**The Problem**

Patients presenting to an Emergency Department do so with the belief that not only will they receive high quality care that is provided in a safe manner, but also that their overall experience will be a positive and favorable one.

Most patients recognize that Emergency Departments are busy places where staff must respond to unexpected and ever changing care demands, including the arrival of “emergency patients,” however despite this realization, a primary dissatisfier for patients is the actual/perceived delay between the time the medical provider decides to admit the patient to the time he/she arrives to their inpatient room.

The ability to mitigate this dissatisfier is a complicated one, due to multiple variables that impede the timely transfer of the patient, including factors not only internal to the ED but equally as important are those external to the department. This issue is compounded during periods of higher than expected patient volume throughout the organization. This in turn can lessen the effectiveness of hand-off the communication between the ED RN and the Inpatient RN.

**Aim/Goal**

Establish a process that promotes the timely transfer of patients being admitted to the inpatient floor from the Emergency Department, ensuring that not only is vital patient information effectively communicated to the inpatient RN, but also that this RN has the opportunity to clarify and ask questions of the Emergency Department RN. Goal is to transfer patient to floor within 30 minutes from time bed booking is made.

**The Team**

- Nursing Council members
- Phillippa Breslin: RN, Nurse Manager, Emergency Services
- Valerie Blathras, BSN, RN, Assistant Nurse Manager, Emergency Services
- Lynn Cronin, MSN, RN, CNL, VP Nursing/CNO
- Anne MacVarish, BA, RN, Nurse Manager, Medical/Surgical Floor (3N)
- Sharon Demio, RN, Nurse Manager, Medical/Surgical Floor (2N)
- Dawn Zaccaria, RN, MBA, Director, Nursing Operations

**The Interventions (Select Actions Taken): Started 9/8/14**

- Patient floors are contacted by the Admitting representative for a bed assignment immediately following the decision to admit the patient from the ED
- The timely allocation of beds is overseen by the inpatient manager/nursing supervisor
- Bed assignment communicated to ED
- Electronically generated SBAR report that includes standardized key patient information is automatically sent to the inpatient floor for review by the receiving RN (rather than pre-intervention telephone report)

**The Interventions (Select Actions Taken): Continued**

- Receiving RN has the opportunity to review the report and contact the ED RN to clarify information, as necessary
- Transport initiated 30 minutes after bed assignment independent of nursing report

**The Results/Progress to Date**

**Lessons Learned**

- Decision to admit time to departure from ED decreased from a mean of 76 minutes (January-August 2014: Baseline) to 55 minutes (September – December 2014: Post SBAR implementation) – this reflects a 28% decrease in this specific flow measure
- This decrease occurred despite flat/increased ED patient volumes through end CY 2014
- No reported significant adverse events associated with this process change

**Next Steps/What Should Happen Next**

- Continue to follow and track performance associated with this metric
- Identify barriers to achieving 30 minute transfer goal and develop interventions to mitigate/eliminate delays

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