

# Emergency Department LOS for Trauma ICU throughput

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# The Problem

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- Trending of prolonged ED LOS – over 6hrs to 12 hrs - noticed in the weekly PIPS Trauma Rounds meeting while reviewing all the trauma cases in 2012.
- Issue became a standing topic for monitoring and reporting in the monthly PIPS Trauma Systems Meetings in 2012.
- 2013 - ED LOS was discussed in weekly trauma rounds, with a focus on ICU cases with ED LOS times greater than 4hrs - time of arrival to time of departure from ED.

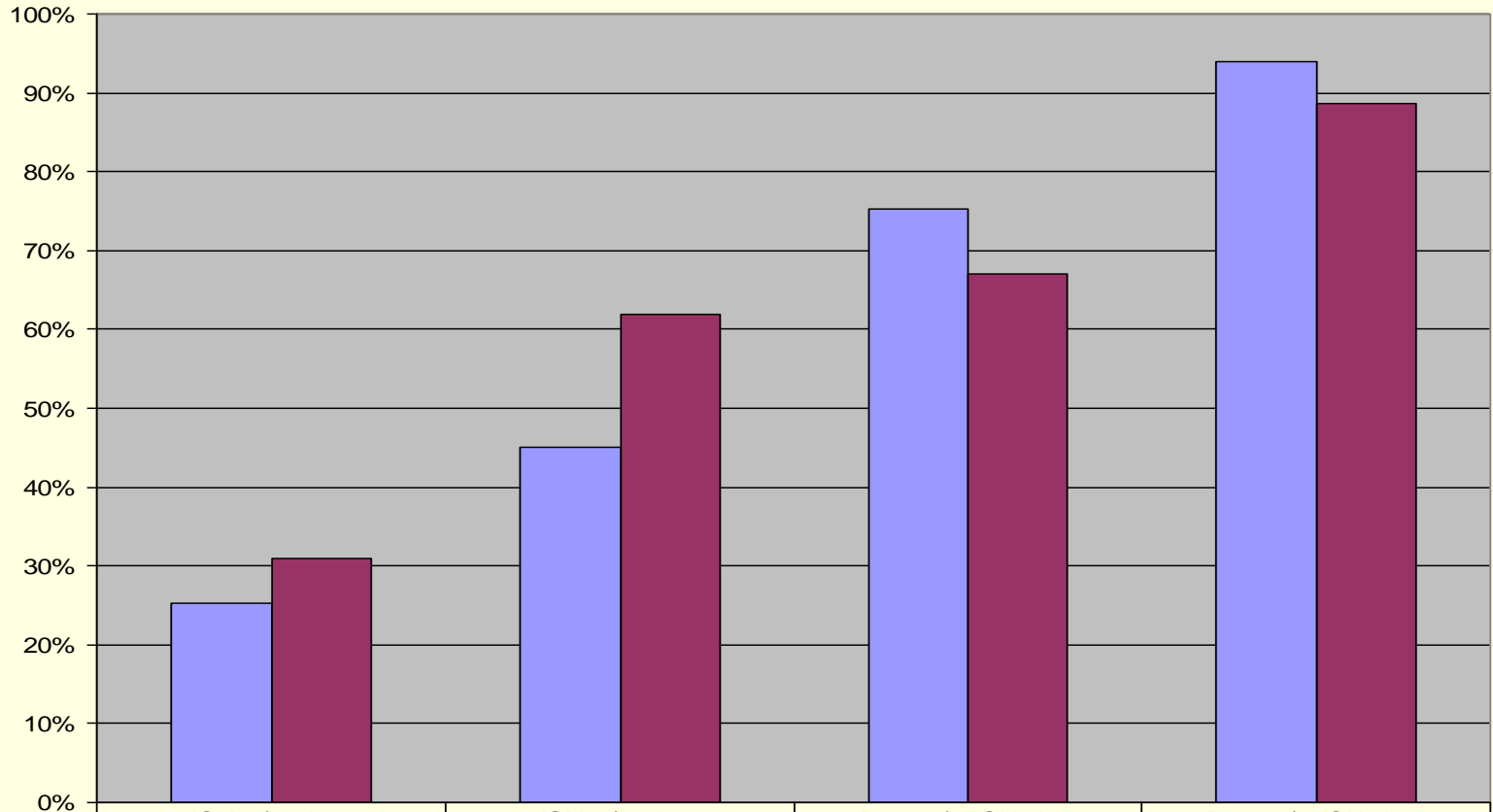
# Intervention (s)

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- ED LOS discussed in detail at weekly trauma rounds to identify issues/barriers for resolution/loop closure.
- Issues with prolonged ED or hospital LOS with trauma cases are reported to the attending physician on record and/or department head, and VPMA by the Trauma Program Medical Director.
- Trauma Program Coordinator was added to daily am “huddle meetings” and bi-monthly hospital administration Patient Throughput meetings to report issues discussed in trauma rounds regarding ED LOS of ICU trauma cases.

# Outcome (Results)

2012 & 2013 Year-End-Average



■ 2012 Year-end Average	25%	45%	75%	94%
■ 2013 Year-end-Average	31%	62%	67%	89%

# Sustaining The Change

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## Changes

- Increases awareness of the issue and it's impact on care and bed availability throughout the hospital
- Quicker movement to move patients from ICU to acute care or discharge
- Streamlining processes to improve efficiency and communication

## Barriers/Challenges

- Construction renovations that decreased the number of physical beds available
- Physician Decision making and changing of decisions.
- Institution of new processes and limited resources – changes and staffing cuts

# Future Directions

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- Multiple variables and barriers/challenges exist that must be addressed on a global issue within the hospital system
- Most of these global variances have been determined to be outside the scope and authority of the trauma program
- The Trauma Program Coordinator and Trauma Program Medical Director will continue current efforts to assist hospital administration in improving patient throughput of the trauma and surgical patients