



GADSDEN REGIONAL

medical center

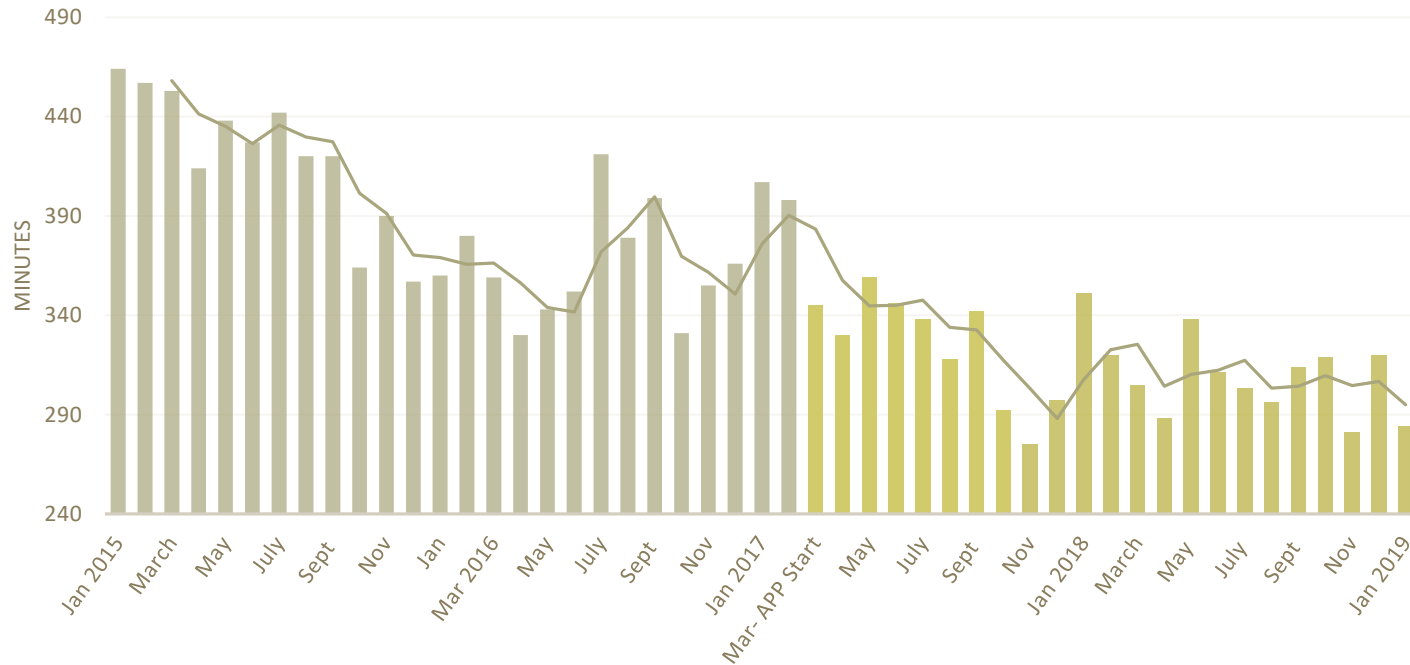


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GRMC Admit LOS from ER

Admit LOS
(3 Month Moving Avg)



Rapid Admissions Unit

- Opened August 21, 2017. 11am-11pm – Currently Mon-Fri.
- When admit order is received, RAU nurse initiates call to get report. RAU tech retrieves patient from ED.
- RAU completes all admission orders and tasks then transfer patient to med surg bed

Goals of RAU

- Improve patient throughput and satisfaction
- Improve quality and standardization of the admission process
- Improve employee satisfaction on M/S units by decreasing their workload for admissions
- Decrease actual and perceived delays in patient care upon arrival to the inpatient unit

What Happens in RAU

- Expect Emergency Room and Direct Admissions to be processed through this unit
- RAU staff will “pull to full”
- Staff will complete admission process to include:
 - Part 1 &2 (Cerner)
 - Medication Reconciliation
 - Skin assessment/wound photos
 - Plan of care initiation
 - Patient/family education
- Stat orders will be initiated to include:
 - Labs
 - Meds
 - Other tests/treatments

What Doesn't Happen

- RAU currently will not see ICU or psych admissions
- Step Down patients will be considered on a case by case basis
- Anticipated LOS for RAU is 1-2 hours, therefore do not generally expect that these patients will be “held” in this unit
- Routine tests, treatments, medications will not be completed/administered unless they are timed and become due during the time the patient is located in the RAU

GRMC Surge Capacity Plan

	Verbal Description	NEDOCS	Hospital Intervention	ED Interventions
GREEN LEVEL 1-2	Not Busy	0-60		
Yellow Level 3 Code Alpha	Extremely Busy, Not Overcrowded	61-100		
Orange Level 4 Code Bravo	Overcrowded	101-140	Called Inhouse. Each Department has Specific Assigned Duties.	Specific Assigned Duties. NEDOCS done every hour until decompressed.
Red Level 5 Code Charlie	Extremely Overcrowded	141-180	Called Inhouse and via the One page system to all leaders. Each Department has Specific Assigned Duties.	Specific Assigned Duties. NEDOCS done every hour until decompressed.

Code Bravo

- Paged Overhead by Operator
- **Charge Nurse**
 - Determine immediate exit strategies for patients that can be discharged
 - Define admission and pending inpatient needs (orders, rooms)
 - Identify a minimum of 2 patients that can be moved to hall bed or placed vertically
- **House Supervisor**
 - Makes assignment of ED beds a priority
 - Coordinate with housekeeping to prioritize cleaning of discharged patient rooms

Code Bravo

- **Lab**
 - Assign dedicated staff to ED
- **Transport**
 - ED is priority for transport
 - Assign extra wheelchairs and beds to the ED
- **ED Physician/APC**
 - Lead provider runs the board with charge nurse to identify potential dispositions and needs
 - Prioritize patient dispositions- orders, rx's, instructions
 - Consider assigning a provider to triage to assist with MSE

Code Charlie

- Operator initiates “one call” to surge plan group- includes all administrators and department directors
- All elements of Code Bravo + additional tasks
- **Charge Nurse**
 - Consider staff skill mix and adjusting patient to staff ratios to meet departmental requirements
- **Administration**
 - Cancel all non-urgent meetings
- **RAU Staff/RRT**
 - Determine any available staff to send to ED.
 - RRT nurse assists with patient care and rounding.

Code Charlie

- **House Supervisor/Nurse Leaders**
 - Contact attending physicians to encourage facilitated discharges and level of care downgrades
- **Lab**
 - Set up forward station in ED lobby to draw labs.
- **Security**
 - Assist lab personnel with transportation of specimens.
- **Case Management**
 - On call personnel reports to ED to facilitate transfers and discharges