

## Rapid Assessment Unit – The Difference at the Emergency Department Door

Diane Haines MSN, RN, CEN  
*Lehigh Valley Health Network, Diana.Haines@lvhn.org*

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# Rapid Assessment Unit – The Difference at the Emergency Department Door

## The Lehigh Valley Hospital-Muhlenberg Emergency Department Team

Lehigh Valley Health Network, Allentown, Pennsylvania

**DESIGN:** A performance improvement and ED remodel project to increase ED capacity and enhance quality of care, while decreasing waiting room times and overall length of stay (LOS)

**INTENTION:** Eliminate traditional triage + Split patient flow = RAPID ASSESSMENT UNIT (RAU)

### Current State

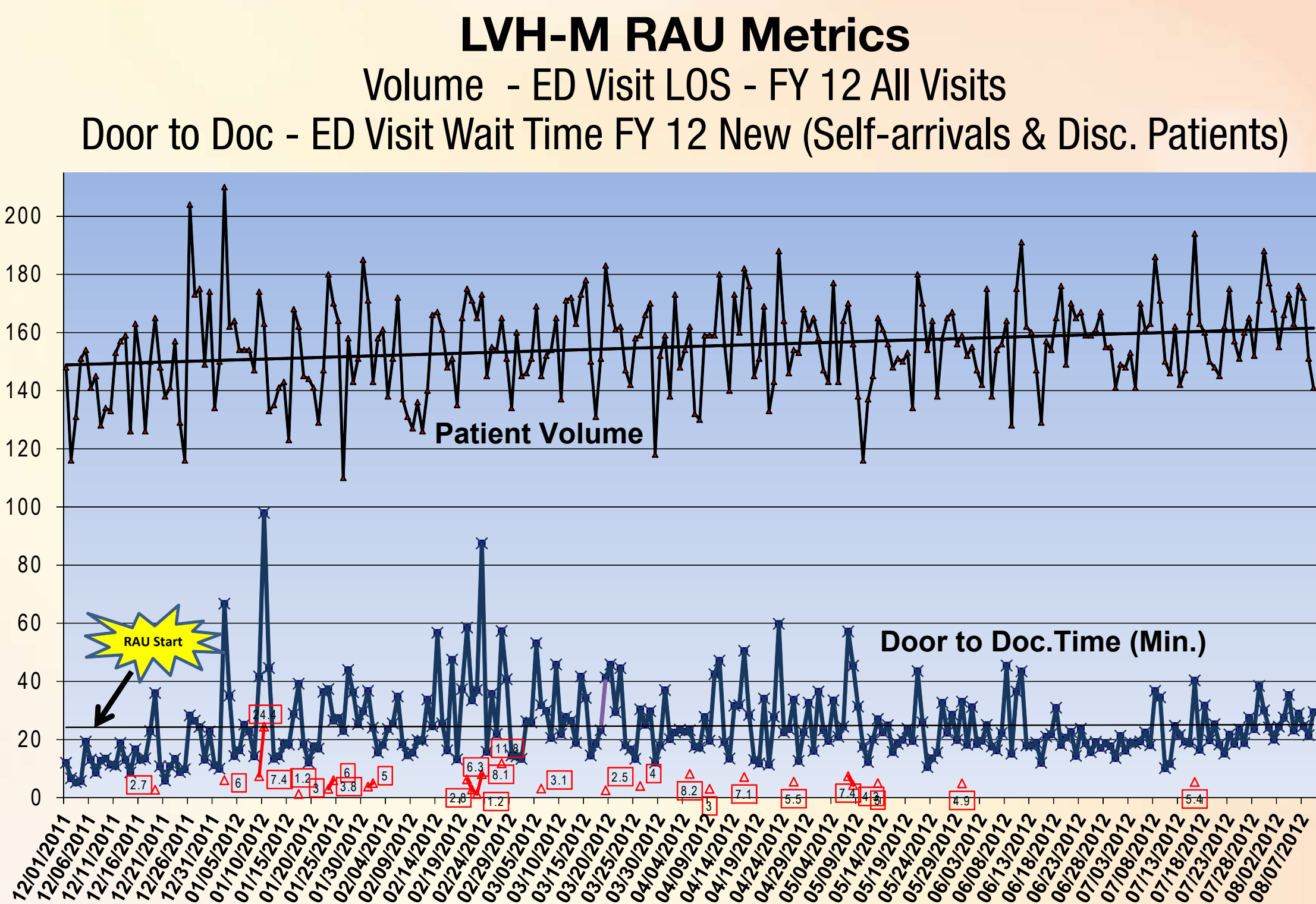


### Methods

- Guiding Principles**
- 1. Keep vertical patients vertical
  - 2. Attain ‘door to provider’ time < 20 minutes
  - 3. Assure patients spend < 1 hour in RAU exam room
  - 4. Practice situational decision making
- Planning**
- 1. Process development by project team members
  - 2. Training by tabletop simulation
  - 3. Process refinement through series of rapid cycle tests

### Outcomes

Table 1. RAU Outcome Metrics		
Indicator	Pre-RAU Averages 7/1/11 - 11/30/11	Post-RAU Implementation Averages 12/1/11 - 6/30/12
Discharged Ambulatory Patient Length of Stay	185 minutes	157 minutes
Percent of patients seen by provider within 30 minutes	39%	75%
LOW Ambulatory/Discharged Patients	60 minutes	24 minutes
Percent of patients who “left without being seen”	2.4%	0.39%
Press Ganey “Overall Rating of ER Care” - Rank score for peer group of 40K or more	44%	84%
Diversion Hours	57.8 hours/month	20.0 hours/month



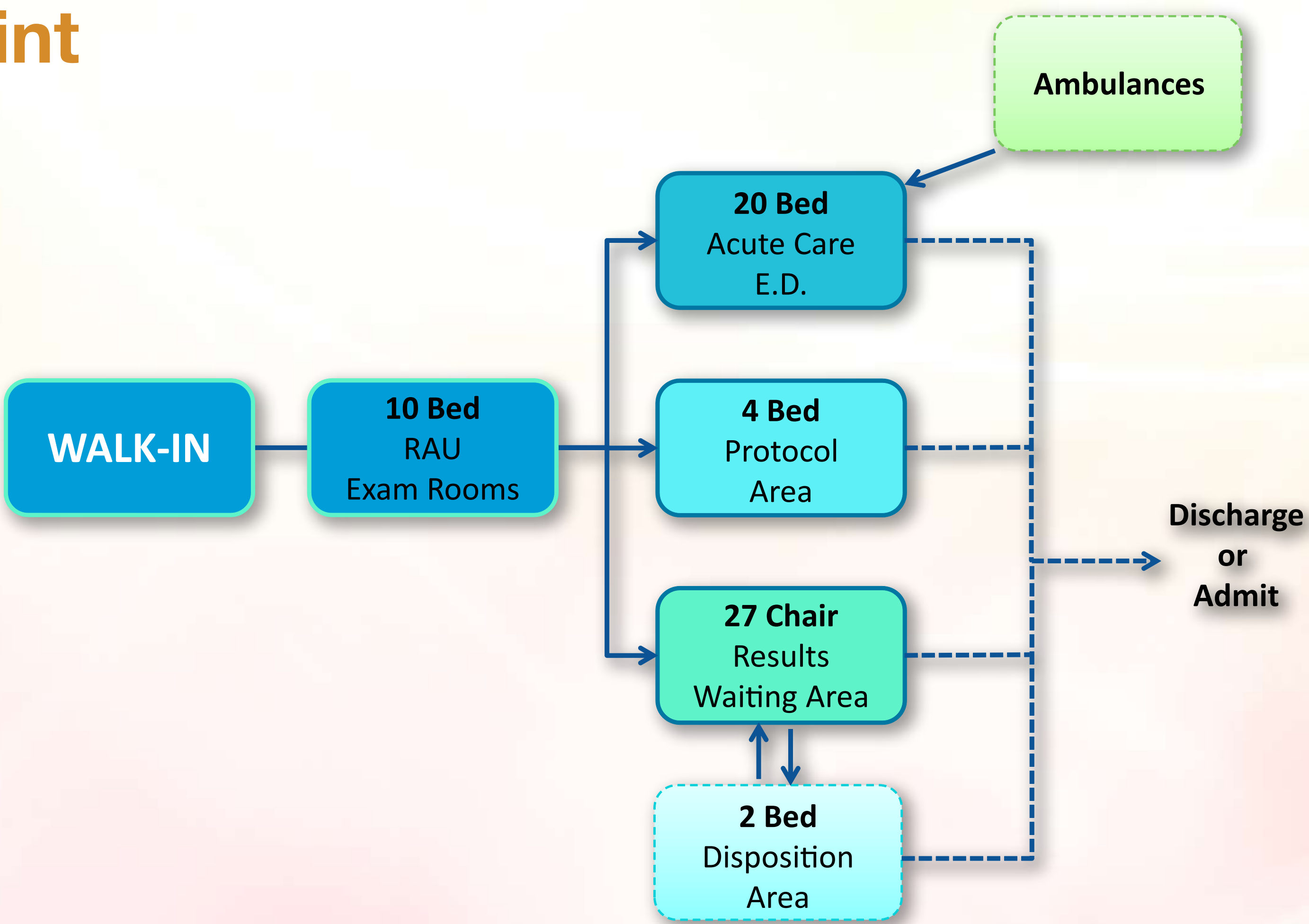
### Project Team Members

- ED staff**
- Direct care nurses
  - Non-licensed assistive personnel
  - Nurse managers
  - Nurse educator
  - Physicians
  - Advanced practice clinicians
  - Registrars

**LEAN coach**



### Footprint



### Success Factors

- Training
- Daily 7 am huddles
- Collaborative interprofessional team
- Commitment to guiding principles
- Utilization of LEAN principles
- Continuous ‘in the moment’ coaching between colleagues

