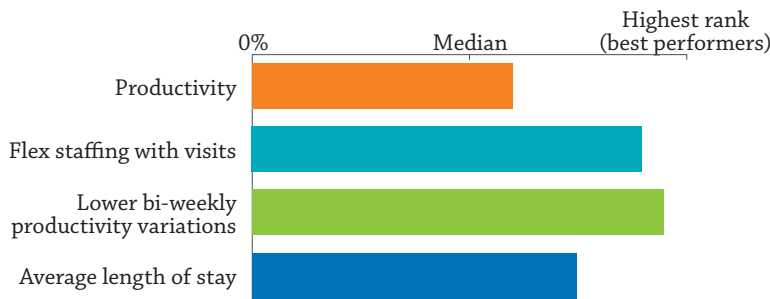


# High-Performing Pediatric EDs

## PROSPECT Data Comparison Children's Hospital of Orange County

### Managing Productivity in the ED

CHA analysts compared four staffing criteria from the PROSPECT program to identify high-performing pediatric emergency departments (ED). Children's Hospital of Orange County (CHOC) emerged as one of the top four hospitals. Here's a look at CHOC's performance in the ranked areas.



Leaders at CHOC constantly monitor acuity levels and census throughout the hospital to successfully manage productivity in the ED. The charge nurses operate with latitude to meet the patient and caregiver ratios set by the state of California. Melanie Paterson, chief nursing officer, works with the philosophy that every nurse is a leader, and she supports that by openly discussing finances at every meeting. The repetition and transparency allow managers and charge nurses to get a clear picture of productivity levels and understand staffing strategies.

### ED Facts and Structure

**50k**

Projected visits per year when ED built in 2015

**90k+**

Actual visits per year in 2018

**31**

Patient beds

**NORTH**

Section open 24 hours  
staggered shifts: 7 a.m. - 9 p.m.  
and 11 a.m. - 2 p.m.  
12 rooms, 3 RNs

**SOUTH**

Section opens later in day with  
staggered shifts starting at  
9 and 11 a.m., 2 p.m.  
12 rooms, 3 RNs

### Staffing Strategy

Based on state statutes, unit staff vote on unit staffing structure, and CHOC voted to use 12-hour shifts. The state also mandates the nurse-to-patient ratio, which is 1-to-4 in the ED. The team incorporates a variety of knowledge and skill levels including RNs, techs (EMT trained), and monitor techs who may also function as clerks. ED staff do not float out of the unit and staff from other areas of the hospital without ED experience do not float in. PRN, part time staff, and travelers are assigned to cover census variations. Many travelers return to CHOC and are familiar with the ED, but travelers are not assigned to trauma or triage areas.

### Adapting to Census

These are a few of the tools CHOC uses to adjust to patient volume and efficiently deliver care.



#### Place Screener RN

Designate an RN as first contact with patients to complete an assessment.



#### Create a Fast-Track Area

Set aside three beds and two RNs who concentrate on rapid evaluation and discharge for lower acuity patients.



#### Initiate Protocols from the Lobby Area

During busy times, an RN and tech may start physician-approved protocols while a patient waits to see a doctor.



#### Convert Rooms for Mental Health Patients

Strip ED rooms to make them safe for mental health patients and add a sitter.



## Flex and Refresh: Cultural Approach to Staffing

The culture of the hospital supports decision makers who flex staff schedules when necessary and encourages staff to embrace the practice. "It's a willingness to be here when patients are and not when patients are not," says Bill Rohde, vice president, finance. Training emphasizes that flexing with census variation is important for several reasons: Time away from work can be time spent with family. Staff can refresh and return mentally and physically ready to deliver care. Flexing balances fiscal and clinical responsibilities.

“ If you're in charge, you're the CEO of your area. Make the decision. ”

Melanie Paterson, Chief Nursing Officer

## Decision-Making Tools

ED leadership reference current and trended data in Excel to make appropriate staffing decisions. Leaders share organizational finances to demonstrate how and why data is used to influence staffing decisions. Here are a few practices they rely on to make informed staffing decisions.

- Hold daily patient safety huddle at 8 a.m. for all areas including ED. Participation assists ED charge nurse to identify when they might need to hold patients in ED.
- Charge nurses monitor daily ED numbers.
- Use dashboards for tracking how many waiting, wait times, how many in rooms, admits.
- Anticipate staffing needs based on bed rounds every four hours.
- Keep a list of staff willing to flex. California guidelines require decisions to flex staff avoid mealtime violations.

If a leader makes a staffing decision not in line with available data, it's discussed as a teaching moment to positively reinforce understanding for future decisions.

“ We try not to use numerical markers. Numbers are not the same as acuity. ”

Frank Maas, Director, Emergency, Trauma, Transport Service Lines

## Growth and Adaptation

CHOC opened the ED in 2013 with a predicted patient volume of 50,000. The ED had about 5,000 more patients than projected that year. CHOC is the only pediatric hospital in the area and nearby adult systems are closing pediatric services. In addition, many patients have no other medical care options. Those factors point to the steep rise in patient volume. The ED is scheduled to add four beds by the end of the year. Leaders report a dramatic rise in paramedic deliveries and mental health visits in the past year.

75%

Increase in paramedic deliveries after bay station addition

100%

Increase in mental health visits in one year

## A Closer Look at Mental Health

### In the ED

Staff treat 400-500 acute patients per year.

Patient average length of stay ranges from hours to 10 days.

To meet growing needs, the hospital is planning to add four safe rooms.

### Inpatient

The hospital opened an 18 bed mental health unit in April 2018.

Questions?

Contact Carla Hronek

### Methodology information

PROSPECT, time frame: Source: PROSPECT, CY 2018, Staff Included: RN, LPNs, Paramedics, PCT and Agency, Two comparative ED groups: Distribution of patients within emergency severity index 1 and 2 (<15% lower severity and >15% higher severity). Better performing hospitals selected based on overall rank within each category: 1) Worked Hours Per Visit, 2) Bi-weekly Worked Hours Per visit variation, 3) R2 4) ALOS. Bar Chart Interpretation: 100% represents best rank within each category.