

# Being Part of the NorthShore Emergency Department Team...

*It's a privilege*

# Overcrowding/Boarding in EDs

*It's a national epidemic  
ACOs may exacerbate this*

**URGENT**  
Matters

An initiative to improve  
hospital patient flow and reduce  
emergency department crowding

Robert Wood Johnson Foundation  
THE GEORGE WASHINGTON UNIVERSITY  
SCHOOL OF PUBLIC HEALTH  
AND HEALTH SERVICES

About Urgent Matters

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Overview

Learning Network II

Origins of Urgent Matters

## About ED Crowding

*"Hospitals can take steps today to improve patient flow. By using proven, low-cost strategies, they can achieve breakthroughs in quality and safety while creating a better workplace. Urgent Matters is a catalyst for developing and delivering strategies to support America's hospitals."*

- Bruce Siegel, M.D., M.P.H.  
Director, Urgent Matters

## A Nationwide Concern

On June 14, 2006, the Institute of Medicine released a series of reports providing evidence that the Nation's emergency medical system is overburdened, underfunded and highly fragmented. As a result, patients must wait hours or even days for a hospital bed in many areas. One of three reports, "Hospital-Based Emergency Care: At the Breaking Point," investigates the epidemic of overcrowded emergency departments and trauma centers across the nation and the effects on the entire healthcare system. [Read more >>](#)

# Fast Track Services at NorthShore: *A little bit of history*

- Fast track concept initiated in 1996

## Goal?

Get patients in and out “fast”.

» staffed with a resident, RN and a tech

- Stats after one year?

Fast track was actually “*slow track*”.

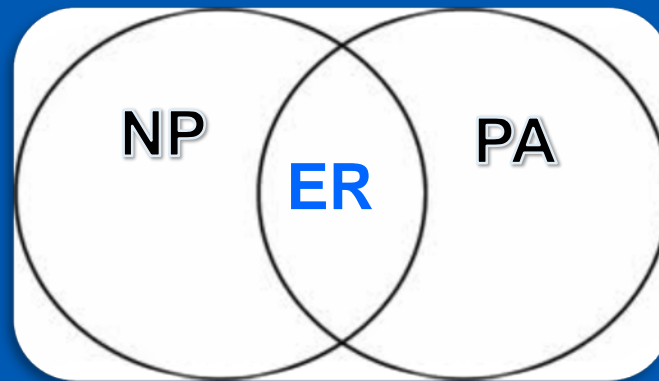
» less than 20% of patients in and out in 60-minutes



- In 1998 Opportunity knocks...
- NP replaced the resident, RN and tech that usually staffed the fast track.
- Goal for the first 6-months?
  - To get 90% of the “fast track” patients in and out in 60-minutes.

# Staffing 2013

- 10-FT , 2-PT and 15-RT
- NP/PA: 50/50 mix
- We cover all 4 Emergency Departments (EV, GB, HP and Skokie)
- Both urgent care and main room coverage



# Types of Patients Typically Seen in a Fast Track?

- Lacerations
- Fractures
- URI, UTI, STDs
- HEENT complaints
- ESI level 4, 5



# However, All of This is Changing...

- Seeing more “*minute clinic*” failures
- More procedures
- Over all seeing higher-acuity patients in Fast Track (ESI acuity rating)

# 2005: Our Role Expanded Into The Main Treatment Area

- NP/PAs see all ED patients (ESI 1-5)
- Huge staff satisfier
- Great learning opportunities
- Educational needs :
  - Both MDs and RNs have been supportive and have mentored



# PMs, Weekends and Holidays: Why Do We Do It??

- Constant learning.
- Constant challenge...always trying to figure out “what’s going on”.
- Get to spend good amounts of time interacting with patients.

# Lessons Learned Along The Way.....



...keep track of what you do-always

# Productivity: What To Measure?

- Billing and reimbursement (\$\$\$)
- LOS (*now tied to reimbursement in EDs*)
- Patient satisfaction (*PRC, Press Ganey*)
- Wait time
- Job Satisfaction
- Effect on others workload (MD)
- Adherence to “*best practice*” (Quality)

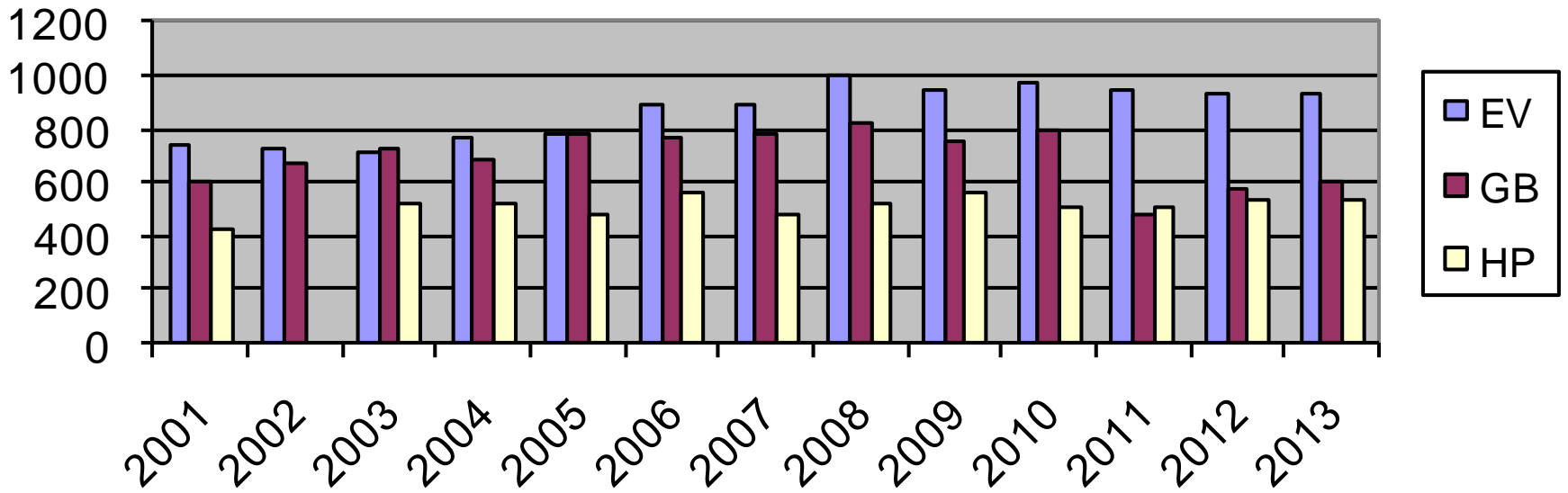
# How To Measure?

- Prospectively:
  - Keep track on a daily basis
  - Use your EMR

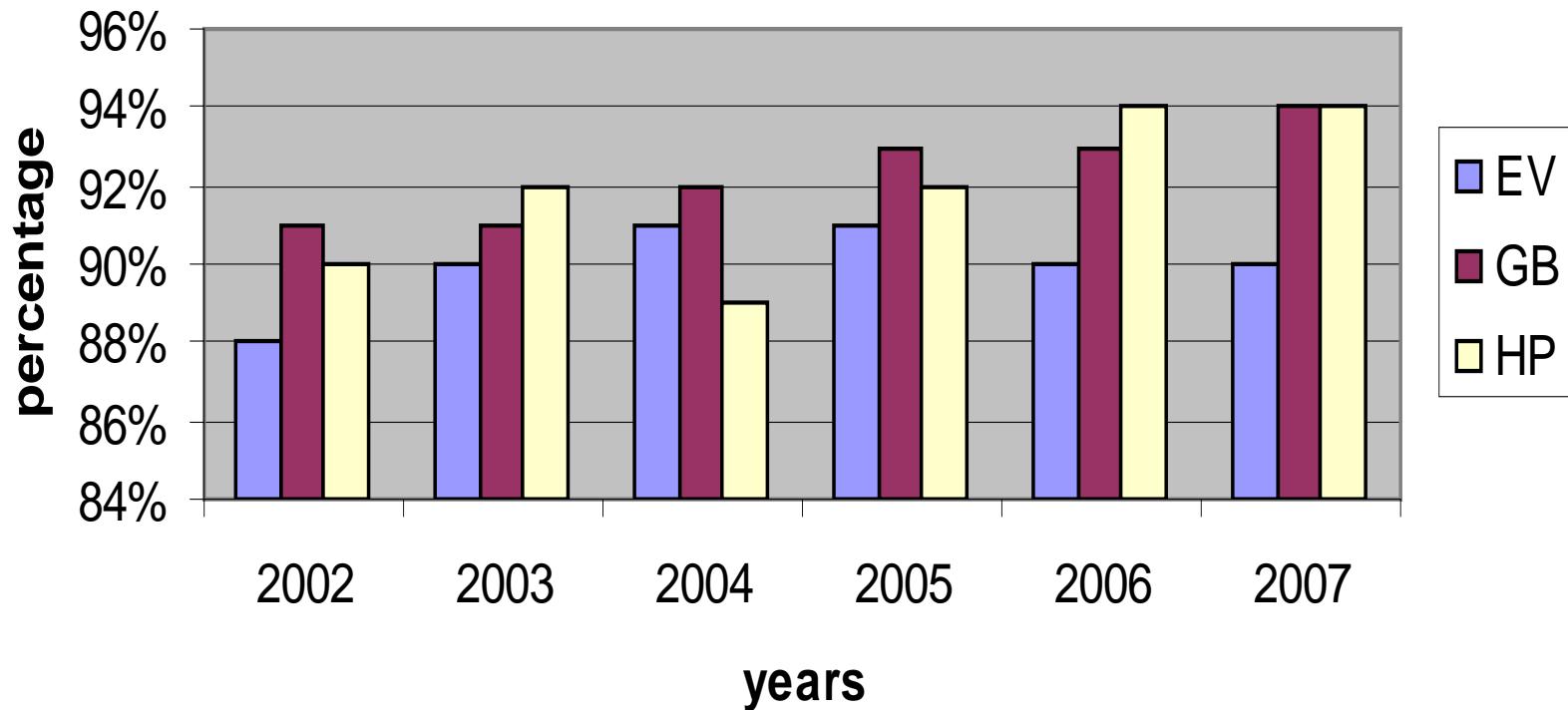
*“Your own small business”*

- Communicate your findings regularly
  - will help you trouble shoot challenges
  - and we are the best ones to tell our story

# SUMMER FT TOTAL

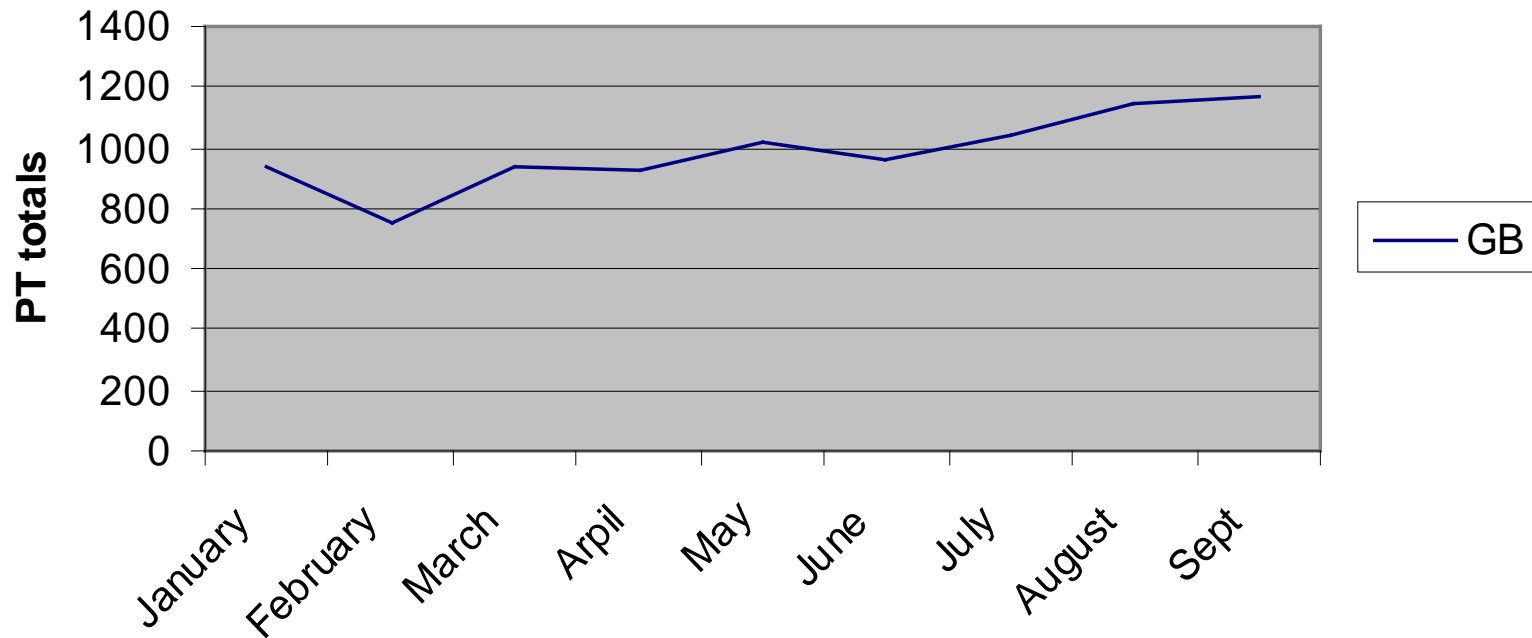


## Percentages of Patients Who Would Use Fast Track Services Again



# Main Room Productivity

2013 NP/PA Monthly Totals



# Other Ways To Tell Your Story...



# Publications...

- Atwater, A, Bednar, S, Casey, J, Jensen, K.  
*Fast Track is a Verb, Not a Noun*. In Jensen, K. editor:  
**Best Practices in Emergency Medicine**. Chapter 37. Manuscript  
accepted for publication (Spring 2013).
- Atwater, A. and Bednar, S. (2011). *Simulation for Physician Extenders*.  
***Disease of the Month***, 54 (12) 757-828.
- Atwater, A, Bednar, S, Hassman, D, Khouri, J (2008). *Nurse  
Practitioners and Physician Assistants in Primary Care*. ***Disease of  
the Month***, 54(11) 723-744.
- Susan Bednar, RN-C, ANP; Alison Atwater, PA-C, MS; and Vicki  
Keough, PhD, RN-C, ACNP. *Educational Preparation of Nurse  
Practitioners and Physician Assistants: An Exploratory Review*.  
***Journal of Advanced Emergency Nursing***, April-June, 2007, Vol 29,  
No 2.
- Bednar, S and Leiken, J: *Toxicologic Emergencies*. In Zimmerman, P.  
editor: ***Triage Nursing Secrets***, St. Louis, MO, 2006, Mosby.

# Presentations...

## Northwestern University Medical School Emergency Medicine Residency

**A New Clinical Practice Model for Nurse Practitioners in the Emergency Department**  
Susan Bednar, RN, MSN, ANP; Mary E. Hardesty, RN, MSN, FNP; John Flaherty MD, FACEP

**Objectives:** The role of Nurse Practitioner (NP) in the Emergency Department (ED) has not been well defined as to clinical practice parameters, and existing models of Emergency Medicine Practice for NP's in the emergency department have varied widely and have not been formally studied. Previous studies have demonstrated a comparative level of patient care between physicians and NP's in the fast track setting. We used a prospective, observational cohort study model to track the ED patients triaged directly to the fast track treatment area over an 18 month period from 7/99 until 12/00.

**Methods:**

The fast track treatment area was designed for rapid treatment of patients with specific complaint based criteria. The fast track was staffed by a single nurse practitioner, with direct physician supervision, for 10 hrs/day. A nurse's aide or EM technician was assigned to the treatment area when staffing allowed. This model was employed at three different suburban hospitals with a total annual volume of 85,000 patients. All NP's rotated between each hospital on a random basis. All patients meeting the complaint based criteria were admitted directly to the fast track area for diagnosis and treatment. The admissions to the fast track area logged and throughput times tabulated for all patients. Transfers out of the fast track area into the main ED were also logged. Percentages of total patients seen and average throughput times were compiled.

**Results:**

The total patient's seen on a monthly basis averaged 520 per month per hospital, ranging from 15 to 30 patients per day. Average throughput time was 58 minutes from the initial triage. The percentage of total ED patients seen during the hours of fast track operation was between 34 to 40%, and the percentage of total patients seen was between 25% to 40%. The NP facilitated chart documentation. The net effect was a significant reduction on ED physician workload and was universally praised by ED Staff and patients.

**Conclusions:**

Nurse Practitioner's can effectively practice in an Emergency Department Fast track area. The Nurse Practitioner can reduce ED physician patient load by an average of 30%. This results in greater ED efficiency, productivity, and is an effective an practical model for Emergency Medical Care.

# Affiliations

- Partnerships with Universities
- Mentoring students is the best way to hand pick future staff!



# Build Bridges

Home > Physician Resources > Advanced Practitioners

## Coming together



## for patient-centered care

### Welcome Northshore Advanced Practice Nurses And Physician Assistants To The Advanced Practice Website.

This is the beginning of an innovative journey to bring together two unique professions that share a common purpose. That shared purpose is the Northshore mission statement, to *"preserve and improve human life"*.

**Who are we?** We are a group of Advanced Practitioners, PAs and APNs, who practice in a variety of settings and specialty areas.

**How will we come together?** We have identified areas where we have a shared vision and goals and have formed an Advanced Practice Council with sub councils in the area of Evidenced Based Practice/ Innovation, Mentorship/ Professional Development, Regulatory and Research. All council membership includes both APN and PA representation.

**Why come together and why now?** Health care delivery is evolving into multidisciplinary, integrated systems of care and APNs and PAs are an important part of that team. **We choose to focus on what brings us together—a commitment to clinical innovation, education, mentorship, research and to the patients we are privileged to serve.**

Finally, the most important part of how this group comes together and what ultimately is achieved is your participation. Over the next few months we encourage you to get involved with one or more of the sub councils. We look forward to partnering together in achieving excellence in our practice.

# Pearls Gathered Along The Way

- *Respect what others have to teach you.*  
Techs, RNs, MDs, Pharm-Ds,  
Administrators and Volunteers, etc

**It's all about teamwork!**