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Using Semi-private Rooms to Facilitate Patient Flow

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Background

ED overcrowding is a hospital-wide problem which is caused, in part from the lack of available inpatient beds.[1] ED overcrowding has been associated with an increase in patient mortality, an increased overall hospital length of stay, and a decrease in customer satisfaction.[1,2]

Problem

Sentara Virginia Beach General Hospital has been experiencing periods of high capacity, making it difficult for patients to efficiently and timely navigate the system from the emergency room to an inpatient unit bed. In the beginning of 2017, SVBGH lost the utilization of a Transitional Space for patient placement as a key strategy in preventing ED overcrowding due to the Master Facility construction plan.

Methods

Using a Plan-Do-Study-Act methodology, a "Non-traditional Bed-Use" taskforce was created. This was a multi-disciplinary group involving Guest Services, Physician, Nurse leaders, Bedside nurses, Patient/Family/Advisory Council members, Facilities and Environmental Services. The taskforce served to create job aides, define inclusion and exclusion criteria for patient placement (form 2), develop scripting for staff and physicians (form 1), generate communication tools for patients, and evaluate needed construction for the semi-private rooms. A risk assessment was completed to assist in mitigating any adverse outcomes.

Results

Prior to the use of semi-private beds SVBGH was not meeting patient flow goal as it pertained to Treat and Admit. Approximately 19 patient rooms at SVBGH have the ability to be converted into semi-private rooms, containing both dual head walls and two sets of call lights. In August 2017, education went out to the nursing staff, SVBGH leaders and Bedflow/PCS team about the use of semi-private rooms as a strategy for patient flow. Patients were given information about the use of semi-private rooms for admission while they were still in the Emergency Department. During this time, Bedflow was monitored closely to ensure that patients were placed into semi-private rooms appropriately.

By the end of December 2017, >43% of our admitted patients were able to navigate their time through the Emergency Department in ≤ 240 minutes which exceeded the Patient Flow goals for SVBGH.

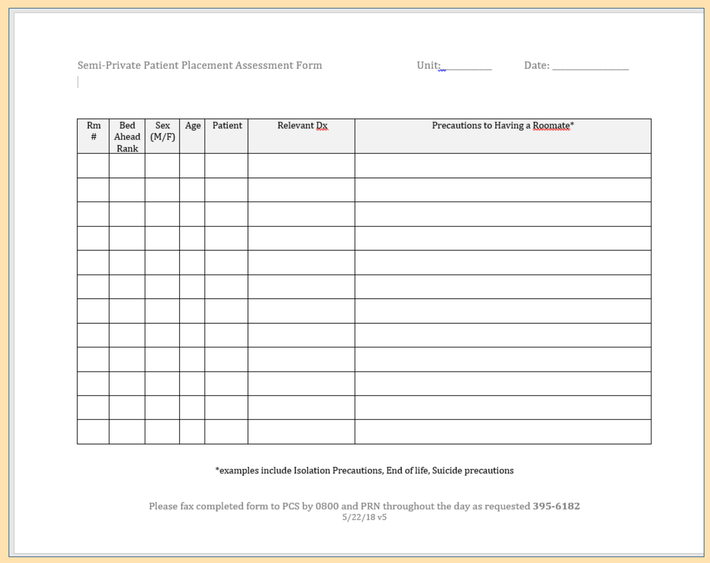
"Due to a high volume of patients, we may need to utilize semi-private rooms for a short time frame. As we have more patients discharged we expect that we will be able to move patients back to a single room. We appreciate your patience and understanding at this time".

**Patients may readily agree to have a roommate or they may object. When they object, listen to their reason as it may be a valid concern (e.g. immunocompromised patient due to kidney transplant not wanting someone with an infectious process.)

Form 1. Scripting for Communicating a Need to Place a Patient into a Semi-private Room

Conclusion

The use of semi-private rooms as an alternate space to place admitted patients proved to be a challenging, yet successful strategy in facilitating timely patient flow from the Emergency Department to the Hospital admission process.



Semi-Private Patient Placement Assessment Form Unit:_____ Date: _____

Rm #	Bed Ahead Rank	Sex (M/F)	Age	Patient	Relevant Dx	Precautions to Having a Roomate*

*examples include Isolation Precautions, End of life, Suicide precautions

Please fax completed form to PCS by 0800 and PRN throughout the day as requested **395-6182**
5/22/18 v5

Form 2. Semi-private Patient Placement Assessment Form

References

[1]Pulliam, B, Liao, Gessler, T., & Richards, J. (2013). Comparison between emergency department and inpatient nurses' perceptions of boarding of admitted patients. *Western Journal of Emergency Medicine, XIV (2),* 90-95.

[2]Viccellio, A., Santaora, C., Singer, A., Thode., H, & Henry, M. (2009). The association between transfer of emergency department boarders to inpatient hallways and mortality: A 4-year experience. *Annals of Emergency Medicine, XX(X),* 1-5.

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