

## **VIEWS FROM THE FIELD: HENRY FORD HOSPITAL**

### **Hospital Metrics**

**Location:** Detroit, Michigan

**Number of ED Visits Annually:** Approximately 95,000

**Number of Beds:** 803

**Ownership:** Not-for-Profit

**Teaching Status:** Yes

Located in Detroit's inner city, Henry Ford Hospital is a Level 1 trauma center and a Joint Commission-certified stroke center. Each year the emergency department at Henry Ford provides care for approximately 95,000 patients and 28 percent of these patients are admitted to the hospital.

In 2002, Henry Ford Hospital was selected to participate in the first Urgent Matters Learning Network. During the yearlong project, the Urgent Matters team at Henry Ford developed two strategies to reduce crowding that they are still using successfully today.

### **Creating a New Discharge Nurse Role**

By analyzing data from the hospital's electronic medical records, the Urgent Matters team discovered that a patient's stay in the ED could be more than twice as long if they were cared for by, for instance, a first-year ophthalmology resident instead of a third-year emergency medicine resident.

"We always have up to 12 residents from other specialties who are doing a month-long rotation in our ED. Since they're only here for a short time, they're still figuring out how to order x-rays or to admit and discharge patients," explains Joyce Farrer, RN, MSN, emergency department administrator for Henry Ford Hospital.

To expedite patient care, the Urgent Matters team opted to train two nurses who were already on staff to help track patients during the busiest shift of the day -- 2pm-10pm. These "discharge nurses" check in with the physicians to let them know when a lab test or radiology result has become available or to ask if a patient should be admitted or discharged.

“For this role, we chose more experienced nurses who were already very comfortable talking with physicians. They need to be able to guide the physicians and give them suggestions,” says Farrer.

After the two nurses took on their new role, the average length of stay for patients during the 2pm-10pm shift dropped by forty minutes, and the average length of stay for the entire day dropped by twenty minutes.

During the initial pilot project, a discharge nurse worked in the ED from 2pm-10pm, Monday through Friday. Now a discharge nurse works the same shift but only during the three busiest days of the week: Monday, Tuesday, and Wednesday.

#### **Sending Lower Acuity Patients to a Fast Track Area**

The Urgent Matters team also made significant changes to the ED triage system. At that time, a nurse would check to see whether each walk-in patient was in severe distress. If the patient didn't require immediate attention, he or she would be sent to a waiting area and would later receive a detailed medical assessment.

“We realized that there was no reason to put the low-acuity patients through the detailed assessment. This process was causing a bottleneck,” says Farrer.

The team decided that the nurses should start sending the lower acuity patients -- generally those who are triaged at an ESI Level-4 or 5 -- to a fast track area. The nurses assigned to the fast track area take the patient's blood pressure, temperature, and pulse, and then the patient is seen by a mid-level provider.

After the ED staff implemented this change, the average length of stay dropped by about 15 minutes. The staff has chosen, over time, to start sending even more patients -- including lower acuity pediatric patients and women's health patients -- to the fast track area of the ED.

#### **Continuing to Make Improvements**

Farrer says the ED staff at Henry Ford continues to focus on increasing efficiency and reducing length of stay. A committee made up of ED physicians, nurses, patient advocates, and clerks meets once a week to work on process improvement initiatives. The committee brings in representatives from other departments such as radiology to

help out with specific projects. “Because of the Urgent Matters project, we now take a much more organized and deliberate approach to making improvements in the ED,” says Farrer.

*Joyce Farrer, RN, MSN, Emergency Department Administrator, Henry Ford Hospital*