

**Hospital Name:**  
St. Luke's Hospital

**Address:**  
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Bethlehem, PA 18015

**Contact:**  
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FY 2006 ED Volume: 92,669  
Growth from FY 2005: 9.6%  
Total Staffed Hospital Beds: 468  
Acute ED Beds: 28  
Fast Track: Yes  
Clinical Decision Unit: No

**Problem to be Resolved:**  
ED Crowding

**Key Words:**

- Bridging orders
- Patient admission nurse

**Lessons Learned:**  
Initiatives affecting only one category of patients can impact the overall ED, as speeding throughput for that one type of patient means that the whole ED is less congested.

**Reason for Change:**

ED management staff at St. Luke's Hospital realized that while many solutions have been proposed for the problem of ED crowding, evidence supporting many of these solutions is limited. They wanted to collect data showing the impact of an expedited admissions protocol on turnaround time, to determine whether this tool could actually provide relief to a crowded ED.

**Implementation:**

St. Luke's Hospital conducted a before-and-after study to determine whether expedited admissions procedures would decrease ED turnaround time. Specifically, they looked at the effect of a new protocol using bridging orders and a dedicated patient admission nurse on ED throughput.

Under this new procedure, bridging orders will be given to the ED nurse by phone for all stable patients who are to be admitted, without the patient being seen by the admitting physician. The bridging orders will be one of 11 preprinted sets of orders, containing only the basic orders needed for interim care and patient safety. The dedicated patient admission nurse receives the bridging orders, and then locates an available bed for the patient. Once a bed is located, the patient is transferred without any further physician intervention.

**Results/Impact:**

ED turnaround time decreased significantly for all categories of ED patients, from 223 minutes to 174 minutes. Turnaround time for all ED patients decreased, even though the intervention only involved admitted patients, because as the admitted patients moved out of the ED more quickly, there were more beds and staff available for other ED patients.