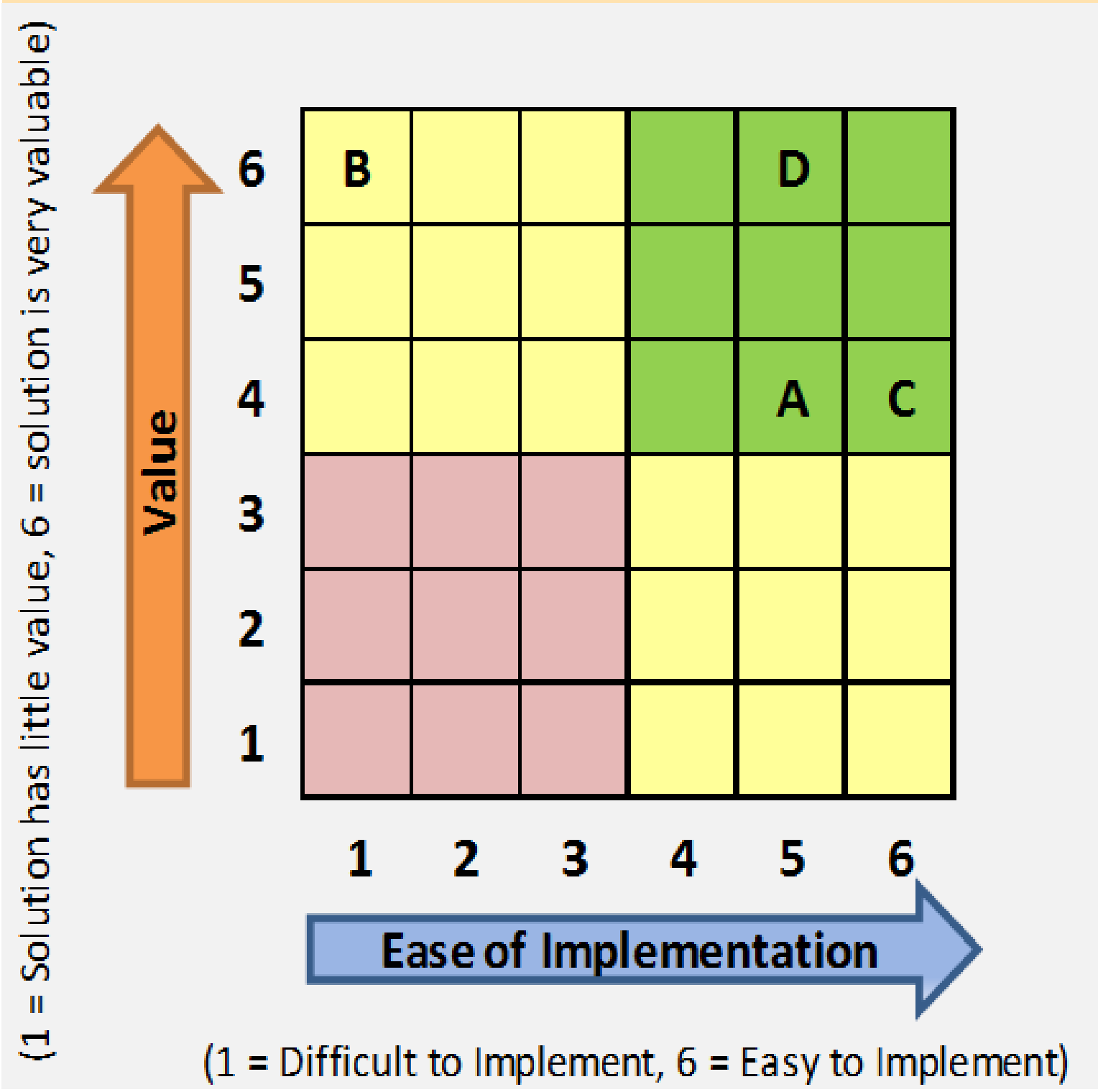

SPAH ICU Admission Process When No ICU Bed Available
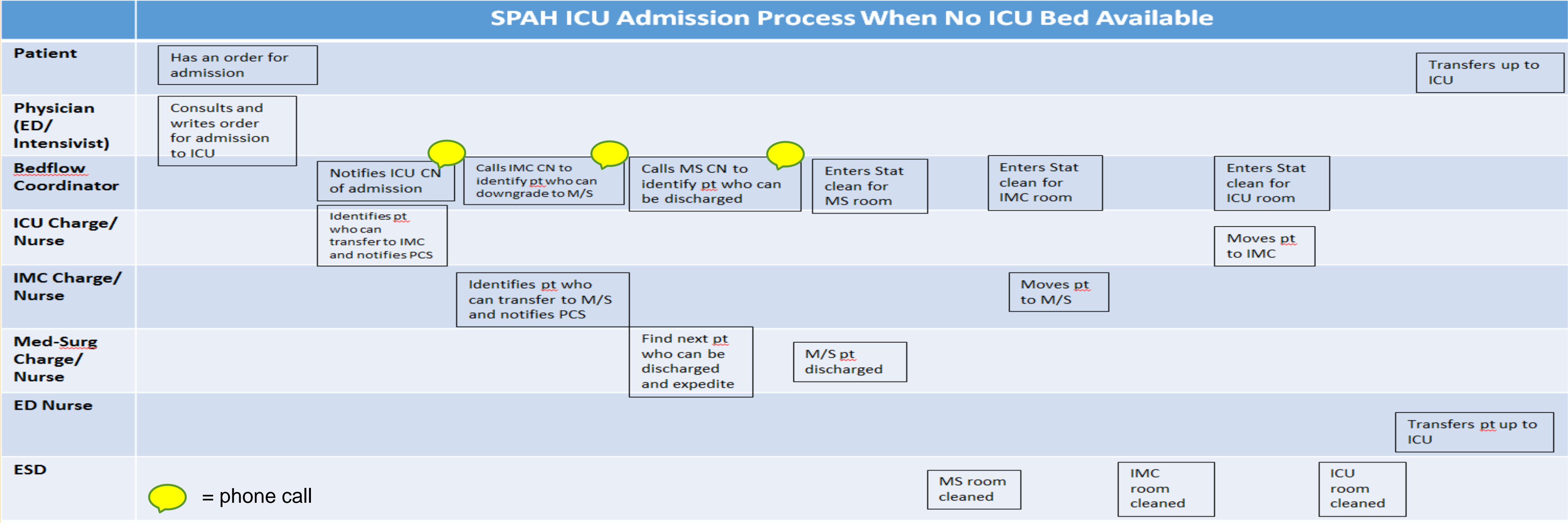
Root Causes:

1. **Environmental Services Department (ESD) Barriers** (Manual flip clean in EPIC, takes too long to clean at times, communication barriers
1. **Report** (too many delays and too many phone calls)
2. **Bed Assignment** (delays in identifying downgrades/ discharges, bed ahead inconsistent
3. **Communication** (MD to MD, notifying ICU CN/ MD, reviewing pts prior to report, too many phone calls in general)

Improve

ID	Solution	Value (1 -6)*	Ease (1 – 6)**	Total Score
A	Bedside report for inpt transfers	4	5	20
B	Move d/c or downgrade pt to surge bed (if definite move within 2 hours)	6	1	6
C	ESD Team Lead/ Bedflow plan for priority beds	4	6	24
D	Create an alert to improve communication when ICU patient needs bed	6	5	30
E				
F				
G				
H				
I				
J				

*Value : 1 = Solution will have little impact on the desired outcome,
6 = solution will have a very large impact on the desired outcome
**Ease: 1 = The solution will be very difficult to implement
6 = The solution will be very easy to implement

Value (1 = Solution has little value, 6 = solution is very valuable)
Ease of Implementation (1 = Difficult to Implement, 6 = Easy to Implement)

Solutions Implemented

- Project team created ICU Alert Criteria, new process, and Expected Responses of Key Stakeholders.
- Proposed plan to Senior Leadership and made necessary changes.
- Ongoing adjustments made to ICU Alert
- Communication packet created and shared with nursing, physicians, and ESD

Control

- Monthly check-in meetings with team members.
- Implemented "Lifesavers" reward for staff involved in ICU Alerts to promote engagement and reward/ recognition.
- Tracked data monthly

Average Wait Time ED to ICU
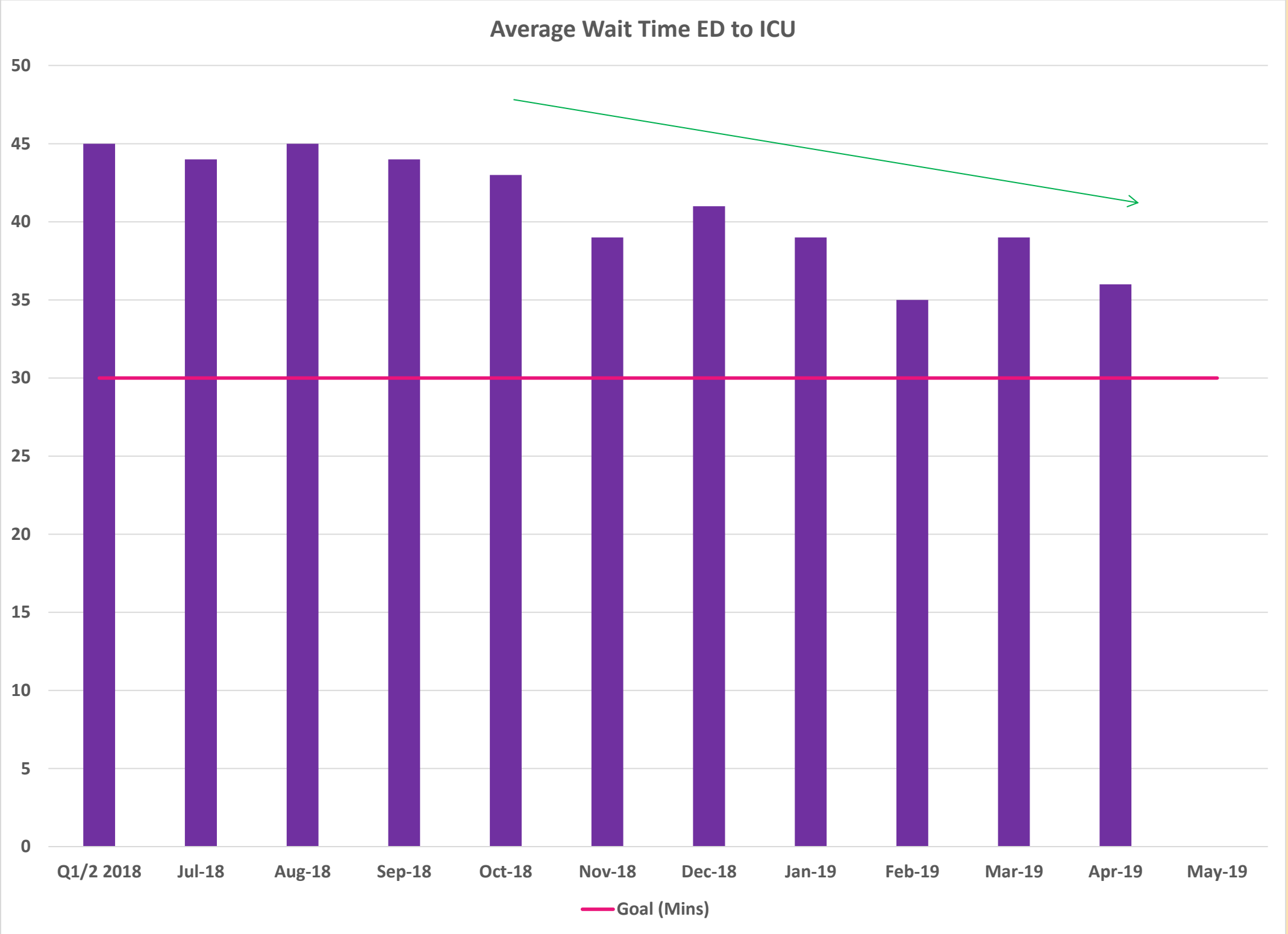
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