

Hospital Name:
Lutheran Medical Center

Address:
150 55th Street
Brooklyn, NY 11220

Contact:
Claudia Caine
Chief Operating Officer
(212) 861-5122

2006 ED Volume: 53,478
Growth from 2005: 11.9%
Total Staffed Hospital Beds: 411
Acute ED Beds: unknown
Fast Track: Yes
Clinical Decision Unit: No

Problem to be Resolved:
Long delays in door-to-physician time in the ED

Key Words:

- Patient navigator
- Patient flow
- Liaison

Lessons Learned:
Lutheran Medical Center found that they could benefit from adopting innovations that have helped other hospitals. However, because Lutheran, like every hospital has its own unique characteristics and challenges, these innovations needed to be modified to provide the maximum benefit.

Reason for Change:

Lutheran Medical Centers CEO and COO had previously created a communication nurse position at another hospital, and thought a variation of this concept might be useful at this facility. The position that they created, one of six new initiatives, was called the patient navigator position.

Implementation:

Lutheran Medical Center implemented six major initiatives relating to patient flow and experience in the ED. These initiatives were:

1. Patient navigator position
2. Quick care area
3. Electronic medical records and bedside registration
4. ED huddle/inpatient huddle
5. ED diplomat program
6. ED greeter

The most innovative of these initiatives is believed to be the patient navigator position. The role of this position was originally to act as a link between primary care physicians and ED nurses and physicians. However, as the ED volume expanded and the navigator's potential was recognized, the position expanded to include other tasks that involved patient flow activities.

At Lutheran Medical Center, the patient navigator positions are filled by three physician assistants. When they were put in place, the patient navigators were provided with their own separate, direct phone line, whose number was given to primary care physicians and some nursing homes. This was to ensure that primary care physicians who sent patients to the ED would be kept informed about the patients' care in the ED, and would not lose track of what happened to the patients. The patient navigators can provide the primary care physicians with updates, acting as liaisons between the PCPs and the ED physicians, who may not have time to provide these important updates.

The patient navigator also serves as a liaison to admitting. During the daily bed huddles, the patient navigators find out which inpatient beds are soon to become available, and communicate the needs of the ED with the admitting department. The navigator is then involved in the patient's transfer to the inpatient unit, communicating with the patient's nurse, entering information on the tracking board, and sometimes even bringing the patient to the inpatient unit.

Patient navigators also interact with lab and radiology departments, following up when tests seem to be taking too long, and making sure results are received in a timely manner.

**California
ED
Diversion
Project**

Results/Impact:

In the 18 months that followed the implementation of these six initiatives, the door-to-physician time in Lutheran Medical Center's ED decreased from greater than two hours to about 30 minutes. As ED visits increased from 137 to 167 patients per day, the patient navigator helped maintain a sense of control in the ED.