

The "30 Minute Promise"

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Our Mission

- Provide timely, efficient, outstanding patient care.
- Remove all barriers that prevent a patient being seen by a physician.
- Improve all processes involved in patient care.
- Maintain a technologically advanced ER.



Objectives

- Improve overall patient satisfaction.
- Improve time to treatment and patient disposition times.
- Reduce TATs for lab test results.
- Decrease length of stay in the ED.
- Minimize number of patients leaving ED without being seen.
- Reduce diversions to other medical facilities.

Obstacles

- Triage and patient registration too time consuming.
- Laboratory.
 - Long turnaround time for lab tests.
 - 45-60 minutes for chemistries.
 - >60 minutes for cardiac enzymes.
 - Lack of control of specimens.
 - Lack of communication with lab.
- Excessive radiology turnaround time.
- Slow bed turnover.

The Process

- Triage essentially eliminated – initial vital signs and history taken at bedside.
- “Quick Registration” allows patients to be registered with only their name, SS# and DOB taken from Chief Complaint form.
- Staff or tracking system alerts Physician of new arrival.
- Progressive POC testing model in ER.

Testing

- Moved POC testing from lab to ED.
- Streamlined test panel incorporating chemistries, electrolytes, and cardiac markers to accommodate most critical patient testing.
- Decreased turnaround time.
 - Chemistries reduced to 15 minutes.
 - Cardiac enzymes reduced to 15-17 minutes.
- Able to control and oversee testing, and speak directly to tech about specimens/problems.

Logistics

- Laboratory holds CLIA license.
 - Oversees testing.
 - Performs QC and maintenance.
- ED charged with staffing LMA's.*
 - 24/7 staffing.
 - 4 FTEs.
 - Several part timers.

Clinical Indications for POC Testing

- Sepsis
- Acute Coronary Syndrome
- Stroke
- GI Bleeding
- Kidney Failure
- DKA
- AMS

POC Test Panels

- Chem 8
 - Na⁺, K⁺, Cl⁻, TCO₂, BUN, Creat, Glu, Ca⁺⁺
- Chem 10
 - Na⁺, K⁺, Cl⁻, TCO₂, BUN, Creat, Glu, Ca⁺⁺, Lac, iMg
- ED Panel
 - Na⁺, K⁺, Cl⁻, TCO₂, BUN, Creat, Glu, Ca⁺⁺, Lac, iMg, Hb, Hct, pH
- Cardiac panel
 - CKMB, Troponin, BNP, d-Dimer, Myoglobin
- Other tests
 - Beta Hcg, Urinalysis, Blood Glucose Meter

Wish List

- Urine Toxicology Screen
- RSV, Flu Swabs
- Rapid Strep
- Roto-virus

Results

- Average time to be seen reduced from 45 to 17 minutes.
- “Left Without Being Seen” now 0.2% compared to national average of 2%.
- Time to final disposition is 109 minutes.
- Admission to bed average is 70 min.
- Overall length of stay reduced from 3.3 to 2.3 hours, a 30% improvement.
- Success rate at 92%.
- Time on divert January through July 2006 was reduced by 59% over same period 2005.

The Bottom Line

- Patient volume increased from 23,000 to 26,000 in 2006 (11% increase).
- National average after implementation is volume increase of 33%.
- Staff turnover rate reduced from 50% to <10%.
- Mease Dunedin now leads hospital system in customer satisfaction.

Being Proactive

- Decrease liability
(LWBS, AMA, Homicide?)
- Enhance community relations
- Satisfy government agency oversight
(CMS, P4P, JCAHO)
- Improve hospital economics
(Improved bed turnover, less divert)



Me and my trusty analyzer

Questions

Damn it Jim, We're an ER not a Waiting Room!

