

UVA Health Emergency Services

Transforming Care Delivery

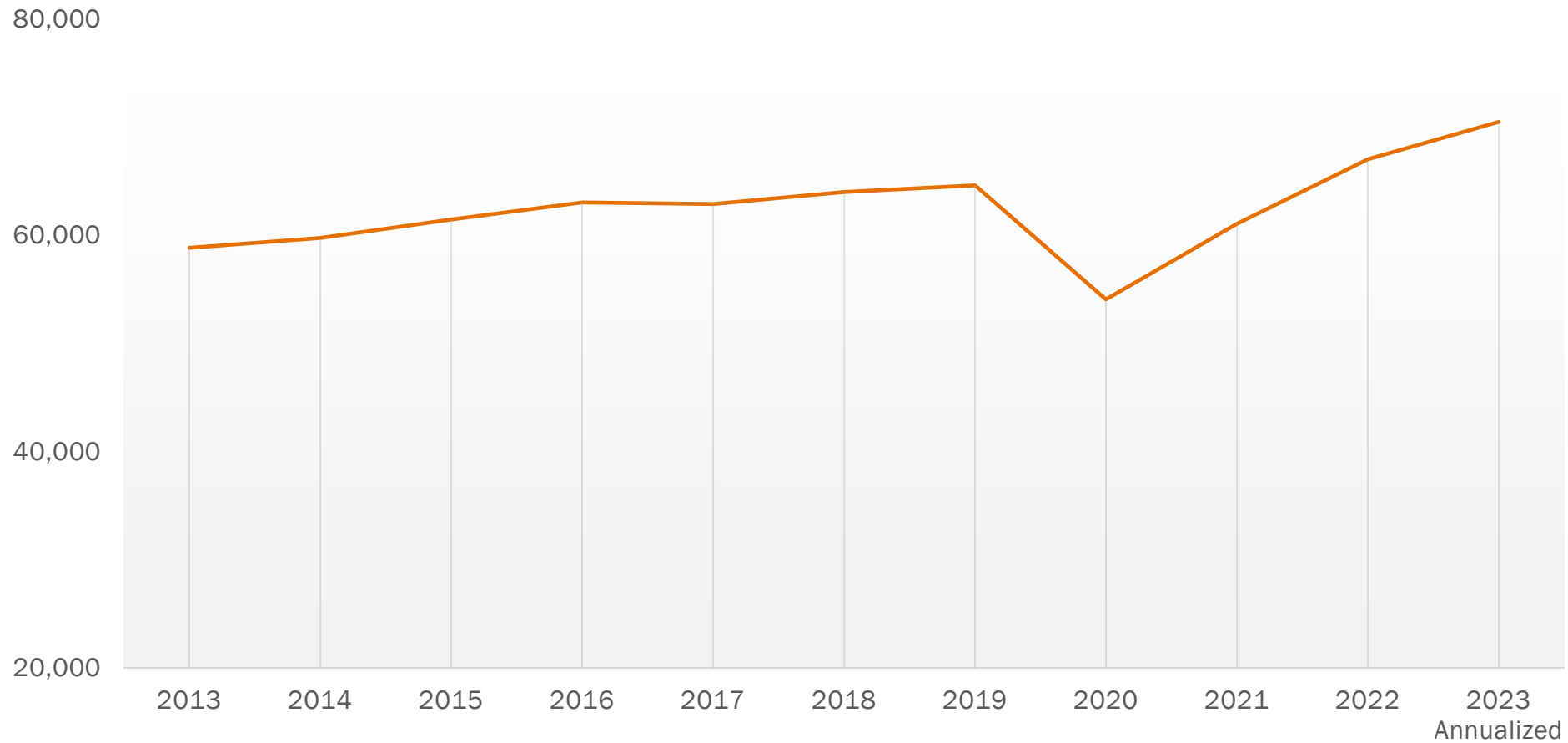
Sarah Wendel, ED Associate Medical Director
Nelson Figueroa, Administrator
William Brady, ED Medical Director
Kathy Baker, Chief Nursing Officer

UVA Health Emergency Department

Emergency Services at UVA have experienced significant growth from 2021–2023

- Volume has increased across all areas of the department
- The care delivery and staffing models no longer match patient demands with respect to volume or acuity

ED Patient Volume: CY2013- CY2023 Annualized



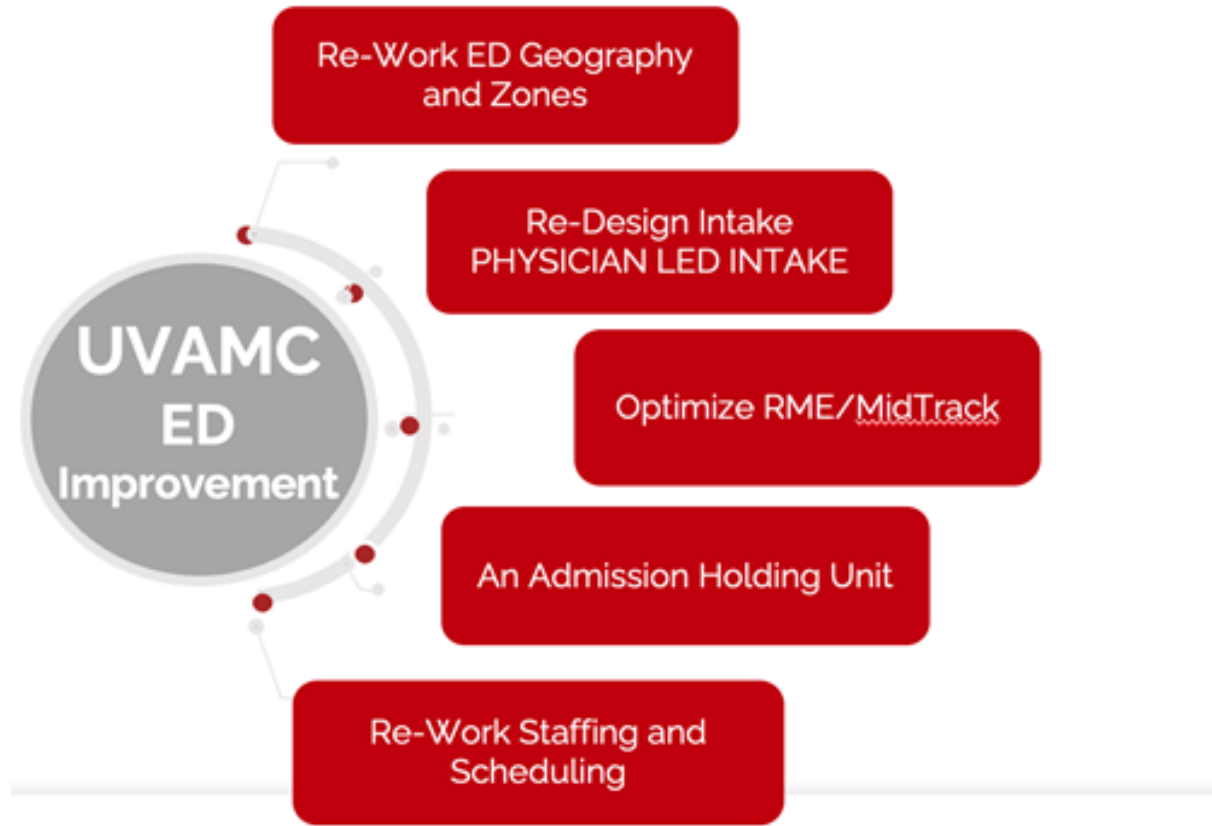
UVA ED Performance Compared to National Benchmark of “Like Hospitals” (Hospitals with 60K-80K visits/yr.)

LOS = Length of Stay

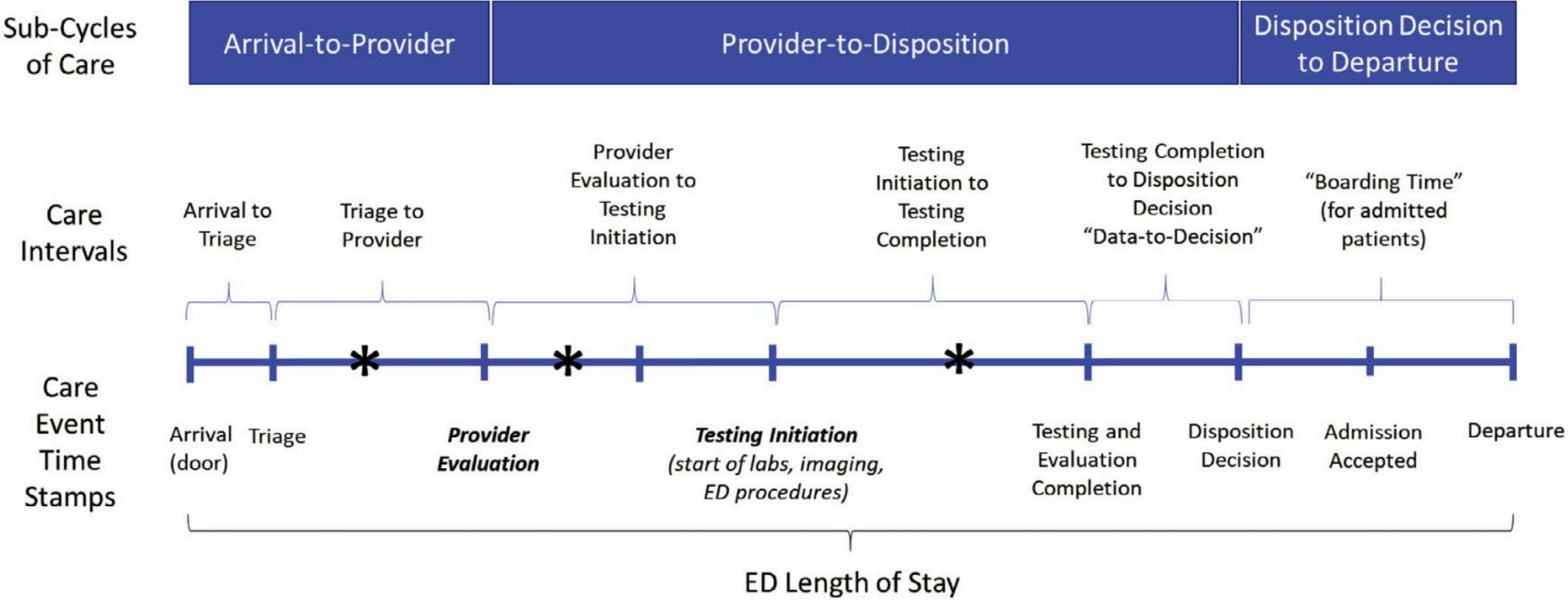
| METRIC | BASELINE CY 2022 | BENCHMARK |
|---|---------------------|--------------|
| Daily Volume | 181 patients | 191 patients |
| Hospital Admission Rate | 26.95% | 26% |
| Door to Doctor Time | 26 minutes | 14 minutes |
| LOS Overall | 340 minutes | 283 minutes |
| LOS Admitted | 542 minutes | 425 minutes |
| LOS Discharged | 284 minutes | 214 minutes |
| Rapid Medical Evaluation LOS | 238 minutes | 147 minutes |
| Left Without Being Seen | 5.2% | 2.8% |
| Left Before Treatment Completed % (LWBS, AMA, Elope) | 7.0% | 4.5% |

“Excellence Driven” A Quality Improvement Model for Care Transformation

5 initiatives



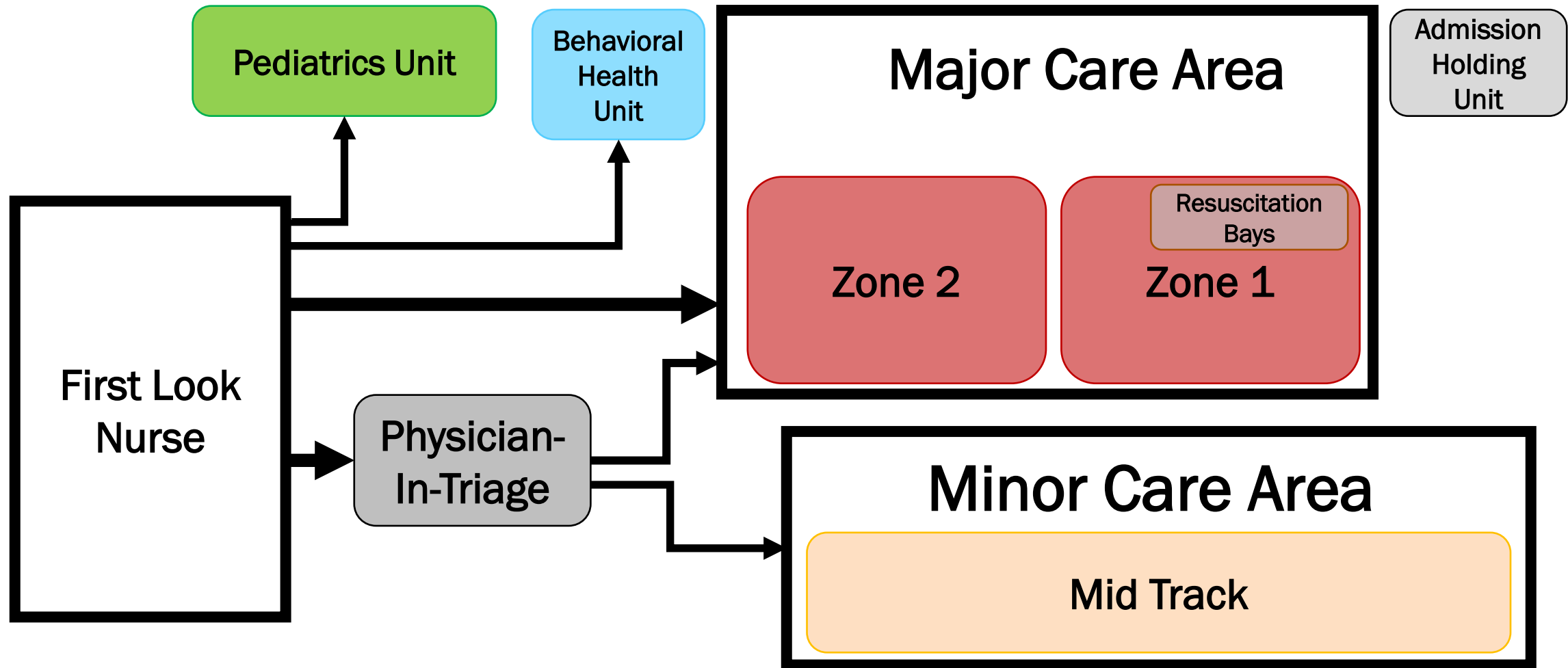
Traditional ED Care: Linear Sequential Events



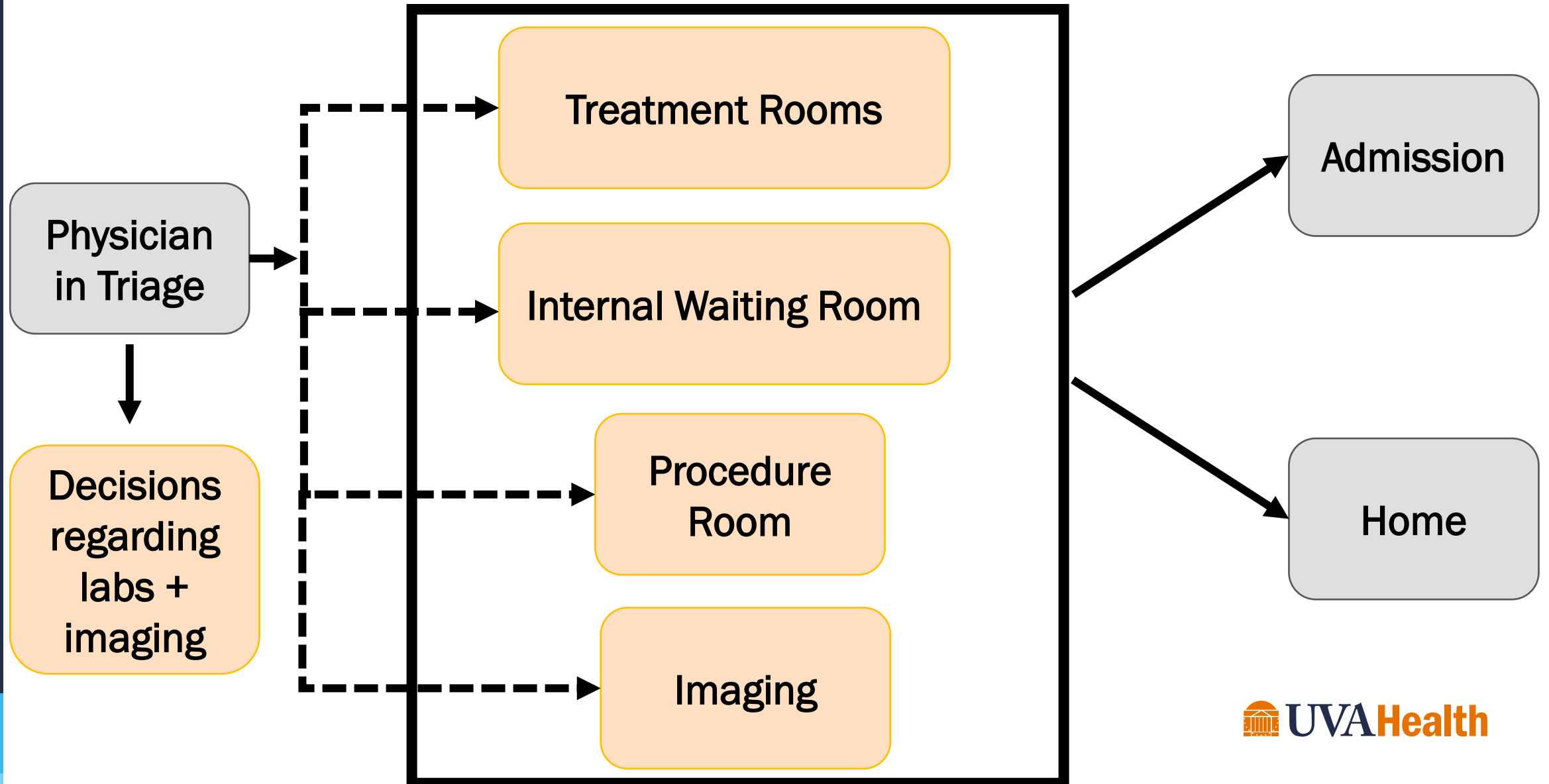
*denotes when a patient is assigned to care space or "roomed"



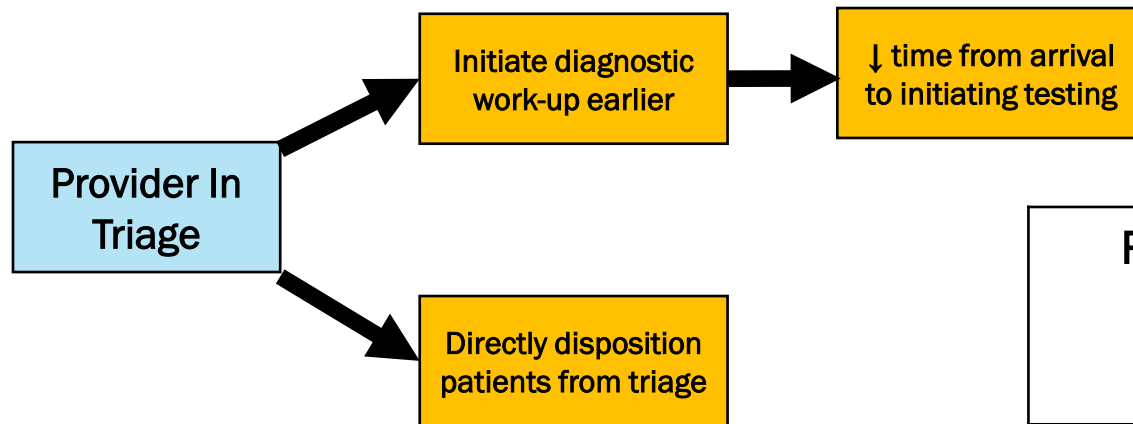
UVA Excellence Driven Model Overview



Patient Flow in Minor Care



Advantage of Developing a Minor Care Area



| | |
|--------------------|--------------------------------|
| Reduced crowding | Reduced ambulatory diversion |
| Reduced wait times | Increased patient satisfaction |
| Increased safety | Increased net revenue |

New ED Geographic and Re-zoning



Additional Changes

- **Increase attending MD staffing**
 - from 56 to 72 hr/day
 - Pediatric ED - from 8 to 15 hr/day
- **Address ED throughput delays**
 - Admission process
 - Advanced imaging utilization (i.e., MRI) & procedural (i.e., TLSO)
- **Enhanced functional staffing**
 - Anticipatory MD / RN staffing - prior to patient arrival
 - “Load leveling” – rational distribution of patients in ED
- **Selected use of APPs**

Excellence Driven – One Month Post Go-Live

| Metric | Baseline 2022 | First Month Go-Live |
|--------------------------|----------------------|----------------------------|
| Daily Volume | 181 | 205 |
| Door to Doc (D2D) | 26 | 19 |
| LOS Overall | 340 | 302 |
| LOS Admitted | 542 | 492 |
| LOS Discharged | 284 | 268 |
| LOS RME | 238 | 229 |
| LWBS% | 5% | 1.8 |
| Walkaway Total % | 7% | 3.6 |

D2D = Patient arrival to physician evaluation; LOS = Length of Stay

LWBS = The proportion of patients who leave the ED before a licensed medical provider evaluation

Walkaway = The proportion of all patients who leave the ED before a licensed medical provider determines that care is complete.

