

Hospital Name:
Ingalls Memorial Hospital

Address:
One Ingalls Drive
Harvey, IL 60426

Contact:
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2006 ED Volume: 31,590
Growth from 2005: -22.3%
Total Staffed Hospital Beds: 592
Acute ED Beds: unknown
Fast Track: Yes, for children
Clinical Decision Unit: No

Problem to be Resolved:
Very crowded ED with frequent
diversion

Key Words:

- Patient Throughput Center
- Bed Czar

Lessons Learned:
Ingalls Memorial Hospital
learned that by making changes
to ease crowding and improve
throughput, they could improve
their financial situation.

Reason for Change:

Ingalls Memorial Hospital was on diversion for the equivalent of ten days in June of 2001. The situation in the crowded ED was frustrating for both patients and physicians, who were frequently unable to admit patients because all beds were occupied.

Implementation:

The most important change that Ingalls made was to establish a patient throughput center, known as the Admissions and Discharge Center. This unit is essentially a “staging area” for patients who have an order for direct admission, but for whom there is no available bed. Here the patient’s condition is assessed, care is initiated, and the patient completes the paperwork necessary for admission, so that everything is ready for a smooth admission once a bed becomes available. The unit has space for five patients, and can accommodate an additional two patients in the evenings, using space that during the daytime is used for preadmission testing.

Ingalls also created a bed czar position (officially “director of patient access”). The bed czar manages patient flow by coordinating a smooth and timely transfer of an admitted ED patient to an inpatient unit. Another successful initiative has been to establish an 11 a.m. discharge time, which frees up inpatient beds earlier in the day. Finally, a patient tracking system was put in place to monitor the admission process and identify any delays.

Results/Impact:

After implementing these changes, Ingalls Memorial Hospital saw a significant decrease in diversion hours. In fact, in June of 2001, the ED was on diversion only 51 hours, a decrease of approximately 79 percent from the previous June. Fewer diversion hours helped increase inpatient revenue to 26 percent over budget, and also has eased stress on the admission and discharge processes.

Inspired by the success at Ingalls, other Chicago-area hospitals have created similar patient throughput centers.