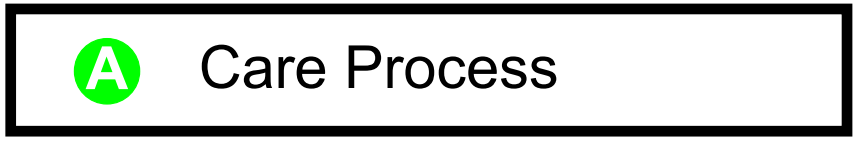
D2D Care Process Tool

Flow Chart



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Acceptance Goals

- With this tool, the user will be able to answer the question: “How would our current Emergency Department (ED) care process need to change to implement the Door to Doc (D2D) Care Process?”
- This acceptance assessment is based on two exercises: a walkthrough and a flowchart comparison of current ED processes to the D2D Care Process.

D2D in the Front of the ED

The D2D Care Process reduces the time it takes for the patient to see a physician in the ED. It changes the patient flow to eliminate waiting in the initial care process steps.

Typical ED Process

Arrive at ED→
wait in waiting room
Triage→
wait in waiting room
Register→
wait in waiting room
Back to bed→
wait in treatment room
See nurse→
wait in treatment room
See doctor

D2D ED Process

Arrive at ED→
Quick Look/Quick Registration→
Go to patient care area→
See doctor and nurse

Quick Look (not triage) identifies patients as "less sick" and "sicker" and determines the D2D process in the back.

D2D in the Back for “Less Sick” Patients

After the patient has been seen by a physician, the Door to Doc (D2D) Care Process changes the way “less sick” patients are treated.

- “Less sick” patients are treated like patients seen in a clinic
  - *Not* lying down in an ED bed unless needed
  - *Not* being undressed unless necessary
  - *Not* waiting in patient care areas
  - *Not* occupying an ED bed for tests and treatments, but moving to other areas
- When ED volume is sufficient, less sick patients are seen in a separate intake area
  - *Not* sized like Acute ED room
  - *Not* equipped like Acute ED room
- Informed Discharge conducted
  - *Not* necessarily with the original caregiver

D2D in the Back for "Sicker" Patients

For "sicker" patients, the D2D Care Process is similar to current Acute ED Care Processes.

- Regularly sized and equipped ED rooms
  - Patient undressed
  - Patient in ED bed for tests and treatments and waiting for decision-making

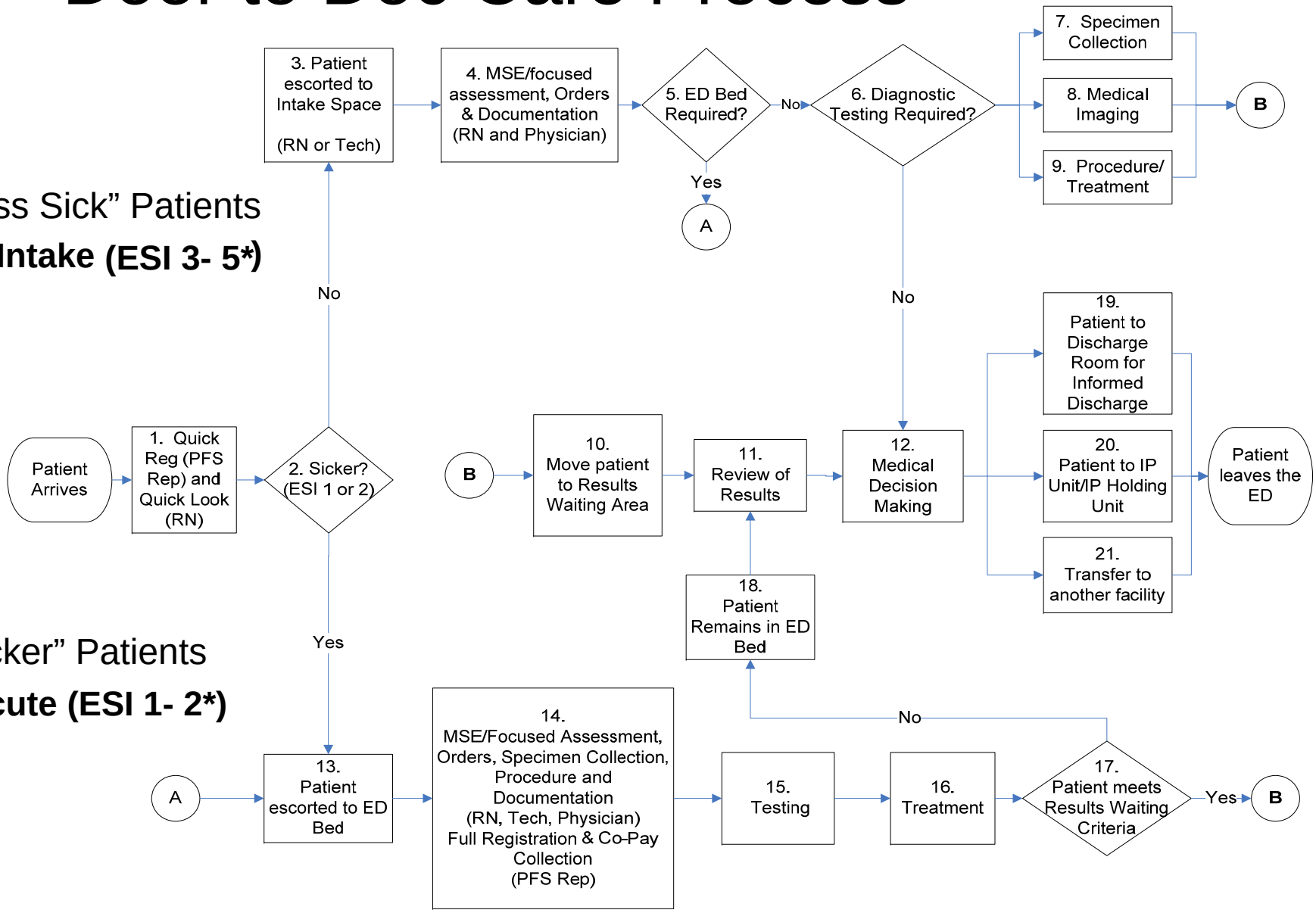
For "sicker" patients who are admitted, the D2D Care Process is different in capacity-constrained EDs.

- When an inpatient bed is *not* available, patient care is assumed by inpatient caregivers (nursing, physicians)
  - May be in space within the ED or separate from the ED

Process Flow Diagram

- A flow diagram is a graphic representation of the sequence of steps in a process.[1]
  - Boxes or rectangles show process steps
  - Diamonds show decision points
  - Arrows show the direction of flow
  - Circles with letters show connectors
- Flow diagrams of your actual process compared to the D2D process can help identify process changes that must be made.
  - The Door to Doc Care Process Flow follows

Door to Doc Care Process[2]



*ESI-Emergency Severity Index [3]

Your Current ED Process Flow

To be sure you know how your current ED process operates, do a “Walk-Through”

Tips for Your Walk-Through

- Start with patient entry into the ED and end with the patient leaving the ED
- Include two to three people, if possible, with each viewing the process through the eyes of a nurse and physician, patient and physician, etc.
- Conduct walk-through at different times of the day, days of the week
- Make a point of noting the paper trail of charts, lab reports, referrals, transfers, medications, etc along that accompany the process steps
- At different steps ask the staff to tell you about the process step

Questions to Ask

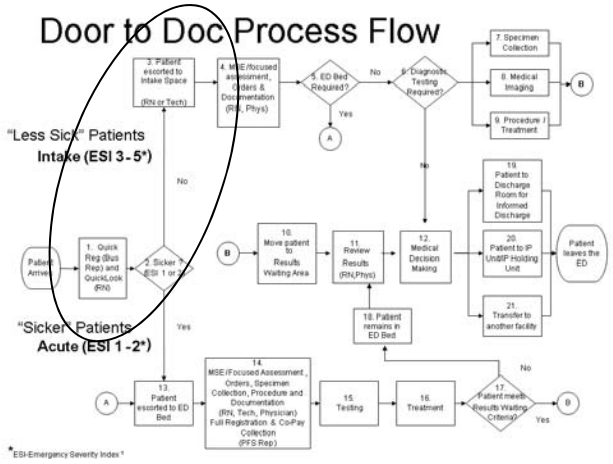
- Is this a busy or slow time?
- How long on average does it take to complete a process?
- Is the current process working well for patients and the staff?
- Is the staffing level the same 24/7?

Use this information to construct a “high-level” flow diagram of the current process

- Use ‘sticky notes” on a large surface in a group setting to identify and arrange the steps before drawing it on paper

Patient Arrival Process

Review the flow diagram of your current process compared to the D2D process to identify the estimated scope of the change. Start with the first steps as the patient arrives at the ED.
✓Check the box that best describes the magnitude of the change.

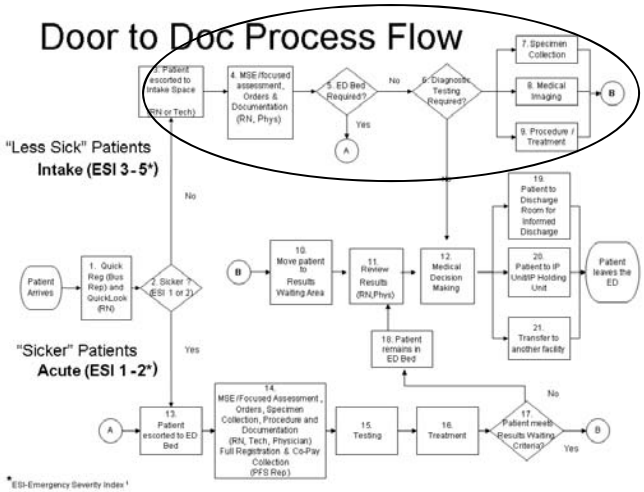


Step	Description	Possible Changes	Staff Affected	BIG Change	Medium Change	Small/No Change
1a.	Quick Registration	-Patient Accounting system accommodation for 'Quick Registration -Arrangements to complete registration later in care process -Patient Registration co-located with Quick Look	Patient Registration or Business Representatives			
1b.	Quick Look	-Eliminate triage -Co-location with Quick Registration	Nursing staff, particularly Triage Staff			
2.	Sicker?	-Adopt "quick look" methodology (such as Emergency Severity Index) for identifying sicker and less sick patients	Nursing staff, particularly Triage Staff			
3.	Patient Escorted to Intake Space	-Not all patients taken to an ED Bed	Techs			

Caring for “Less Sick” Patients

Review the flow diagram of your current process compared to the D2D process to identify the estimated scope of the change. Continue with the process for “less sick” patients.

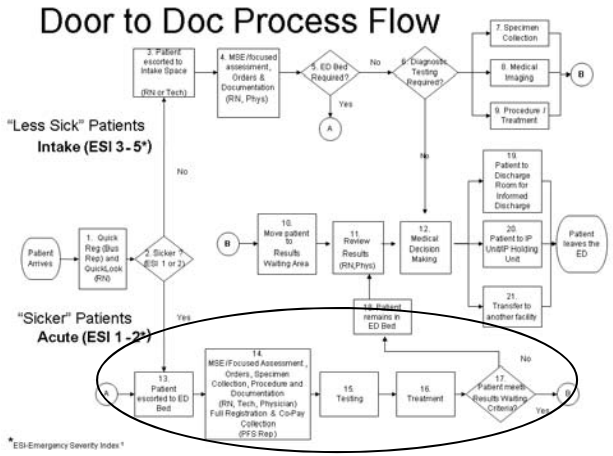
✓Check the box that best describes the magnitude of the change.



Step	Description	Possible Changes	Staff Affected	BIG Change	Medium Change	Small/No Change
4.	MSE/focused assessment, orders and documentation	-Jointly performed medical screening, rather than nursing and physician separate -Patient focused documentation (rather than separated by provider) -Eliminates mix of sicker and less sick patients increasing the number of patients that can be seen by a physician	Physicians, Nurses, Techs			
5.	ED Bed Required?	-Handoff by physicians of patients who are determined to be “sicker” after medical screening exam	Physicians			
6.	Diagnostic Tests Required?	n/a	n/a			
7.	Specimen Collected	-Less sick patients move to these areas as directed on their own	Ancillary staff			
8.	Medical Imaging Performed	-Less sick patients move to these areas as directed on their own	Ancillary staff			
9.	Procedure/Treatment Performed	-Less sick patients move to these areas as directed on their own	Ancillary staff			

Caring for “Sicker” Patients

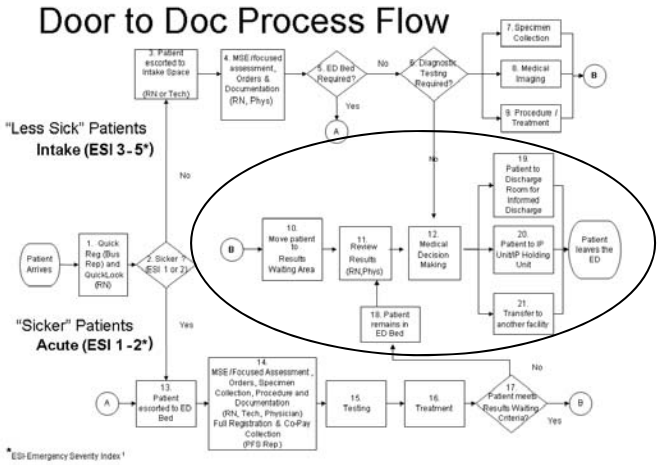
Review the flow diagram of your current process compared to the D2D process to identify the estimated scope of the change. Continue with the process for “sicker” patients.
✓Check the box that best describes the magnitude of the change.



Step	Description	Possible Changes	Staff Affected	BIG Change	Medium Change	Small/No Change
13.	Patient Escorted to ED Bed	n/a	n/a			
14a.	MSE/focused assessment, orders, specimen collection, procedure and documentation					
14b.	Full Registration and Co-Pay Collection	-Complete registration at bedside	Patient Registration or Business Representatives			
15	Testing	n/a	n/a			
16	Treatment					
17	Patient ok for results waiting?	-Patients not requiring a bed moved out of acute bed to results waiting	Physicians, Nurses, Techs			
18.	Patient Remains in ED Bed					

Decision Making and Leaving

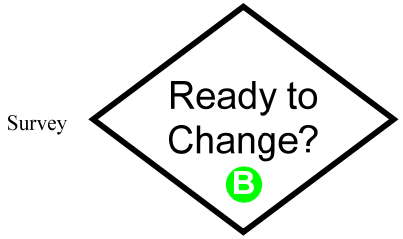
Review the flow diagram of your current process compared to the D2D process to identify the estimated scope of the change.
Continue with the decision making process and leaving the ED.
✓Check the box that best describes the magnitude of the change.



Step	Description	Possible Changes	Staff Affected	BIG Change	Medium Change	Small/No Change
10.	Move Patient to Results Waiting Area	-Less sick patients don't own a bed	Physicians, Nurses, Techs			
11.	Review Test Results	-May involve handoff from original caregiver	Physicians, Nurses, Techs			
12	Medical Decision Making					
19.	Patient to Discharge Room for Informed Discharge	-Utilize standardized approach for discharge and completion of registration and co-pays as needed -Separate location for discharge process -May involve handoff of care	Physicians, Nurses, Patient Registration or Business Representatives			
20	Patient to IP Unit/IP Holding	-Admitted patient care assumed by inpatient care providers	Inpatient and ED nurses, physicians			
21.	Transfer to another facility	n/a	n/a			

Next Step

- Review the results of the comparison of your current process with the D2D Care Process.
- Now that you have identified the magnitude of the changes that will be required to implement D2D in your Emergency Department, the next step is to determine whether the critical success factors for acceptance of these changes are in place.
- Proceed to the next tool:



References

[1] Brassard M. *The Six Sigma Memory Jogger II.* Salem, NH: Goal/QPC. 2002.

[2] Burdick TL, Cochran JK, Kisiel S, Modena C. Banner Health / Arizona State University Partnership in Redesigning Emergency Department Care Delivery Focusing on Patient Safety. *19th Annual IIE Society for Health Systems Conference.* 8 pages on CD-ROM. New Orleans, LA; 2007.

[3] Eitel D, Wuerz RC. The ESI Implementation Handbook. *Emergency Nurses Association Ed*. 1997-2003.