Delaying transfer of critically ill patients from the Emergency Department (ED) to the Intensive Care Unit (ICU) can have devastating effects on patient treatment and outcomes, including increased length of stay and patient mortality.

**AIM**

To decrease the time from admission orders to patient occupancy of an ICU bed to ≤ 30 minutes for patients admitted from the ED during a 4-month period of time. We implemented a “Just in Time” process for bed allocation for inpatient throughput for our Medical Intensive Care Unit (MICU) and established a “Two Beds Ahead” protocol at 7am and 7pm.

**INTRODUCTION**

Previously, the ED team was responsible for placing a “Bed Request” order upon initial verbal ICU acceptance via telephone of a critically ill patient to the ICU. This “Bed Request” order started the admission process, but it relied on the ED secretary to move the patient to “ready to admit” status in the EHR.

We changed this process to a “Just in Time” by having the MICU team member place an “Admission to Inpatient” order as soon as the ED team member places the request for the patient to get a bed.

**METHODS & RESULTS**

We collected data on the time from ED arrival to MICU bed admit order, time to bed assignment for the MICU, and time to bed occupancy to the MICU from the EHR.

From PDSA cycle 1 to PDSA cycle 2, the time from bed request to assignment < 60 minutes improved from 63% to 76%, and 100% of patients had a bed request to assignment of < 120 minutes.

**DISCUSSION**

While we saw an improvement in the time from bed request to assignment, the time from bed assignment to occupancy did not drastically change during this PDSA cycle. We believe this is due to the time needed for bed cleaning in between patients. Future work will focus on bed turnover and improving processes such as stat cleans.

**CONCLUSION**

Implementation of these quality improvement processes decreased transfer times from the ED to the MICU, resulting in more efficient, cohesive, and organized patient health care.

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