Westmoreland Hospital
Improving Patient Hand-Offs and Patient Flow (ED/Inpatient Communications Tool)

Problem to Be Resolved:
- Improve patient throughput rates by improving communication between the emergency department (ED) and the receiving inpatient units.

Hospital: Excela Health Westmoreland Hospital, Emergency Department
Location: 532 West Pittsburgh St.
Greensburg, PA 15601
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Category:
- A: Arrival
- B: Bed Placement

Key Words:
- Hand-Offs
- Communication
- Care Transitions

Hospital Metrics:
(Taken from the American Hospital Directory)
- Annual ED Volume: Approximately 41,000
- Hospital Beds: 301
- Ownership: Nongovernment, Not For Profit
- Teaching Status: Yes

Tools Provided:
- Emergency Department Worksheet
- Faxed Report Form for Emergency Department, Inpatient and Nurse Supervisors

Clinical Areas Affected:
- Emergency Department
- Inpatient Units
- Ancillary Departments

Staff Involved:
- Nurses
- ED Staff
- IT/ Technical Support
- Ancillary Departments
Innovation
Developed and implemented a standardized form that is filled out by the ED nurse and faxed to the receiving department’s floor nurse as part of the hand off process.

Results
Westmoreland saw positive results from this strategy. Four months after implementation, they had reduced the median hold time per patient from 130 to 80 minutes, representing a significant improvement in the hospitals throughput rates. The project team also reported an overall improvement in the relationship between the ED and inpatient unit staffs.

From the Experts:
“Utilizing the communications tool and implementing a formal communications strategy helped us make a huge cultural shift in the way the organization thinks about throughput. This formalized communications strategy helped improve communication between the ED and nursing staff as well as elevated coordination and communication with ancillary staff. Through Urgent Matters, we were also able to measure our success by benchmarking against other hospitals. This provided a cascading effect encouraging the entire organization to strive to reach new levels of success in all of our throughput initiatives.”
Maryann Singley, Vice President, Clinical Services, Westmoreland Hospital

Timeline
Implementing the improvement took approximately six to eight weeks of initial work before rollout. The Westmoreland team conducted two re-evaluations, tweaking the form used according to feedback received from staff.

Innovation Implementation
When patients were transferred from the ED to the inpatient units, the opportunity for a gap in the handoff due to poor communications existed, resulting in delays in care and poor patient throughput rates. Examining their handoff processes, the team at Westmoreland Hospital saw that improving the communication of information during this process could result in significant improvements in their ED boarding times and patient safety.

Their solution was to develop a communications system consisting of a standardized patient information form that is filled out by the ED nurse and faxed to the receiving department’s floor nurse as part of the hand off process. Through this system, the team recognized that all of the patient’s pertinent information could be shared before the handoff, increasing efficiencies and minimizing patient delays.

Westmoreland started the process by meeting with the ED and inpatient teams. The implementation team spelled out their goals to improve the process and asked departmental representatives to go back to their respective departments and tell their colleagues about their roles in making this a successful innovation. This inclusive process was seen as critical to the efforts to securing cultural change in the system, learning from a previous process improvement effort, which was deemed unsuccessful due to lack of collaboration.
To implement this project, Westmoreland had to be able to better communicate with floor staff during the admitting process. As such, they created a standardized inpatient report sheet that provided for the input of general patient information as well as other signs and symptoms essential for the nurses on the floor. To help reduce the likelihood that this information would be delayed or lost, the hospital turned to fax machines for instantaneous transmission of the sheets. Now, every unit has a fax machine that can receive the sheet once completed by the ED staff, thus closing the loop on this simple but effective innovation. Taking this strategy one step further the hospital is now piloting an online form that can be viewed by the inpatient units prior to the patient’s transfer.

The result of the new communications process and tool has been nothing short of amazing, with a 50% improvement on patient throughput seen since its implementation.

Advice and Lessons Learned

1. **Be persistent and don’t fear failure.** Implementation of a version of this program was attempted several years ago with limited success. Rather than become discouraged, the staff learned from their mistakes which led to a successful implementation this time.

2. **Welcome suggestions on the process—but be firm.** Keeping the affected departments informed about this project at every step of the way is critical for success. Make sure everyone knows that you intend on completing your project, and continually seek insight as to how you can improve it.

3. **Don’t reinvent the wheel.** Learn from others. Meeting with other hospitals was beneficial to learn about strategies other hospitals were implementing and the associated challenges that came with their projects.

Cost/Benefit Estimate

This project represented a small investment with a big payoff. The upfront costs involved adding another fax machine to a unit and having two administrators manage the program, both of which represent somewhat of a fixed cost. The payoff from this minimal investment was a 50% improvement on patient throughput.

Tools to Download

- Emergency Department Worksheet
- Faxed Report Form for Emergency Department, Inpatient and Nurse Supervisors

Related Resources

- Urgent Matter E-Newsletter: Focus on Learning Network II – Westmoreland Hospital
Faxed Report Work Flow ETU

Begin filling out faxed Report Sheet early, if you think there is a potential for admission. The goal is for the Primary ED nurse to complete the fax report sheet within 20 minutes of the ED admission order. After determination for Admission has been made, please double check Isolation status with the demographics and also ETU chart level of care with any admission orders that have been given by the Attending Physicians.

- **IF** a patient is sent to the floor and there has been an isolation error, the patient **will** be returned to the ETU if there is no bed immediately available.
- **IF** a patient is sent to the floor and there has been a change of their level of care, that patient **will** be returned to the ETU if there is no bed immediately available.

Any room that is placed on the Tracking Board is considered a ready and available bed.
- **IF** a patient is sent to the floor and arrives on the unit to a room that is not cleaned, that patient will remain on the unit and the Nursing Supervisor will address this issue. The patient is NOT returned to the ETU.

No available inpatient bed – If the patient does not have an assigned bed and is an inpatient hold, the faxed report **MUST** be updated with pertinent changes and once a shift. Once you receive admission orders, the primary nurse is responsible to assure that the inpatient orders are given to the hold clerk. If no hold clerk, the primary nurse is responsible to assure that the inpatient orders are carried out appropriately and in a timely manner.

**Once a ready bed is posted on tracking board** - Please double check Isolation status with the demographics and also ETU chart level of care with any admission orders that have been given by the Attending Physicians. Please be sure to sign the report as well.

Fax **completed** Report Form to the appropriate unit. It is important that this form be **completed**. Be sure to make sure that the primary nurses’ name is legible. Notify Transportation that the patient is ready. (Escort, ALS Tech or ETU Tech)

When patient is packed up and Transportation is in the ETU, **CALL** the receiving unit to let them know that report had been faxed and patient for Room XXX is on their way to the floor. When the patient arrives on the unit, if the primary nurse has any questions in regards to the received patient they are to contact the RN whose name is located on the bottom of the faxed report sheet.
Faxed Report Work Flow Inpatient

Patient Assigned Bed-
Once a bed has been assigned to the patient and upon the ETU has been notified of a ready bed, the receiving inpatient nursing unit should expect the completed faxed report. Any room that is placed on the ETU Tracking Board is considered a ready and available bed.

When patient is packed up and Transportation is in the ETU, The ETU will CALL the receiving unit to let them know that report had been faxed and patient for Room XXX is on their way to the floor.

- **IF** a patient is sent to the floor and there has been an isolation error, the patient **will** be returned to the ETU if there is no bed immediately available.
- **IF** a patient is sent to the floor and there has been a change of their level of care, that patient **will** be returned to the ETU if there is no bed immediately available.
- **IF** a patient is sent to the floor and arrives on the unit to a room that is not cleaned, that patient **will remain on the unit** and the Nursing Supervisor will address this issue. The patient is **NOT** returned to the ETU.

When the patient arrives on the unit, if the primary nurse has any questions in regards to the received patient, they are to contact the RN whose name is located on the bottom of the faxed report sheet.

No available inpatient bed –

If the patient does not have an assigned bed and is an inpatient hold. The Inpatient Report **MUST** be updated with pertinent changes and once a shift. Please double check Isolation status with the demographics and also ETU chart level of care with any admission orders that have been given by the Attending Physicians.
Faxed Report Work Flow Nursing Supervisors

Patient Assigned Bed-
Any room that is placed on the ETU Tracking Board is considered a ready and available bed. Do not post any bed on the Tracking Board that is not ready. This will prevent any confusion as to the bed status. If a patient is placed in a bed that is not clean or ready, the ETU will not fax report until the clean or ready bed is posted on the Tracking Board.

When patient is packed up and Transportation is in the ETU, The ETU will CALL the receiving unit to let them know that report had been faxed and patient for Room XXX is on their way to the floor.

- IF a patient is sent to the floor and there has been an isolation error, the patient will be returned to the ETU if there is no bed immediately available.
- IF a patient is sent to the floor and there has been a change of their level of care, that patient will be returned to the ETU if there is no bed immediately available.
- IF a patient is sent to the floor and arrives on the unit to a room that is not cleaned, that patient will remain on the unit and the Nursing Supervisor will address this issue. The patient is NOT returned to the ETU.

When the patient arrives on the unit, if the primary nurse has any questions in regards to the received patient they are to contact the RN whose name is located on the bottom of the faxed report sheet.

No available inpatient bed –
If the patient does not have an assigned bed and is an inpatient hold, the faxed report MUST be updated with pertinent changes and once a shift.
ETU Report Form {Place Sticker Here}

Admission Dx: _____________________________________________
Admit MD____________ Arrived From: ________________
Level of Care __________ Code Status _______________
Full Admit Observation
PMH: ____________________________________________________________________________
Allergies: __________________________________________________________________________
Vital Signs: T _______ P _______ BP ________ RR _______
Monitor: _____________________ O2_____ via___________
ISO: C-Diff___ MRSA ___ VRE___ Other____________________
IV HL: ______________________ Placed: ED _____ Prehosp____
IVF Given: _____________________________
Meds Given: _______________________________________________________________________

Abn Labs: WBC______ H/ H__________ PT/ INR __________
Na_______ K+_______ CL_______ Co2_______ BUN/ Cr_______
CPK___ Trop_____ NPRO- BNP_____ Ddimer_______
XRAY: _____________________________________________
CT: _____________________________________________________________________________
Other Pertinent Info:
Alert __ Confused __
Foley ___ NG ___ GTube ___ Trach ___ Colostomy ___

________________________________________________
________________________________________________
________________________________________________
________________________________________________
________________________________________________
Pain ________ Intervention: __________________________
RN: ____________________ Ext: 4355 (North)
3120 (South)
3196 (Hold)
Date________ Time________
Assigned Room ______________
Westmoreland Hospital is part of a three hospital health system located in Western Pennsylvania. Patient flow used to be chronic issue that plagued the hospital emergency department (ED). “We were constantly in crisis mode and often over capacity,” said Mary Ann Singley, MSN, vice president of clinical services, Excela Health, and project director for the Westmoreland Urgent Matters team. Westmoreland Hospital was concerned about the safety, community, and financial issues related to patient flow and examining internal processes when they learned about Urgent Matters Learning Network II (LNII). “We were developing a system-wide approach for tackling patient flow and the Urgent Matters LNII was perfect for our needs,” said Singley.

“Participating in Urgent Matters LNII gave us an opportunity to share ideas with others working through the same issues and see where stood compared to other hospitals,” noted Singley. Westmoreland was struggling with how to coordinate patients through the ED. “For long time this was seen as an ED issue rather than a hospital problem,” said Singley.

By examining their processes, the Westmoreland team realized there was a deficit in their internal communications processes. Thus, the hospital decided to focus its strategy on improving communications between the ED and inpatient units to improve flow throughout the system. The hospital developed an ED/Inpatient Report Tool to monitor and expedite patient flow from the ED to inpatient units. Since the going live with this tool in May 2010, they have been working hard – implementing and testing a number of diverse additional strategies for improving communications, raising awareness of ED crowding and throughput issues at all levels of the organization.

Singley’s Urgent Matters team included representatives from across the hospital. “In order to reduce the length of stay in the ED it was essential to include everyone from clinicians and labs to registration and administration,” noted Singley.

The support from senior hospital administration was vital in the development and implementation of the project. Cooperation from senior leadership gave the project increased importance and encouraged buy-in from staff across the hospital. “As a result of Westmoreland’s participation in the Urgent Matters project, there has been a greater awareness and understanding of crowding as a hospital-wide issue, not just an ED problem,” said Singley.
In addition to aiming for improvements in how they deliver care within the Westmoreland community, the team is focused on the bigger picture of what the Urgent Matters work means for developing measurable ED interventions. Since embarking on in the Urgent Matters project, Westmoreland’s ED boarding times have been reduced from 130 minutes to 80 minutes. The hospital has continued to collect metrics and established a committee that meets regularly to look at patient flow issues.