

EMCARE® DOOR-TO-DISCHARGE™ CASE STUDY

TriStar StoneCrest Medical Center Smyrna, Tennessee

Annual E.D. visits: 46,000

TriStar StoneCrest Medical Center, a 109-bed HCA hospital in the Nashville area, opened in 2003 with dedication to patient care and satisfaction. Even with a record number of patients in 2012, the hospital's emergency department (E.D.) has maintained an average wait time of less than half the national average.

Challenge. TriStar StoneCrest placed hospital flow as a top priority because of its significant impact on both the patient experience and hospital performance. Even with exceptional E.D. metrics, the hospital faced the all too common challenges of disjointed processes and inefficiencies between the E.D. and the inpatient units, including:

- An average time to move the patient from the E.D. to the inpatient unit of about three-and-a-half hours, time wasted boarding in the E.D.
- Patients who were ready to be discharged in the morning still filled inpatient beds well into the afternoon leaving no open beds for new admissions.
- Process inefficiencies, breakdowns in communication and poor handoffs caused wasted time and efforts.

The hospital needed an effective way to align the E.D. physicians and hospitalists and organize the communication between them and all those involved in the admission event.

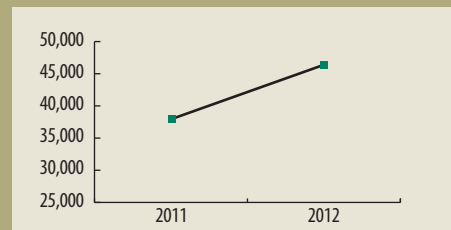
Solution. EmCare's Door-To-Discharge™ (D2D™) service with Rapid Admission Process and Gap Orders (RAP&GO™) software provides an integrated practice model that positions the E.D. and hospitalist physicians to work together. In this case, the physicians collaborated to reduce hospital LPT/LPMSE rates, reduce E.D. boarding time, improve patient quality and satisfaction and open up needed E.D. beds.

Results from D2D with RAP&GO. The before and after results from EmCare's D2D with RAP&GO were outstanding:

- Disposition to admission (boarding time) dropped from approximately 210 minutes to 80 minutes almost immediately.
- LWBS decreased from 0.99% to 0.64%
- Reduced boarding time in the E.D. meant more patients could be seen in the E.D and patient volume increased from 38,940 to 46,043

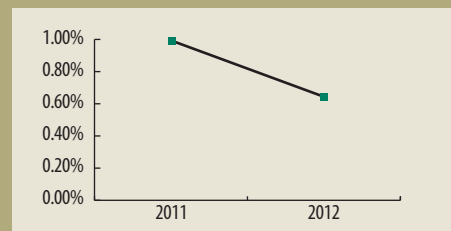


E.R. Volume:



Improved from 38,940 to 46,043.

Left Without Being Seen Rate:



Decreased from 0.99% to 0.64%.

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