

# MTQIP Hospital Specific Indicator: ED-ICU LOS



# The Problem

- ▶ We identified that our ED-ICU LOS was higher than expected
- ▶ We reviewed our 2009-2011 data to identify the baseline
- ▶ We set our goal to decrease it by 30 minutes

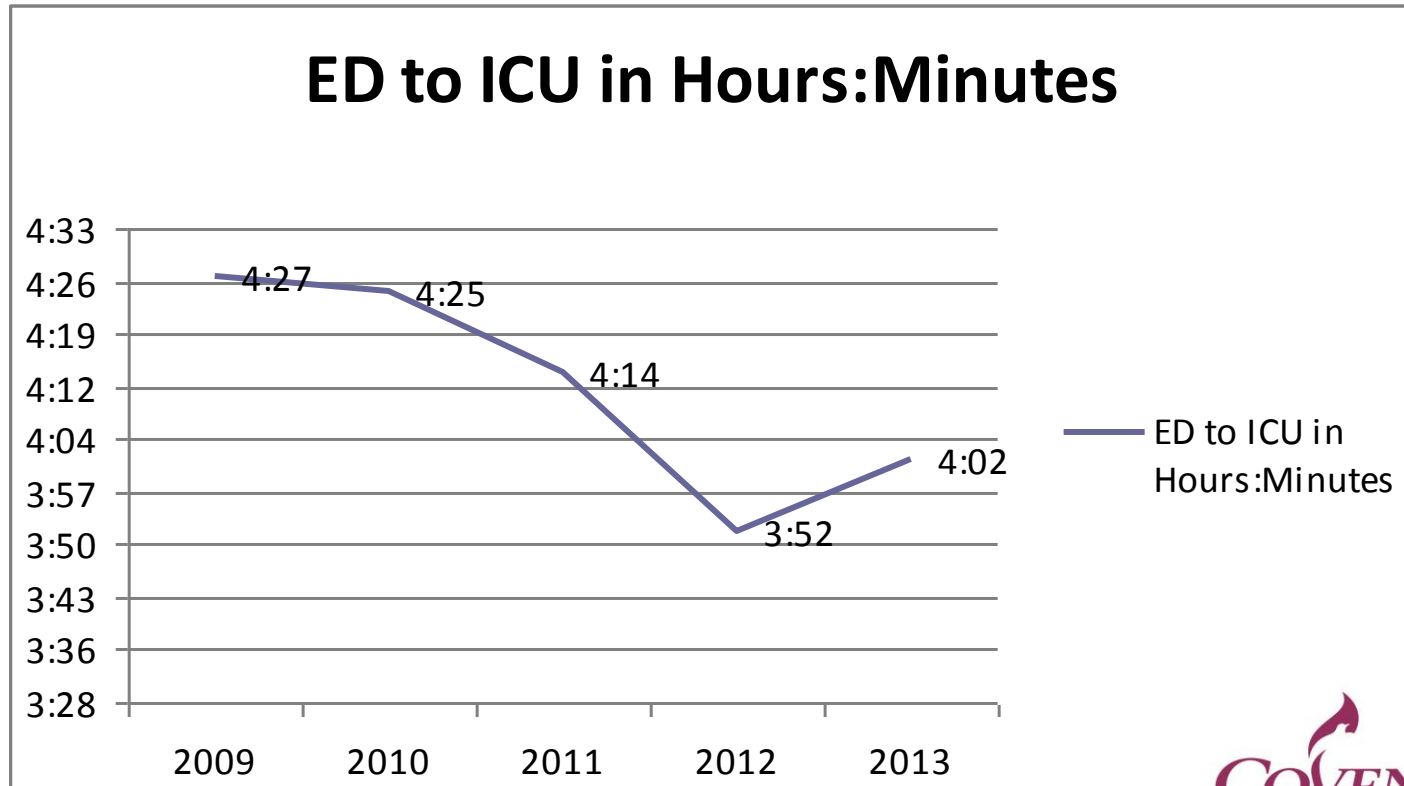
# Intervention (s)

- ▶ Added to monthly Trauma Scorecard

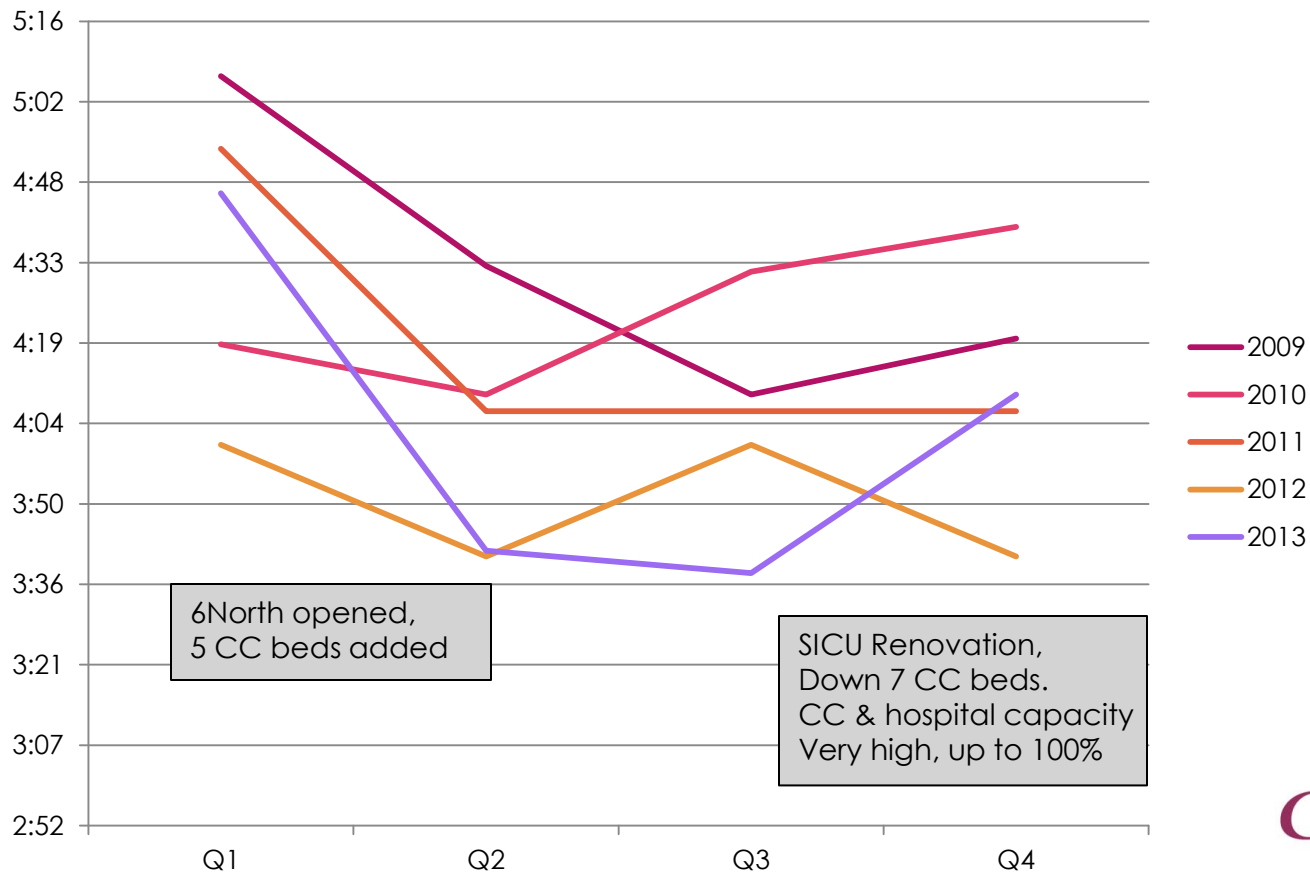
Quality & Service Pillar	Goal	13-Jul	13-Aug	13-Sep	13-Oct	13-Nov	13-Dec
ED-ICU LOS (goal decrease by 15min)	3.95	3.44	3.37	4.08	3.87	4.73	4.04

- ▶ Keystone ICU Meetings
- ▶ Critical Care Director
- ▶ NTICU Manager
- ▶ ED Managers
- ▶ ED/Trauma Director
- ▶ CNO
- ▶ TPOPP

# Outcome (Results) ED-ICU by Year



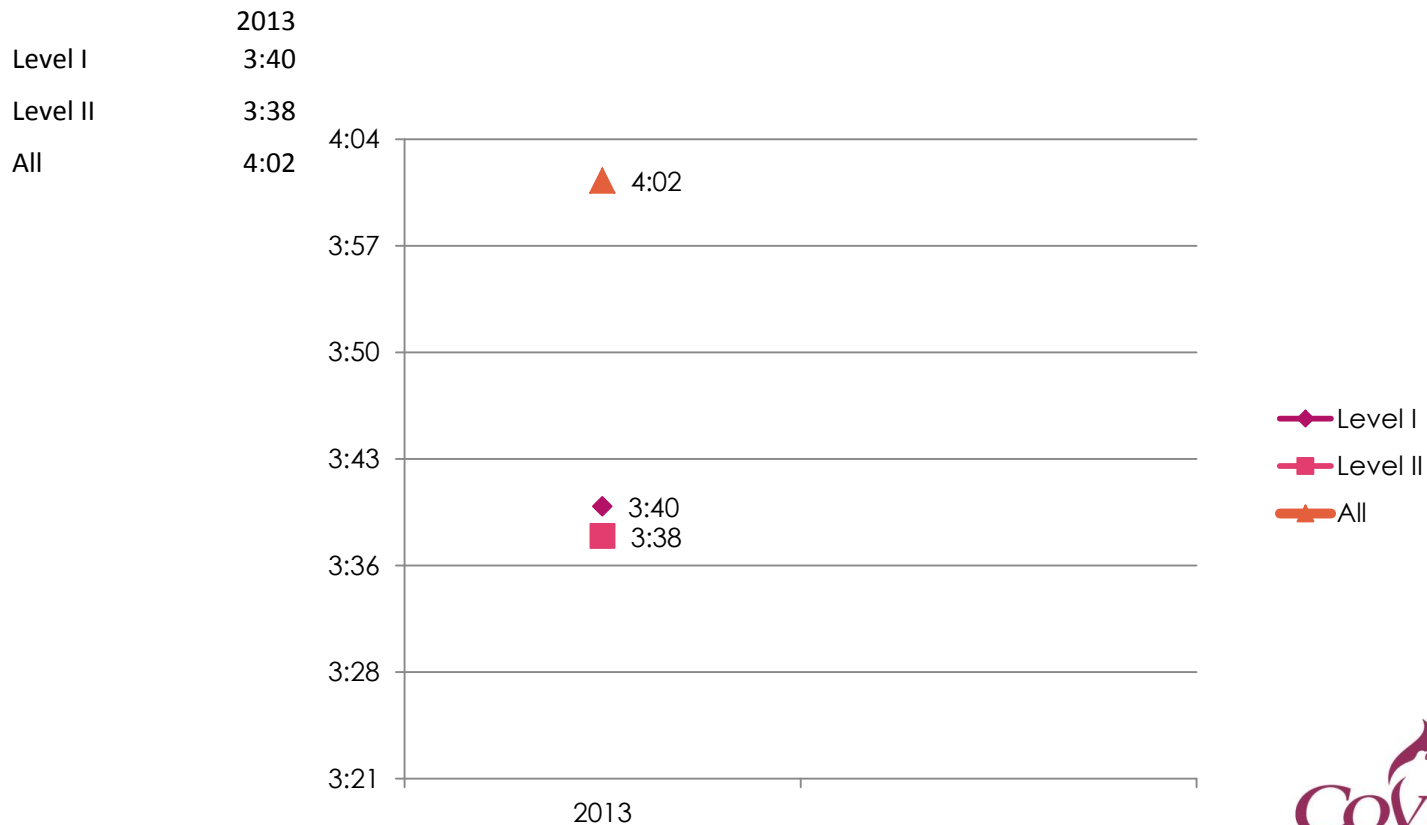
# Outcome (Results) ED-ICU by Quarter



6North opened,  
5 CC beds added

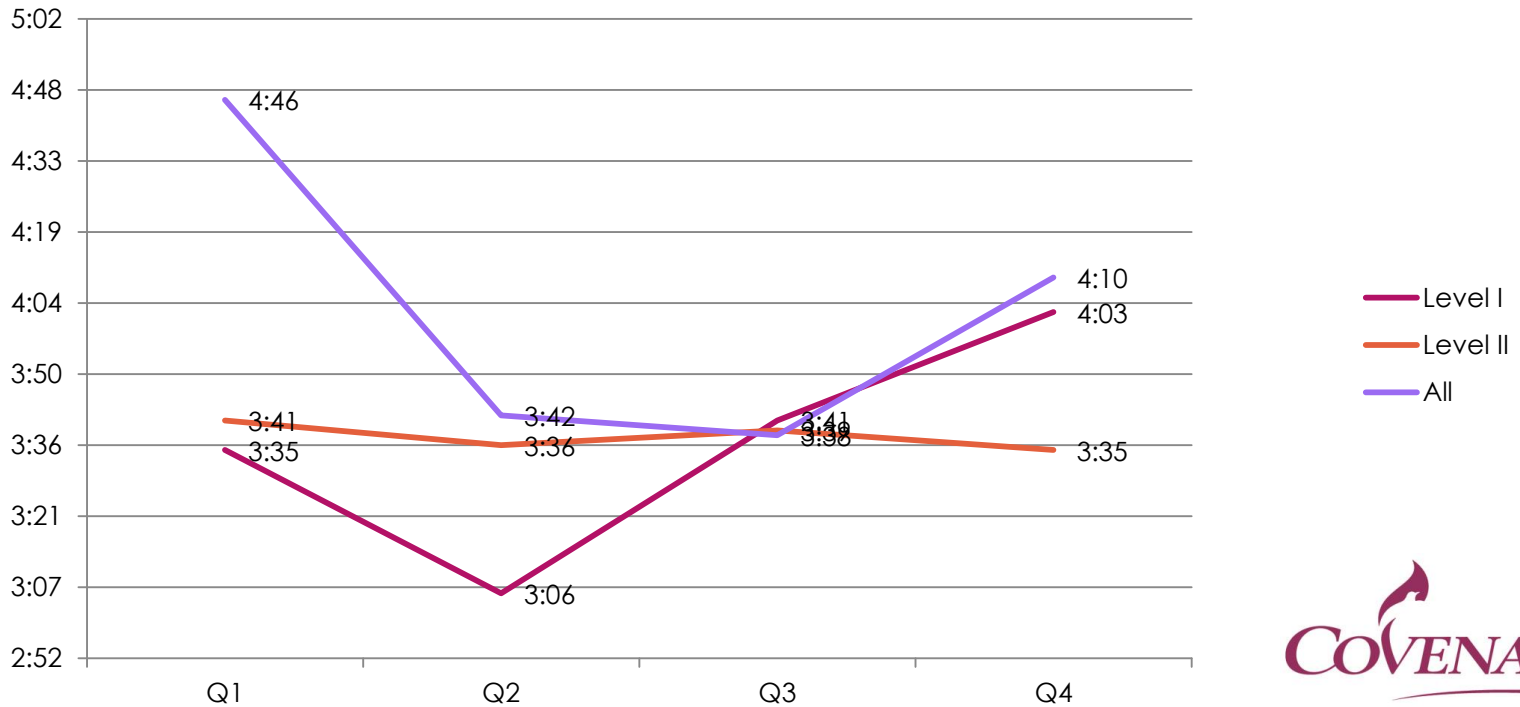
SICU Renovation,  
Down 7 CC beds.  
CC & hospital capacity  
Very high, up to 100%

# ED-ICU LOS by Activation Level: 2013



# ED-ICU LOS: Activation Level by Quarter

	Q1	Q2	Q3	Q4
Level I	3:35	3:06	3:41	4:03
Level II	3:41	3:36	3:39	3:35
All	4:46	3:42	3:38	4:10



# Sustaining The Change

## ▶ What Worked

- ▶ Adding to Scorecard
- ▶ Reporting out at TPOPP
- ▶ Distributing to CC Director/  
NTICU Manager
- ▶ Distributing to ECC Manager
- ▶ Adding CC Surge Beds for  
throughput

## ▶ What Didn't

- ▶ High CC/Hospital Census
- ▶ Renovating SICU, eliminating  
surge capacity for CC
- ▶ Holding transfer for testing
- ▶ Holding transfer for orders
- ▶ Holding transfer for transport  
(bed not ready)



# Future Directions

- ▶ Break data into smaller elements
  - ▶ ED-ICU LOS for Level I Activations
  - ▶ ED-ICU LOS for Level II Activations
  - ▶ As well as overall ED-ICU LOS
- ▶ Break data into smaller elements and analyze
  - ▶ Look for opportunities in ED throughput
  - ▶ Look for opportunities in CC throughput
    - ▶ Time of DC out of ICU to TTA in stepdown
    - ▶ Evaluate need for NT progressive unit