BACKGROUND

With 67% to see a provider waiting at an hour due to a bottleneck of patients competing for the same resources, in addition to a construction project underway to expand the footprints of the current emergency department, the timing was right for Houston Methodist Hospital to implement a split flow model of care.

OBJECTIVE

This model allows for the nursing staff to quickly assess a patient's condition and then direct the patient to the appropriate treatment area by using dual streams of care, management strategies, and new roles and responsibilities. The model was also projected to address constant patient flow.

PLANNING/RESEARCH METHODS

A multidisciplinary team of providers, nurses, patient care assistants, and clinical team, utilizing an attached care continuation waiting area for quicker care. High acuity emergency cases are managed in a 10-bed area under the direction of a provider and clinical team, utilizing an attached care continuation waiting area for constant patient flow.

IMPLEMENTATION METHODS

Through the use of these dual streams of care, dedicated resources inpatient waiting times to one provider, and start treatment was reduced dramatically, thus improving the overall patient safety and satisfaction levels as well as quality of the environment.

RESULTS

When comparing our 2015 pre-implementation baseline to the values returned at the end of the year, post implementation, the following improvements occurred:

- **Door to Provider Time**: 99 minutes to 85 minutes (15% reduction)
- **Bed to Provider Time**: 24.59 minutes to 14.30 minutes (42% reduction)
- **Patient Satisfaction (Waiting Time to See Doctor)**: 71.6 to 78.4 (9% increase)
- **Patient Satisfaction (Overall)**: 82.1 to 83.4 (2% increase)
- **Average Length of Stay (Discharge)**: 272.24 minutes to 234.57 minutes (14% reduction)
- **Average Length of Stay (Admit)**: 482.55 minutes to 419.54 minutes (14% reduction)
- **Leaves Without Being Seen Rate**: 3.5% to 1.5% (57% reduction)
- **Average Time on Evaluation**: 1.8 to 1.1 (37% reduction)
- **Bed to Provider Time**: 24.59 minutes to 14.30 minutes (42% reduction)
- **Patient Satisfaction (Waiting Time to See Doctor)**: 71.6 to 78.4 (9% increase)
- **Median Wait Time (RDLL)**: 23 minutes per month, estimated annual savings over $20k in direct cost

As seen by the attached graphs, the results continue to trend in a positive direction and are seen as light of a 13 percent annual savings in ED occupancy cost.

REFE RENCES


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STREAMS OF CARE: IMPACT OF SPLIT FLOW MODEL ON EMERGENCY MEDICINE

Strategic planning

Reference pages