

Cedars-Sinai Medical Center: ED Admission Overflow Unit

Problem to Be Resolved:

- Patients holding in the ED while waiting for inpatient discharges

Hospital: Cedars-Sinai Medical Center

Location: 8700 Beverly Blvd.
Los Angeles, CA 90048

Categories:

- Throughput
- Output

Key Words:

- Holding
- Inpatient
- Admissions
- Throughput
- Capacity
- Left Without Being Seen

Hospital Metrics:

(Taken from the FY2005 AHA Annual Survey)

- 2005 ED Volume: 73,139
- Hospital Beds: 855
- Ownership: Not-for-profit
- Trauma level: 1
- Teaching status: Yes

Tools Provided:

- [ED Admission Overflow Unit Description](#)
This tool is a one-page document explaining the ED admission overflow unit for patients waiting for an inpatient bed, and is used by evening and overnight staff experiencing shortages in beds.

Strategy Description

Unused space in the hospital was converted into a holding unit for patients admitted to the hospital from the emergency department (ED). With admitted patients moved to the holding unit, the ED has more space to see new patients, which improves patient flow and reduces ED crowding.

The Impetus for Change

According to ED Unit Manager Flora Haus, RN, MSN, CEN, high occupancy in inpatient units has often led to ED crowding and gridlock in the ED at Cedars-Sinai Medical Center. This gridlock was causing internal dissatisfaction that patients were waiting too long for admission and others were leaving without being seen.

It was then noted that the hospital has a brand new imaging building with a post-anesthesia care area. It also was noted that it is used minimally after 5 p.m. because it is mostly for outpatients. Given that patients are often in the ED holding for admission after 5 p.m., this space offered potential as a holding area.

Buy-In and Implementation

The **ED admission overflow unit** was developed for evening and overnight use by patients who have already had their diagnostic screening exam, ED treatment, admission decision and are waiting for an inpatient bed. It is essentially a staging area for admissions (See [ED Admission Overflow Unit Description](#)).

On an evening when there will be an expected 15 discharges over a 4 hour period, the holding area offers an alternative to patients having to stay in the ED. Now staff can decompress the ED by sending admitted patients to a safe nurse care area. The area can take up to 14 patients (6 monitored, 8 non-monitored) and is staffed with special nurses (not ED nurses). The materials provided for the unit include a medication cart and a supply cart containing forms/paperwork, supplies, and directories for reaching attending physicians.

In order to develop this unit, the ED Unit Manager, Imaging Unit Manager, and Hospital Nursing Manager worked together. They made a clinical decision tree to determine who should not be taken to this area. Staffing was obtained through the nursing office, and physicians were selected for this area. The resource coordinator ensured that the area was staffed and had the necessary materials. Ancillary services were informed of the unit in case of a patient event.

Since implementation, the three managers have continued to monitor the success of the unit and make minor adjustments as needed.

Lessons Learned

The main lesson learned was to never overlook a space that is not used at night. Even if services are not there at night, maybe the space is.

Ms. Haus cautioned against having too many different nurses working in the area. Minimizing the number of different staff enhances consistency. Having three different managers involved required knowing who was responsible for what.

On some occasions, not enough patients are discharged from the hospital overnight for all of the patients in the overflow unit to be admitted. In these cases, patients come back to the ED in the morning. There were some questions about how to handle that as far as the patient's electronic record and for reimbursement, since the patient had technically been discharged from the ED the night before when they went to the overflow unit.

The biggest challenge was informing everyone about the unit. Although the ED is generally self-sufficient, the inpatient units are much more interconnected, and it was necessary to connect this unit as well.

Impact

The main metric of success is time in the department for patients who are admitted, which has been reduced. However, the hospital has not yet surveyed patients as to their level of satisfaction going to the holding area rather than remaining in the ED. The holding area does provide the same standard of care as the patient would be getting upstairs.

As a result of the holding area, the ED has been decompressed. Although this is a short-term solution while the hospital increases its in-patient capacity, it has been sustainable. It is also constantly being tweaked as part of the hospital's commitment to ongoing improvements in capacity management.

Cedars-Sinai Medical Center
E.D. Admission Overflow / Imaging PACU

- Clinical exclusion criteria
 - ICU level of care
 - Mechanically ventilated
 - Monitored, on titration of vaso-active medications
 - Pediatric
 - Psychiatric
 - Isolation
 - Obstetric
 - Direct admission from PMD office or home
 - Interfacility transfer
 - Requiring moderate sedation
- Specific patient selection made by E.D. physician in communication with E.D. charge nurse
- The ED RN will place a copy of the patient's Emstat printed at time of disposition to EDOF and placed in ED Administrative box
- Patients will stop being transferred to EDOF at 0100.
- The EDA will send a text/ Emstat message to ED registration to convert the ED patient to the "Inpatient status in the Emergency Department Overflow" = (EDOF) unit
 - EDOF Unit beds 01-06 = monitored patients **For 12/8 Maximum 5 monitored**
 - EDOF Unit beds 09-16 = medical patients **For 12/8 Maximum 6 medical**
- The E.D. RN will call (33399) and give report as the patient is selected and transported to the EDOF
- The E.D. RN will document the Admitting MD's phone number or Resident's name and pager number on the Emstat for the EDOF RN
- The EDOF RN will contact the PMD / faculty / resident for inpatient orders
- The ED Registration staff will enter the patient in the identified EDOF unit bed. The ED registration staff will send the bed reservation staff an Emstat text message indicating that they've placed the patient in an EDOF bed. The bed reservation staff will match that patient name with the "pending bed" assignment.
- As the permanent bed assignment becomes available, the bed reservation staff will notify the EDOF nurses who will transfer the patients to that location. Depending upon the volume of patient activity, either the EDOF NCT or the PM/night admitting staff will be called to officially transfer the patient in PMOC
- Patients remaining in EDOF at 0600 without an open bed assignment will need to be physically transferred back to the Emergency Department
 - The patient is entered as a "new patient" with the CC (chief complaint) "readmit from EDOF".
 - The patient will then need a re-disposition order to admit as inpatient
- Hours of operation 7p-7a with attempt to alter to 6p-6a
- EDOF phone = 33399 in room 1207
- Daily decision making point at 4p
- Maximum #monitored patients = 6

- ❑ Maximum # medical patients = 6
- ❑ Total maximum #patients dependent upon staffing availability
- ❑ Physician coverage to be provided by admitting physician (private versus resident / faculty)
- ❑ Staffing provided by nursing office to include: 2 RN's, 1 CP, 1 NCT
- ❑ Linen cart is set up in EDOF
- ❑ Supply cart is set up in EDOF
- ❑ EVS notified each day
- ❑ Medication cart is delivered to EDOF each day at 6pm and returned to the E.D. at 6am each morning. The Medication cart is to be placed across from the ED Med room.
- ❑ Narcotics are to be obtained from E.D. East side Pyxis
- ❑ Nutritional supplies are to be obtained from E.D. patient food refrigerator

C/Operations/ED Overflow/12-2003