

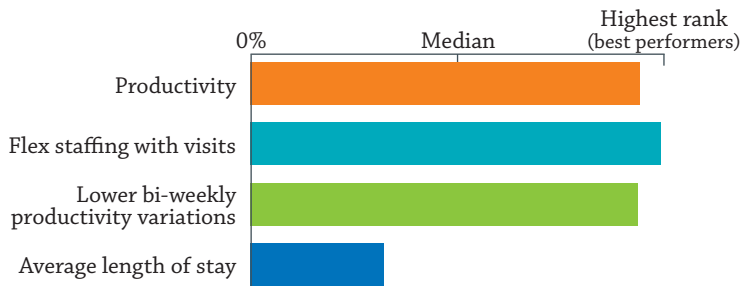
High-Performing Pediatric EDs

PROSPECT Data Comparison

Dell Children's Medical Center of Central Texas

Managing Productivity in the ED

Based on analysis of four staffing criteria from the PROSPECT program to identify high-performing pediatric emergency departments (EDs), Dell Children's Medical Center of Central Texas (Dell Children's) emerged as one of the top hospitals. Here's a look at Dell Children's performance in the ranked areas.



Charge nurses manage productivity at Dell Children's. Lisa Earp, RN, M.S.N., S MEMS, director, emergency services, says this is the most important part of their success. The charge nurses make real-time decisions about volumes as patients arrive and can determine whether flexing of staff is necessary.

ED Facts and Structure

44

Patient rooms

1:4 or 1:3

Nurse-to-patient ratios based on seasonality

7

Required minimum number of RNs per shift for trauma center designation

PODS

Eight rooms. One RN to four rooms. A tech covers all rooms. Pod configuration based on acuity

8

Patients covered by each highly functioning tech

Staffing Strategy

Charge nurses make staffing decisions based on volumes projected from historical data and reassess every four hours. Core staffing consists of RNs, agency staff, techs, paramedics and unit clerks. Expanded regulations in Texas allow paramedics to give medications and follow medical orders.

In response to staff requests, shift length varies with options ranging from four, six, eight to 12 hours. Charge nurses review the previous day's information in the morning huddle and evaluate strategies based on length of stay, left without being seen rates and volumes.

Urgent care and observation are not included in the ED.

Adapting to Census

These are a few of the tools Dell Children's uses to meet ED patient needs and monitor population change.



Create Teamwork within a Pod

Staff share responsibilities and flow between check-in, treatment, discharge tasks.



Designate Space to Fast Track Patients

Front area of ED is set up to treat low acuity patients who don't need observation or an ED bed.



Prepare to Set Up Alternate Care Sites

Have supplies and a plan in place to quickly convert a waiting room to a low acuity treatment area during high volumes.



Monitor Capacity

Review ED volumes sedations, ventilators every four hours to gauge capacity.



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Manage Fluctuating Census with Creative Resources

To staff effectively during periods of low census in July and August, the hospital developed a program offering clinical staff four weeks off without pay and continued employee-paid health insurance coverage. Four accepted the offer in 2019. Charge nurses may use on-call staff when there's an influx of patients. They also post an alert to a Facebook group page asking staff to pick up shifts. Seasonal staff may contract for eight- to 20-week sessions.

“ Maybe someone is tired and doesn't want a 12-hour shift or has daycare conflicts. We have a variety of shifts to meet staff needs so they can continue to work here. ”

Debra Rodriguez, RN, M.S.N., ED Nurse Supervisor

Decision-Making Tools

Charge nurses refer to an Excel workbook with 10 historically based volume grids to determine staffing numbers and necessary skill mix. The ED operates with a 2.7 department worked hour per unit of service goal. Several practices assist informed staffing decisions:

- Assess volume and choose appropriate staffing grid for volume points at 142, 150, 158 and 163. Each grid shows four areas to flex up and down for the day.
- Maintain positive relationship with house supervisor who supports moving patients out of ED.
- Anticipate staffing needs based on bed rounds every four hours.
- Request staff go home early. Track those who take early leave to vary staff selection.
- Flex provider hours or call in.

Every two weeks, the ED manager and director receive financial reports noting activity and overtime use. The manager meets with the labor management committee consisting of the CNO, COO and finance representatives to discuss exceeded goals.

“ Our leadership understands we should never go below the minimum number of staff for safety reasons. ”

Lisa Earp, R.N., M.S.N., S MEMS, Director, Emergency Services

Growth and Adaptation

Organizational focus on growth of cardiac, neurology and hematology/oncology service lines produces higher than average inpatient numbers, which slows movement out of the ED. Factors that slow down door to admission time include availability of environmental staff to prepare rooms, increases in mental health patients and ESI level 3 patients. Improvement projects are in progress for these events. Here are a few of the goals and statistics for Dell Children's ED.

4.5

Hour goal for door to floor

30

Minutes to set up alternate care site

7-10

LOS in the ED for patients who don't meet criteria for mental health unit admission (autism, cognitive delays)

100%

Increase in mental health sitter usage

Questions?

Contact Carla Hronek

Methodology information

PROSPECT, time frame: Source: PROSPECT, CY 2018, Staff Included: RN, LPNs, Paramedics, PCT and Agency. Two comparative ED groups: Distribution of patients within emergency severity index 1 and 2 (<15% lower severity and >15% higher severity). Better performing hospitals selected based on overall rank within each category: 1) Worked Hours Per Visit, 2) Bi-weekly Worked Hours Per visit variation, 3) R2 4) ALOS. Bar Chart Interpretation: 100% represents best rank within each category.

A Closer Look at Mental Health Volumes

In the ED

26% growth in number of patients over last year.

Eight-12 patients held in ED during peak months.

Inpatient

16 bed mental health unit opened May 2018.

Planned expansion to 24 beds.