

Excessive Wait Times in a Urban Emergency Department

Presentation for The Taming of the Queue II

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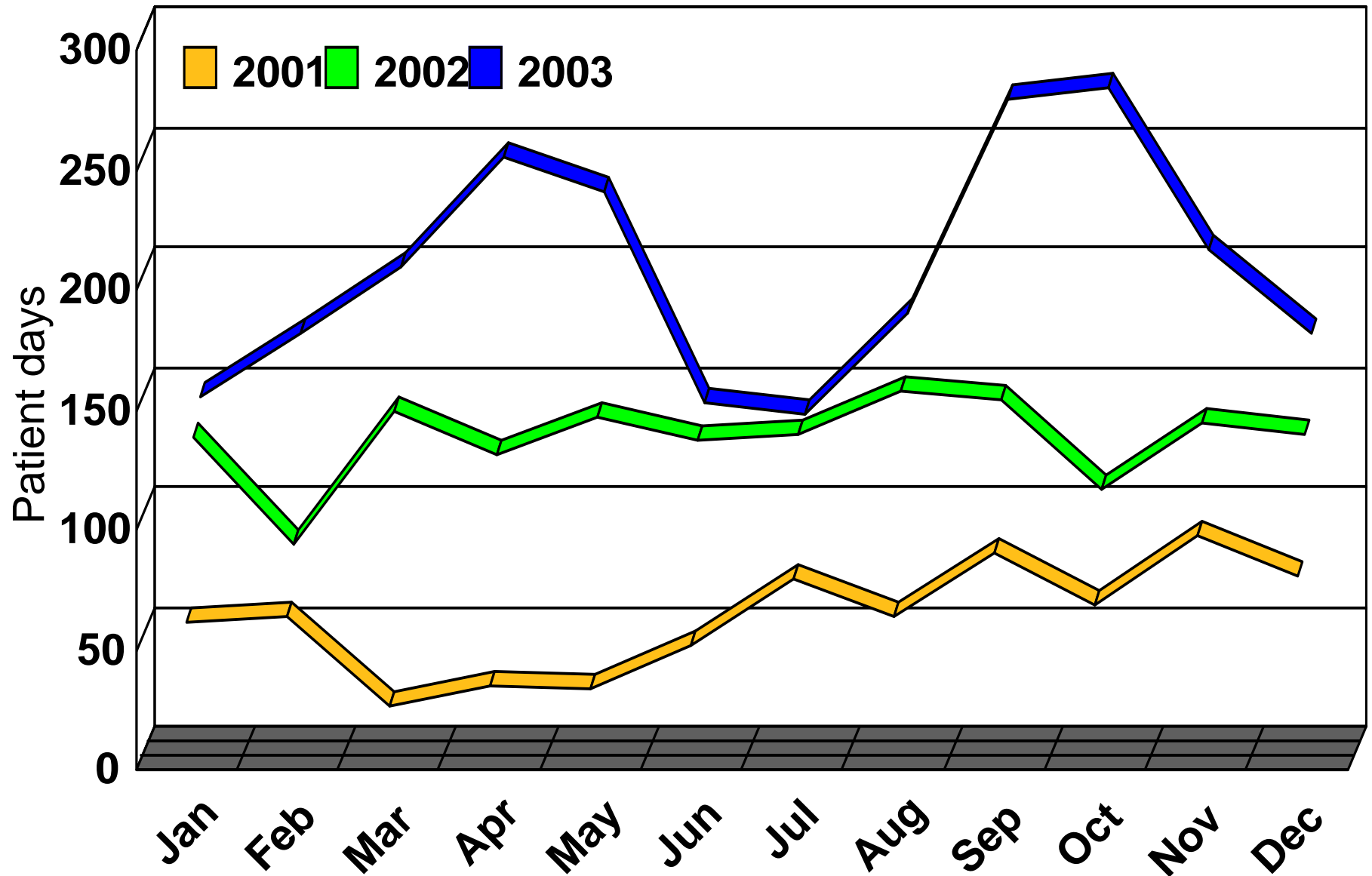
Provincial Perspective

- Progress has been made with respect to:
 - Cancer
 - Heart
 - DI
 - Joint replacements
 - Sight restoration
- Put a face to the issue of wait times
 - Wait times in an Emergency Department

Situation

- Constantly increasing number of admitted patients waiting for a bed in the ED
- Significant patient safety issue
- Lack of patient confidentiality and dignity

ED IAB



Health Care in an ED Hall



Initiatives Implemented over Six Month Period

- Transition Unit
- Reduced LOS resulting from Medical Rounds on all medical beds, including the ED
- Implemented a Hospital Saturation Policy
- Agreement with region re priority access to Long Term Care beds
- Provincial policy implemented re personal preference to location of LTC bed

Transition Unit Opened

- Opened June 2003
- Utilizing ten “closed” beds located in a Medical Unit in the Queen Elizabeth Hospital due to lack of RNs by staffing with LPNs

Medical Rounds

- Weekly Rounds made by Medical Director, Chief of Staff, Chief of Family Practice, and Bed Utilization Coordinator
- Patients were identified by nurse managers as needing direction from their family doctor regarding their plan of care
- Pink slips signed by Medical Director when warranted.



HELLO, DOCTOR

We were doing bed utilization rounds and were unable to determine the discharge plan for your patient.

When will your patient to be ready for medical discharge ?

DATE:

Will your patient be able to return home ? Yes _____ No _____

If Yes, will Home Care need to be consulted ? Yes _____

No _____

If Yes, will Social Work need to be consulted ? Yes _____

No _____

If No, have you requested Placement ? Yes _____

No _____

Convalescent Care ? _____

Community Care ? _____

Nursing Home ? _____

Your cooperation is appreciated, as always.

Des Colohan, MD
Medical Director

Gail MacLean, RN
Bed Coordinator

Saturation Policy

- When a pre-determined level of saturation is reached an ED critical overload response is initiated.
- A formula is used that considers IAB's, staffing, physicians available, total patients waiting to be seen and the acuity of existing patients in the Emergency Department.
- IAB's **MUST** be moved out of the ED and into a holding unit.

Priority Access to LTC Beds in Health Region

- Access was not the major problem
- Agreed that if the number of medically discharged patients was $> 40\%$ of the list than all new beds would be allocated to acute care not home care

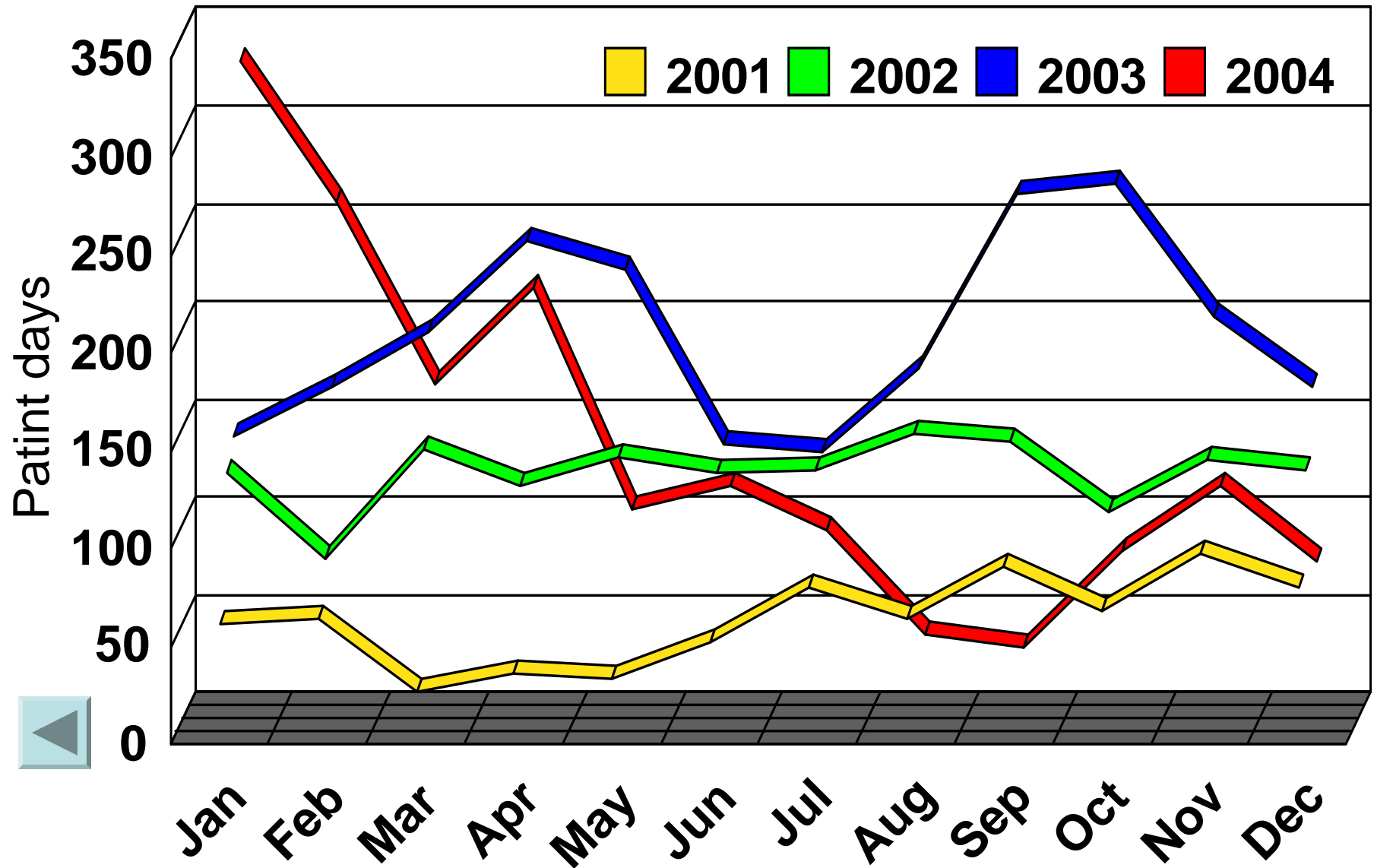
Provincial Policy Implemented on Preference to Location of LTC Bed

- Discharged patients had a practice of waiting in hospital until their preferred location was available
- Even if there were empty LTC beds somewhere on PEI
- Government implemented a policy where, if an acceptable LTC bed was refused than the full per diem (\$860) could be charged

Result

- IABs reduced to low of 45 per month
- LOS reduced by approximately 2 days for medical CMGs
- Gained physician and staff support for initiatives and improved morale throughout hospital

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THANK YOU

