

Hospital Name:

Latter Day Saints Hospital

Address:

Eighth Avenue and C Street
Salt Lake City, UT 84143-0001
(801) 408-1100

Contact:

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2006 ED Volume: 38,452
Growth from 2005: unknown
Total Staffed Hospital Beds: 413
Acute ED Beds: 24
Fast Track: No
Clinical Decision Unit: No

Problem to be Resolved:

High inpatient volume leading to crowding and diversion in the ED

Tools Provided:

- Diversion Policy

Key Words:

- Elective surgery
- Daily administrative huddle

Lessons Learned:

Whenever a hospital is trying to come up with a plan or process to improve patient flow, it is absolutely necessary to include ED managers in this process. The ED accounts for as much as 65 percent of all admissions, so ED managers are often able to provide the most accurate picture of how the hospital needs to handle its flow issues.

Reason for Change:

In 2002, Latter Day Saints (LDS) Hospital's ED was frequently on diversion as the hospital was having trouble dealing with its growing inpatient volume. The hospital's new CEO began holding a daily administrative huddle, determined to find a solution to this problem. They wanted to find a mechanism for limiting admissions or increasing discharges when bed capacity was strained. The solution they found was to cancel or postpone elective surgeries.

Implementation:

At LDS Hospital, elective surgeries are only cancelled or postponed on an as-needed basis. Careful monitoring is done to recognize when surgical floors become full, and identify which other floors are likely to become overfull as a result. When all inpatient floors are at or near capacity, the OR is not allowed to proceed with any elective surgery that will require admission without first consulting with the house supervisor.

Specifically when the facility approaches its full capacity, a procedure in the OR will not begin until staff can be sure that they will have a bed available for that patient.

Results/Impact:

Since this new plan was put in place, LDS has only used the cancellation option on five days. However, having the process in place has helped in other ways. Simply by putting in place a system to analyze the hospital's capacity resources, they have been able to identify possible problems before they happen and prevent severe cases of overcrowding and diversion.