The Challenge - A high volume urgent care clinic was experiencing a variety of challenges related to key metrics as well as patient and staff satisfaction. The clinic had 16 bed treatment spaces and was open 7 days a week, 364 days a year. The patient population included a wide range of acuities and variety of diagnostic testing and procedures.

US Acute Care Solutions engaged to further understand the root causes of their challenges and identify recommendations for improvement. Through direct observations and data collection and analyses, the team identified the following key factors:

- Considerable variability in staff scheduling, patient flow management and staff/provider workflow
- No system to track patient flow metrics
- Site closing early based on provider workload
- Staff unaware of patient physical location, as patients were sent to the laboratory for blood and urine specimen collection
- 66 hours of direct patient flow observations indicated
- Arrival to Provider times over 50 minutes
- Length of Stay over 2 hours

The Solution - Upon analysis of the collected data USACS implemented the following:

- “Direct bedding” of patients following registration
- Rightsizing/re-aligning staff to meet arrival demands
- Room assignments for staff so providers know who to approach
- Patient Flow Coordinator to provide centralized authority for patient movement
- Patient satisfaction rounding when patients are in waiting room to keep patients informed
- Improve diagnostic testing processes within building by placing a phlebotomist in the Urgent Care and train current staff to perform phlebotomy

The Results - Implementation of the recommendations resulted in significant positive outcomes. Clinical/provider staff and multispecialty partners within the network expressed increased satisfaction related to improved accountability and management of patient volume. Even with patient volumes remaining at or above historical averages, the Length-of-Stay decreased by 30 minutes and Arrival-to-Provider decreased by 10 minutes. In the 4 months post implementation, the clinic only closed once due to low volume from severe weather (as opposed to previous frequent closings based on provider workload). And lastly, operational improvement was obtained with lab and radiology services, further improving patient satisfaction.
USACS conducted observations and practice analysis showed significant variation in individual provider workflow. There was no consistency between providers on shift arrival and departure, prioritization of daily tasks/rounding and productivity.

Additional findings are highlighted below:

- Hospitalist workflow was not focused on priority activities that would improve patient flow
- 38% of providers time was spent on non-billable activities
- The process for admitting patients was inefficient and contributed to delays in hospitalist’s workflow
- Due to the inefficiencies in the admission process, providers often made admissions low priority
- Daily rounding activities were inconsistent, and by provider preference
- Prioritization of discharges did not meet the needs of a high-volume organization
- Hospitalists have inadequate support for medication reconciliation, discharge documentation and communication with key members of the healthcare team

The Results - Through the use of Discrete Event Simulation; scenarios were run to demonstrate the changes needed to improve both Inpatient and ED throughput. The combination of these strategies helped to alleviate the stress the floors and ED were facing and also improved bed demand timing throughout the hospital. Strategies included:

- Moving the peak discharge order hours earlier in the day– allowing for patients to be discharged earlier
- Streamlining the report process between the ED and Inpatient units and also between floors
- Creating processes to improve the coordination of discharges early in the admission stay
- Push to Bed strategy to allow for improved floor visibility of ED capacity challenges