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Left Without Being Seen: Rapid Reduction 18-Month Journey

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Houston Methodist The Woodlands Hospital
Session Number: M721
Date and Time: Saturday, October 15, 2022 @ 9:30 AM

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None of the planners, creators, or presenters for this educational activity have relevant financial relationships to disclose with ineligible companies whose primary business is producing, marketing, selling, re-selling, or distributing health care products used by or on patients.

Objectives:

- Review the change in demand of patient volumes to identify capacity needs and quick-change interventions
- Identify opportunities to decrease Left Without Being Seen (LWBS)
- Understand drivers of LWBS in order to initiate quick-change interventions to meet current demands
- Identify opportunities to improve patient throughput and decrease LWBS to improve overall patient safety
- Improve overall patient satisfaction with initiation of quick-change interventions

Background

COVID-19 Pandemic

ED Volume increase

Lack of inpatient beds

Inadequate staffing/supplies/ equipment

Lack of physical space

Excessive times for evaluation/procedures/ treatment

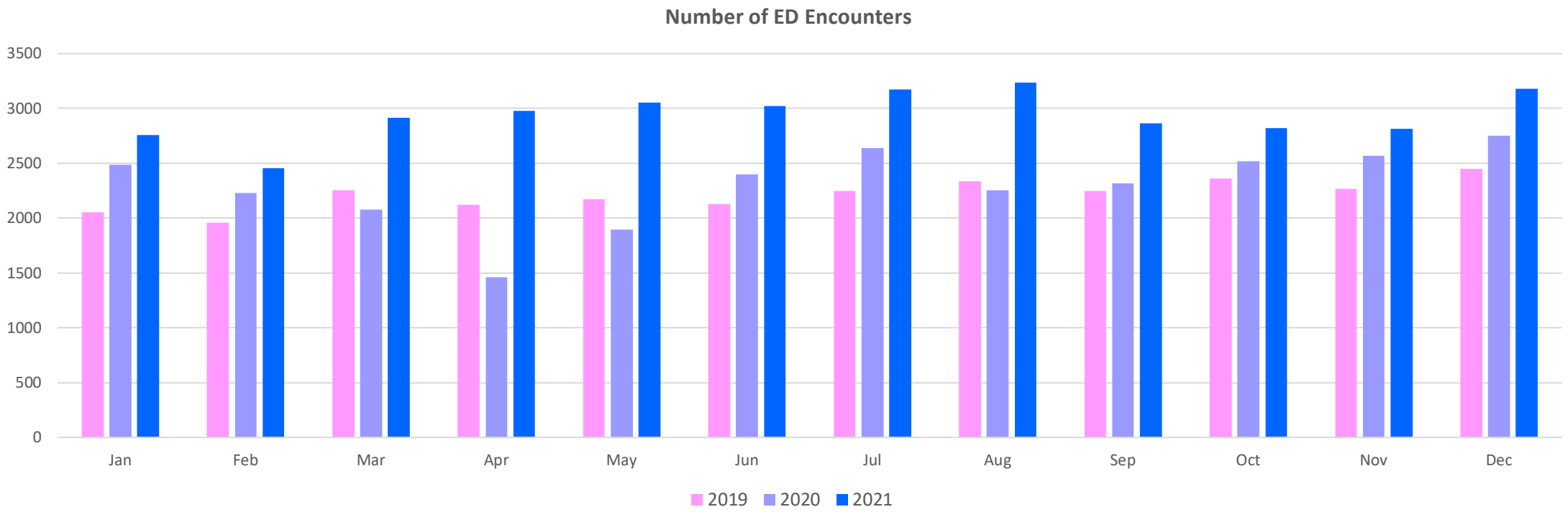
Purpose

- Volume explosion
- Left Without Being Seen (LWBS) in ED
- Best practice <2%
- ED hit >5%
- Plan-Do-Check-Act (PDCA)
- Rapid-cycle change interventions

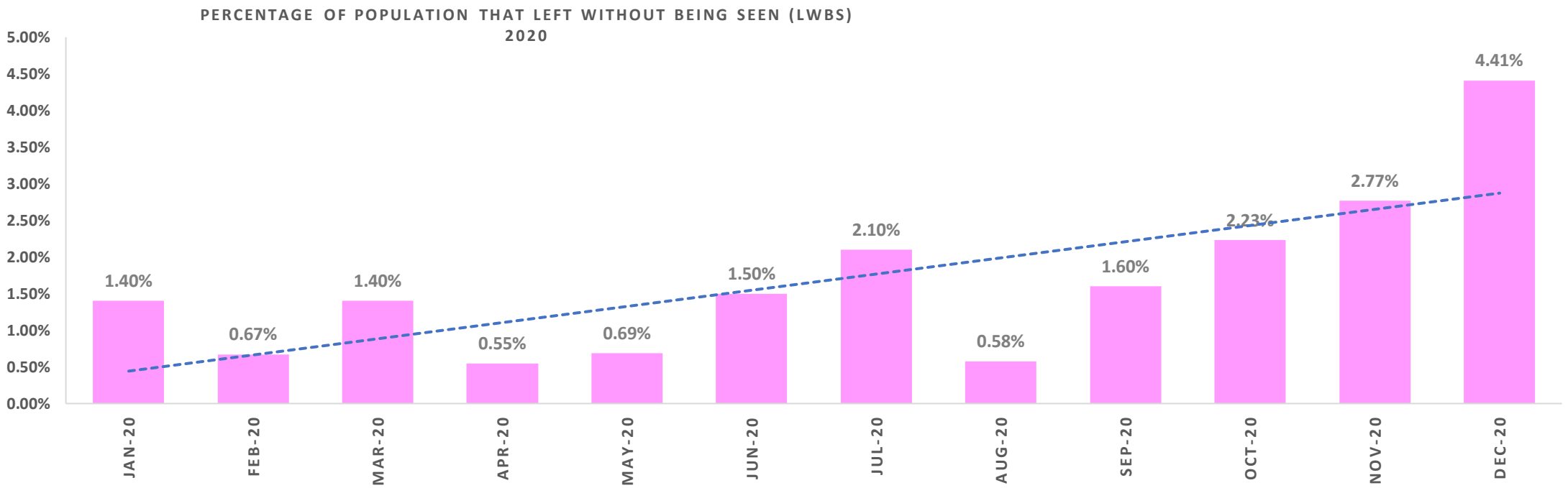
Implementation

- High level action plan
- Agency nurses
- Medical provider
- Greeter
- Hallway specialty chairs
- Admit Care Unit (ACU)

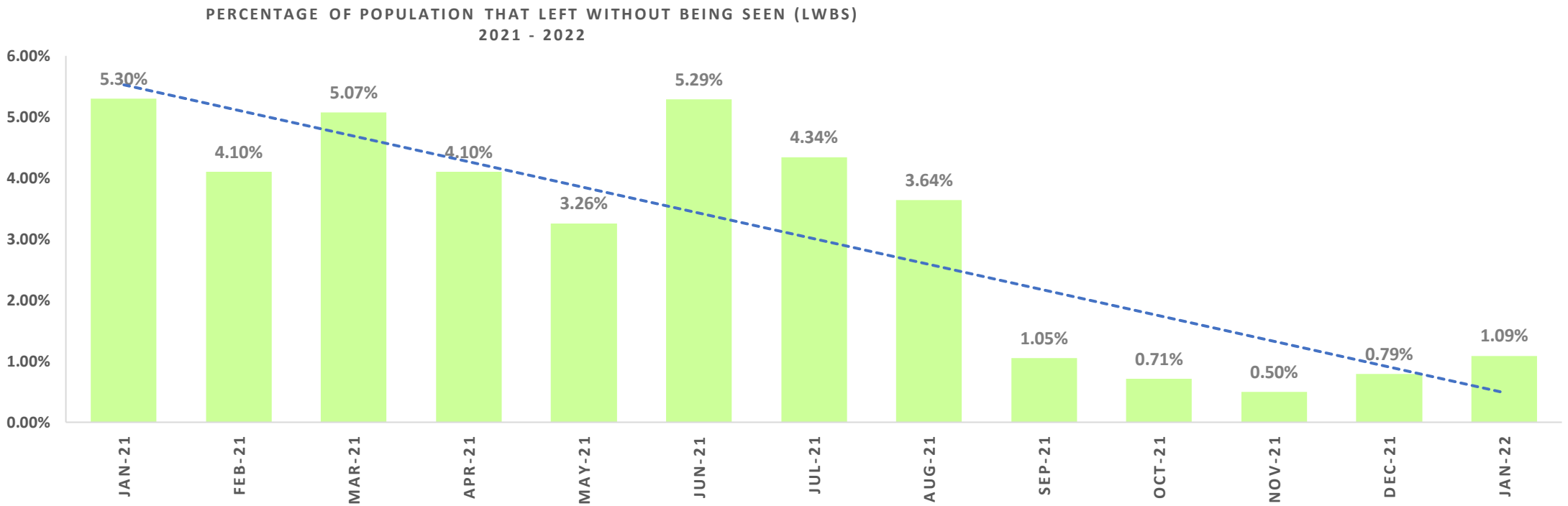
Emergency Department (ED) Volume



Patient % LWBS 2020



Patient % LWBS 2021-2022



Results

LWBS RATE MEASURED OVER 18 MONTHS

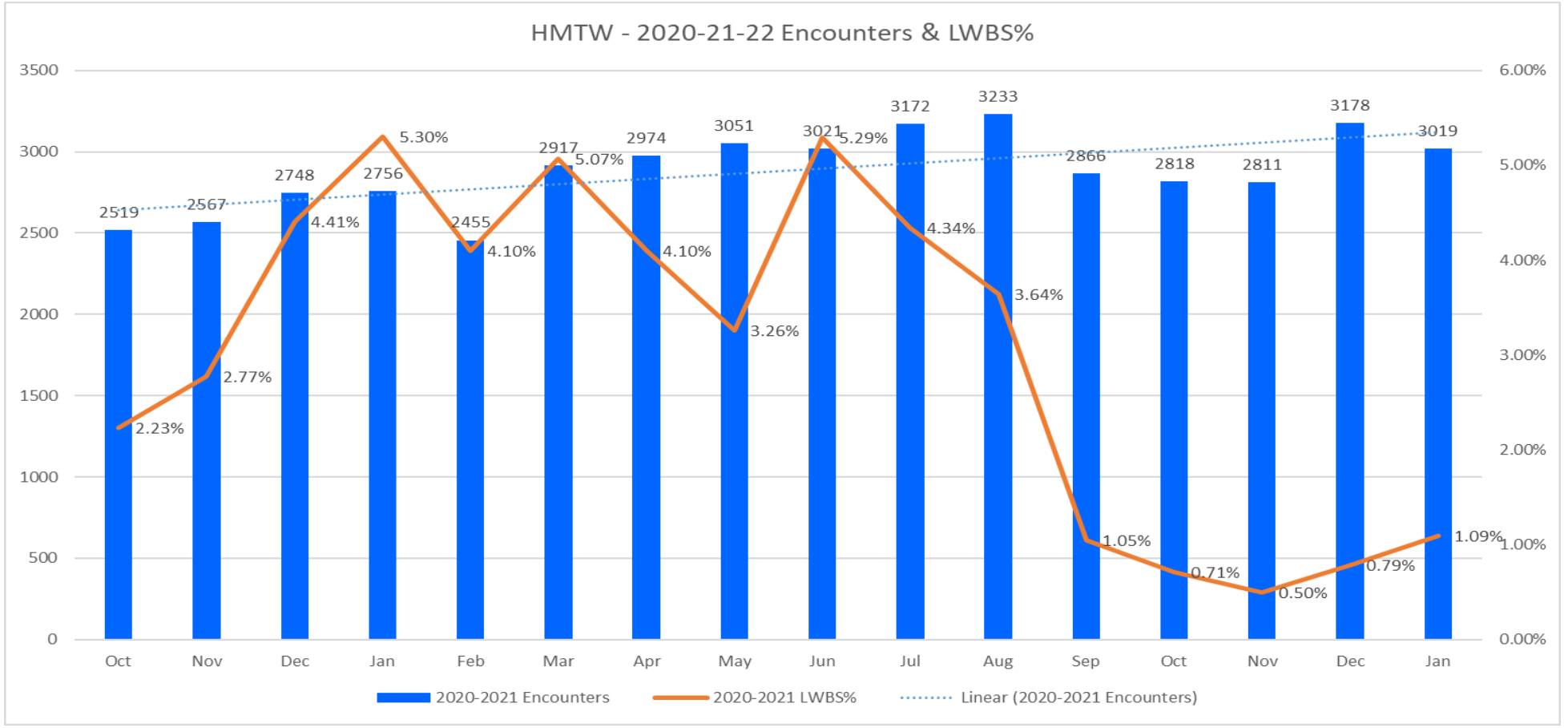
HIGH OF 5.3%

LOW OF 1.09%

Implications to Practice

LWBS patients @ risk
Safety
Quality transgressions
Barrier response
Through-put
National crises
Emergency Medical Treatment & Labor Act of 1986 (EMTALA)

ED Volume vs. LWBS



Why Do ED's Care?

- Centers for Medicare & Medicaid Services
- Quality performance metrics
- Medical screening
- Safety risk
- Overcrowding

Hospital Leadership Focus

- Pre-COVID
  - Quality of care
  - Efficiency
  - Through-put
  - Internal systems
  - Patient satisfaction
- Intra-COVID
  - Physical space
  - Staffing
  - Through-put
  - Supplies
  - Equipment

Quick-Change Interventions

Specific framework

Deming's PDCA

Plan – Identify goal

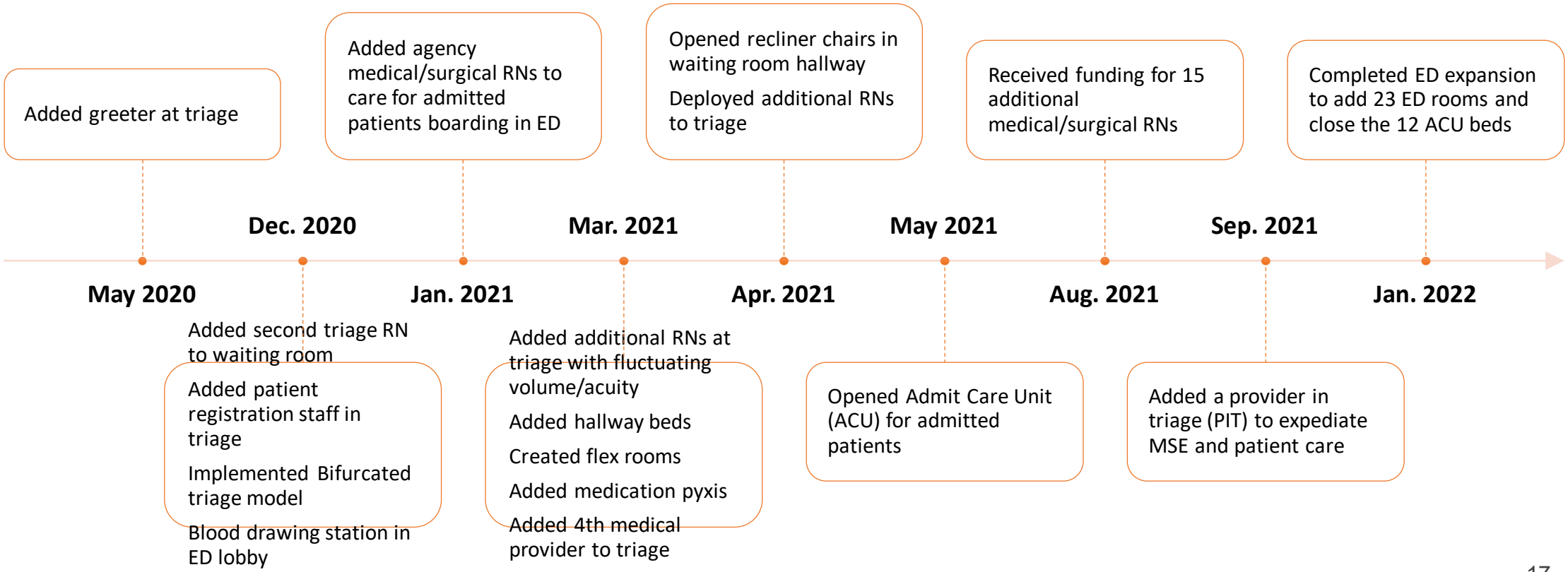
Do - Action

Check - Reassess

Act – Close cycle

Literature lacking

LWBS Project Timeline



Deming's PDCA Model

Plan Phase

Identify Goals

- LWBS <2%
- Arrival to provider <30 mins.
- Satisfaction scores green level

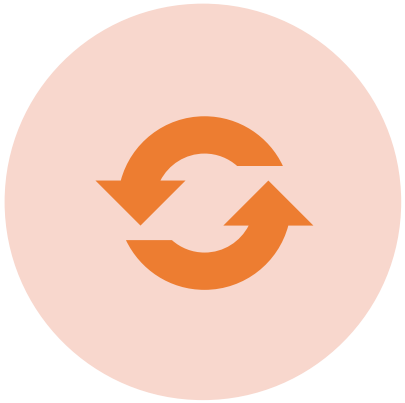
Measurable Metrics

- LWBS rate
- ED encounters
- Arrival to provider
- Patient satisfaction scores

Do Phase

GATHER TEAM

IDENTIFY BARRIERS



IMPLEMENT RAPID-CYCLE CHANGES

Check Phase

Act Phase

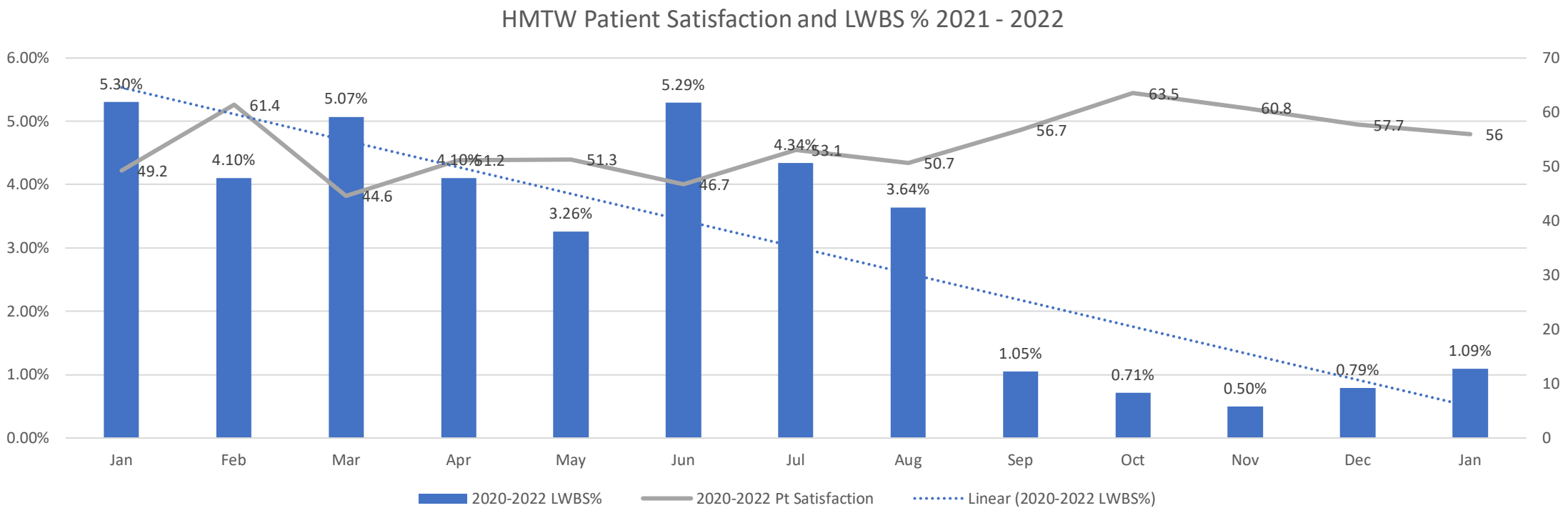
Lessons learned

Adjusting goals

Changing methods

Continuous improvement process

ED Patient Satisfaction vs. LWBS



Limitations

- Literature lacking
- Slow learner
- ER expansion
- National crisis activation

Conclusion

- Through-put barriers
- Safety & quality transgressions
- Rapid-cycle change interventions
- Public safety @ risk
- Research needed
- Pandemic preparation

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