

Abstract – 2023 ELAM Institution Action Plan Project

Project Title: BRIDGES Care Model: Expanding an Operational Framework to Add Patient, Staff, and Provider Experience to Patient Safety & Quality Metrics in Emergency Department Evaluation

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Primary Mission Area: Clinical – Quality Improvement

Collaborators: Multidisciplinary team of physicians, nurses, and researchers.

Background and Significance: The current workflow in the emergency department (ED) becomes tremendously vulnerable when inefficiencies exist in patient input, throughput, or output. This model results in crowding, decreased patient satisfaction scores, and increased ED length of stay (LOS). In turn, increased ED LOS impacts morbidity and mortality, increases medical errors, and adds to staff burnout. When healthcare providers and staff experience burnout, it places the safety of patients at risk and can lead to moral distress and concerns about the sustained ability to provide quality care.

Objective: Create a successful ED care delivery model that supports fluctuations in staffing and patient volumes, improves patient safety metrics, *and addresses healthcare personnel well-being measures.*

Methods/Approach/Evaluation Strategy: Emory University Hospital has implemented lean strategy which has resulted in the tiered huddle approach and embedded management engineers within hospital leadership. This led to the establishment of the Rapid Care Unit (RCU) within the ED which leveraged triage providers and created a process that improved patient throughput statistics. However, there were also unintended consequences that resulted in significant patient safety events and a detrimental impact on provider and staff job satisfaction. The first step of this project was the development of an innovative, multidisciplinary team with access to applicable technology-based resources. This team then collaborated to identify and implement solutions to improve leadership engagement and oversight, nurse assignments, auditing and accountability. BRIDGES is the care model created to address and measure these solutions.

Results: By creating and implementing the BRIDGES Care Model, the team was able to improve ED LOS through improved hospital patient flow, setting threshold for ED diversion, and creating a surge area when ED bed holds exceeds the set threshold. It also correlates patient safety metrics with provider and staff well-being, while also considering patient experience.

Discussion/Impact: BRIDGES Care Model will become the current operational framework in the Emory University Hospital ED. To support the optimization of this care model, CDC funding will occur in a non-competitive application in years 2-5 of the CK22-2203 award, *Strengthening Healthcare Infection Prevention and Control and Improving Patient Safety in the United States* (PI: Kraft).

1. Correlate throughput metrics/patient safety with staff and provider well-being.
2. Utilize novel methods to obtain real time patient satisfaction and patient facing education.
3. Utilize natural language processing to examine clinical notes for ED stressors including workplace violence.