Montana Rural Healthcare Performance Improvement Network

2017 M2O Improvement Project: OP- ED Throughput

M2O Aggregate Report

Baseline Data: All 2016 ED Admits
Remeasure Data: May 1- July 31, 2017
Report date: November 2017

PROJECT SUMMARY

The second M2O project was a focused project targeting MBQIP outpatient measures OP 18 & 20: ED Throughput. The goal of improving ED Throughput is to positively impact patient safety and experience by identifying the root causes behind longer than average patient stays and improving any primary or ancillary processes that may lead to extended patient visits. This project involved multiple departments including, but not limited to: registration, IT, nursing, providers, pharmacy, laboratory, radiology and quality.

PARTICIPATION

- 15 PIN member facilities, representing all of the 5 PIN peer groups and all 5 regions, initially participated in the M2O project and submitted their 2016 ED Admit to Discharge times for the project
- 11 PIN member facilities submitted both the baseline and remeasure data as well as all of the homework required for the poster presentation at MHA Conference

FINDINGS (measurements are based on the median times from patient admit in ER to discharge from the ER)

- Baseline Average: 105 minutes Remeasure Average: 105 minutes
- The average of the 11 facilities Admit to Discharge Times remained exactly the same for the remeasure period
- Initially 6 facilities were below the national median of 104 minutes; 6 remained after the remeasure; however, one facility increased their time while another improved
- 5 facilities decreased their median ED Throughput times
- It was realized that many of the projects could potentially increase the amount of patient time in the ER due to providing better patient care and spending more time to ensure a consistent, high quality of work being performed

Projects completed for M2O: OP- ED Throughput

Inaccurate discharge times in EHR
Delays in initial ED patient registration process
Patient Admit Orders not completed or incorrect
Inaccurate discharge times in EHR & patient LOS after discharge order
Missing orders causing confusion & Incomplete charting causing missed charges
Inconsistent communication from ED nurse to unit nurse for patient transfer when admitting
EMTALA requirements are not all met
Nurse verification process is inefficient and causes delays of lab orders
Patient not being seen within 10 min. of arrival when provider is working in the clinic between 8 and 5
Discharge orders are not being reviewed and clarified in EHR
Delay in treatment decisions for ED patients as a result of delay in the provider receiving lab test results
Delays in registration blocks the "Room" function in the EHR causing patient treatment to appear to occur prior to being "roomed"

Project details, reports & facility homework can all be found on the PIN Website at:
http://www.mtpin.org/qi-activities/mbqip-2-outcomes/

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