

Nurse flow coordinator increases efficiency and productivity

BAYSTATE MEDICAL CENTER

The emergency department (ED) at Baystate Medical Center in Springfield is the only Level 1 trauma, ST-elevation myocardial infarction and interventional stroke center in the western part of Massachusetts. The Baystate ED is the largest in the western part of the state, with 72,000 square feet, 94 licensed bays that spans and over 110,000 patient visits each year.

Challenge

When Baystate Medical Center in Springfield, Massachusetts opened a new ED in December 2011, staff immediately faced a surge of new patients and an increase in those who left without being seen (LWBS) because of long wait (door-to-doctor) times. This led the ED leadership to reevaluate their patient flow processes to identify opportunities to reduce patients' wait times.

Action

Prior to the opening of the new ED in 2011, nursing leadership had managed ED patient flow, but the structure was loosely organized, utilized only on an ad-hoc basis, and staff did not always have the appropriate skills for specific roles. To improve patient flow, the department developed a new operational leadership structure, assigning roles to specific personnel with demonstrated experience in management and communication.

Now, there are well-defined roles within nursing leadership and each has clear and specific responsibilities with regard to managing patient flow. On every shift, the charge nurse coordinates care throughout the ED and all pods, managing staff resources and requesting additional personnel and equipment when necessary. The charge nurse coordinates the transfer of admitted patients to appropriate inpatient settings and initiates calls for assistance from inpatient services when the boarding of admitted patients exceeds certain benchmarks. The charge nurse walks the floor and talks directly with staff to assess challenges and needs.

The ED flow coordinator monitors incoming patients, monitors demand in the waiting room and ensures that patients have a place to go. This specialized role accepts transfers and EMS reports regarding incoming traffic, and notifies the ED of arrivals from primary care and specialist physicians. The flow coordinator balances bed placement based on acuity for patients in the waiting room and those arriving by ambulance. An electronic tracking board helps the flow coordinator keep track of all patients.

The pod lead nurse coordinates care (input, throughput, and output) within each pod for every shift. The pod lead manages the direct communication among providers (attending physicians, physicians-in-training, and advanced practitioners) and the nursing staff and patient care technicians.

This design allows for both a horizontal and vertical chain of structural ED communication.

Outcomes

Over the course of three years, from December 2012 to December 2015, the weekly mean number of patients seen per day rose 13 percent from 265-299 patients. The weekly mean percentage of patients who left without being seen declined 45 percent from 8.2-4.5 percent, without adding new nursing or physician staff.

Keys to success

- The focus for these roles was training nurses with demonstrated interest and enthusiasm for practice improvement.
- Strong communication skills are a critical element in choosing key players.