

Future of Emergency Care:

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IOM & Emergency Care



- I **Create a coordinated, regionalized, accountable system.**

- I The federal government should support the development of national standards for: emergency care performance measurement; categorization of all emergency care facilities; and protocols for the treatment, triage, and transport of pre-hospital patients.

IOM & Emergency Care



I **End ED boarding and diversion.**

- I Hospitals should reduce crowding by improving hospital efficiency and patient flow, and using operational management methods and information technologies.
- I The Joint Commission on Accreditation of Healthcare Organizations should reinstate strong standards for ED boarding and diversion.

JCAHO Standards & Overcrowding



I **Standard LD.3.15**

The leaders develop and implement plans to identify and mitigate impediments to efficient patient flow throughout the hospital.

JCAHO Standards & Overcrowding



- | A key component of the standard addresses the needs of admitted patients who are in temporary bed locations awaiting an inpatient bed.
- | **Twelve key elements** of care have been identified to ensure adequate and appropriate care for admitted patients in temporary locations.
- | These elements have implications across the organization and should be considered when planning care and services for these patients.
 - | Additional standard chapters relevant to these key elements are shown in parenthesis.

JCAHO Standards & Overcrowding



- | Life Safety Code issues (for example, patients in open areas) (EC)
- | Patient privacy and confidentiality (RI)
- | Cross training and coordination among programs and services to ensure adequate staffing, particularly nursing staff (HR)
- | Designation of a physician to manage the care of the admitted patient in a temporary location, without compromising the quality of care given to other ED patients (MS)
- | Proper technology and equipment to meet patient needs (PC, LD)
- | Appropriately privileged practitioners to provide patient care beyond immediate emergency services (HR)

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- | Access to other practitioners for consult and referral (for example, Intensivist) (PC)
- | Assurance of appropriate communication between all health care providers (LD)
- | Access to ancillary services (for example, pharmacy, lab, dietary) which permit the prompt disposition of patient care needs (LD)
- | Patient access to medical assistance in an emergency, or for immediate care if needed (for example, call bell) (PC)
- | A comprehensive written care plan carried out in a timely fashion, inclusive of intensive care issues (PC)
- | Patient education on rights and access to services (RI, PC)

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- | **Additionally**, the standard calls for indicator results to be made available to those individuals who are accountable for processes that support patient flow. These results should be regularly reported to leadership to support their planning.
- | The organization should improve inefficient or unsafe processes identified by leadership as essential in the efficient movement of patients through the organization.
- | Criteria should be defined to guide decisions about ambulance diversion.

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Elements of Performance for LD.3.15

- | B 1. Leaders assess patient flow issues within the hospital, the impact on patient safety, and plan to mitigate that impact.
- | B 2. Planning encompasses the delivery of appropriate and adequate care to admitted patients who must be held in temporary bed locations, for example, post anesthesia care unit and emergency department areas.
- | B 3. Leaders and medical staff share accountability to develop processes that support efficient patient flow.

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Elements of Performance for LD.3.15

- | **B 4.** Planning includes the delivery of adequate care, treatment, and services to non-admitted patients who are placed in overflow locations.
- | **B 5.** Specific indicators are used to measure components of the patient flow process and address the following:
 - | Available supply of patient bed space
 - | Efficiency of patient care, treatment and service areas
 - | Safety of patient care, treatment and service areas
 - | Support service processes that impact patient flow
- | **B 6.** Indicator results are available to those individuals who are accountable for processes that support patient flow & **(A 7)** Indicator results are reported to leadership on a regular basis to support planning.

JCAHO & Emergency Services



Manage Demand and Improve Supply:

- | Expand funding and access to primary care for the publicly insured, the under-insured and the uninsured.
- | Make emergency department overcrowding everyone's issue to resolve in the hospital – from the very top on down.
- | Address the disparity in health care access and quality for racial and ethnic minorities through medical, nursing and allied health care education, professional training, human resources policies and other avenues for changing behavior.
- | Provide adequate funding for safety net care provided through hospital emergency departments.
- | Employ fast-track and intervention programs, and other demand management techniques to help ensure that patients are receiving care where it can be most effective and efficiently delivered.
- | Adopt prevention programs to reduce the impact of intentional violence on ED utilization.

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Manage Demand and Improve Supply:

- | Explore the impact that disease management programs are having on reducing utilization of emergency department services.
- | Implement information technology solutions to improve occupancy and capacity monitoring, and throughput -- such as rapid registration, real-time access to lab and radiology results, and clinical decision support.
- | Manage variability in inpatient occupancy through techniques such as “smoothing” scheduled surgeries.
- | Improve patient flow – or output – by appointing dedicated personnel for quicker bed turnover, and streamlining discharge policies and procedures.
- | Explore the use of hospitalists to provide inpatient care.
- | Make provisions for treating psychiatric patients in the ED in the absence of a long-term solution for the current crisis in mental health care accessibility.
- | Rely on accurate measures of capacity.
- | Implement a local, community-wide real-time health system capacity monitoring system.
- | Activate the community-wide preparedness plan to respond to exceeded capacity.

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Protect Patients:

- | Call for research to provide a solid evidence-base for the impact of emergency department overcrowding and ambulance diversion on patient welfare.
- | Provide relentless leadership to set the priority for, and support of a patient safety culture.
- | Implement a formalized team approach to ED care.
- | Adopt a five-level triage system, such as ESI. Repeatedly monitor waiting patients.
- | Adopt communications systems that engage patients' primary physicians to improve the quality and efficiency of ED care.
- | Implement IT systems that deliver information to the bedside.
- | Avoid boarding patients in the emergency department.

JCAHO & Emergency Services



Align Regulation and Financial Incentives to Promote Access to Health Care:

- | Match the mandate for universal access to emergency department care with adequate funding to provide it.
- | Raise reimbursement rates under Medicare and Medicaid to make care for these patients economically feasible.
- | Provide specialists with financial incentives through RVUs for being “on-call” for emergency department care.
- | Equalize reimbursement rates for scheduled and unscheduled/elective and emergency admissions.
- | Provide hospitals with adequate funding to fulfill their role in a community-wide emergency preparedness program.

- | **ED Overcrowding is a SIREN CALL on a health care system that is falling short of meeting the needs for our society and its members - the public.**