



Success study:

Emergency department wait times at Credit Valley Hospital

Situation:

Credit Valley Hospital (CVH) has a busy emergency department, with volumes and wait times increasing each year. When patients arrive, they are classified CTAS I, II, III, IV or V, depending on the severity of their condition. In March 2005, CVH implemented a Rapid Assessment Zone (RAZ) for CTAS III patients, which successfully reduced their length of stay in the emergency department. The next step was to address increasing length of stay for higher acuity CTAS II patients.*

Aim:

Decrease the total time spent in the emergency department by CTAS II patients, despite an increasing volume of emergency department visits, by July 2009.

Measures:

- Average time to physician assessment
- Average time from triage to disposition (discharge or admission)
- Percentage of emergency department patients who left without being seen
- Patient satisfaction based on surveys ("How would you rate the care you received in the emergency department?")

Changes:

- Created a designated area within the emergency department with its own stretchers and chairs — called the Treatment and Assessment Care Centre (TACC) — to provide safe, efficient and timely access to care for CTAS level II patients and a select group of additional patients
- Adjusted team roles and responsibilities with the addition of the following:
 - A registered nurse lead, who managed flow in the TACC
 - An emergency department technician, who initiated laboratory tests, ECGs and intravenous lines under the direction of a registered nurse
 - A dedicated unit clerk, who took primary responsibility for processing emergency department orders
 - Four hours of porter time to improve diagnostic imaging turnaround times and allow patients to be brought in earlier from the waiting area
- Designated specific staff ("flow facilitators") to monitor emergency department wait times and set priorities for assessment and treatment
- Invested in portable phones so clerical staff could remain in the TACC
- Improved the emergency department tracking system to monitor each patient's length of stay

QI team:

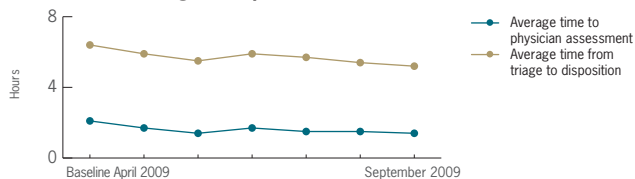
The emergency department clinical leader was identified as the project lead. Team members included an emergency department physician, charge nurse, staff nurse and unit coordinating assistant.

Results:

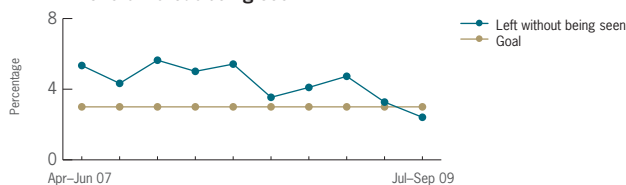
Because patients with the same acuity and needs are concentrated in one area, staff spend less time moving from one place to another and more time attending to patients. As a result:

- The percentage of CTAS II patients discharged or admitted within eight hours improved to 72% in July 2009 from a baseline of 67%, and has remained above that level ever since, despite an estimated 15% increase in CTAS II patient volumes.
- Patients are more positive about the quality of care they receive in the emergency department, with overall satisfaction ratings rising to 83% from 65% in 18 months.
- The number of patients who left before they could be seen by a physician has declined to below the 3% target rate.

Average time to physician assessment and from triage to disposition



Percentage of emergency department patients who left without being seen



Next steps:

The emergency department team continues to look for new ways to improve quality. It is now working on decreasing time to specialist consultations, creating a documentation inventory, standardizing work flow for all areas of the emergency department, getting the physician involved at triage, and developing care plans that include the patient and family in decision-making.