

Hospital Name:

Shady Grove Adventist Hospital

Address:

9901 Medical Center Drive
Rockville, MD 20850
(301) 279-6000

Contact:

Debbie Foshee
VP Quality & Medical Staff
Services

2006 ED Volume: 84,000
Growth from 2005: -4.9%¹
Total Staffed Hospital Beds: 248
Acute ED Beds: 55
Fast Track: Yes
Clinical Decision Unit: No

Problem to be Resolved:

High diversion hours

Key Words:

- Diversion
- ED crowding
- Advanced Triage Protocol

Lessons Learned:

While discussing the problems that the hospital was having with patient flow and ambulance diversion, the teams were careful not to assign blame to anyone or anything. Doing so would only have created tension and distracted from the real goal of these teams, which was to find solutions.

¹ Decrease in ED visits likely do to Shady Grove Adventist's new satellite ED, which saw greater than 7,000 patients from between August and December 2006.

Reason for Change:

Shady Grove Adventist Hospital, which has the second busiest ED in the state of Maryland, was increasingly diverting ambulances as a result of increased use of the ED during a time of high population growth throughout the state.

Each time Shady Grove's ED went on diversion, ED charge nurses and physicians would meet to try to figure out what needed to be done to fix the problem. Talking about possible solutions helped them to identify the causes of the problem, and they realized that all hospital departments, not just the ED, impacted diversion. Therefore, they realized that each department needed to make changes and improve their patient flow.

Implementation:

Shady Grove's management created three teams, made up of representatives from multiple hospital departments, with each team also having representatives from the ED. These teams included an AM Discharge Team, a Patient Throughput Team, and an ED Admission Team. These teams essentially looked for specific solutions for each of the hospital's departments. Involving staff in decisions that would ultimately affect them helped ensure greater participation in any changes that would be made.

One change that was implemented as a result of these teams was an initiative called Advanced Triage Protocol. Under this new system, nurses could begin ordering necessary labs and X-rays at triage, which eliminated unnecessary waiting and decreased patients' length of stay in the ED. Shady Grove also added an extra nurse in triage.

Additionally, a portable X-ray machine was added to the fast track area of the ED. Previously all ED patients, including fast track, had to go to the radiology department for X-rays. With the new machine, fast track patients would not have to leave the fast track area. This change has saved about 10 to 15 minutes for each patient.

Results/Impact:

Together Shady Grove's changes reduced the amount of time that the ED spent on diversion by 72 percent. Additionally, average length of stay decreased from 397 minutes to 372 minutes. The number of patients boarded in the ED while they awaited transfer to an inpatient unit also dropped, from 190 patients per month to 120 patients per month. Patient satisfaction, measured on a scale of one to five, increased to 4.11 from 3.96.

Shady Grove was recognized by the Joint Commission on Accreditation of Healthcare Organizations for these improvements. In 2005, Shady Grove was a winner of the ninth annual Ernest Amory Codman award. This prestigious award recognizes excellence in

**California
ED
Diversion
Project**

improvements to the quality and safety of health care. Specifically, Shady Grove was praised for its efforts to relieve ED overcrowding and improve patient flow throughout the hospital.