



# Novel Bed Allocation Protocols Decrease ED to ICU Transfer Times

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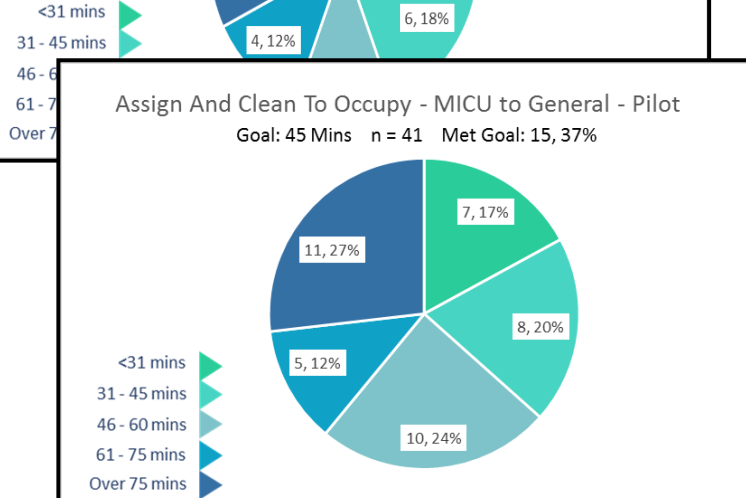
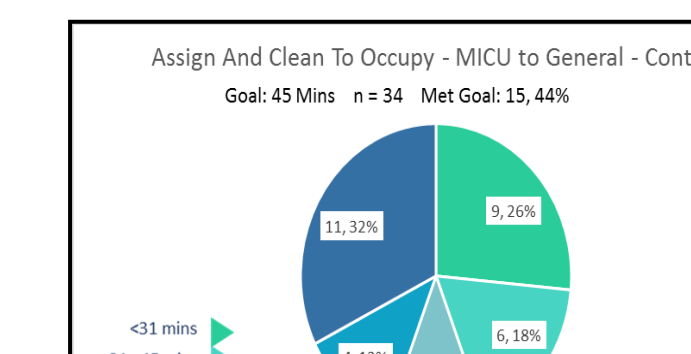
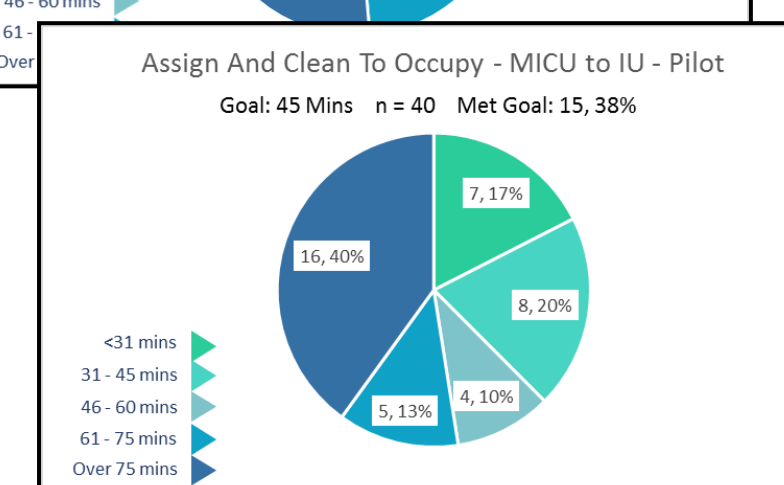
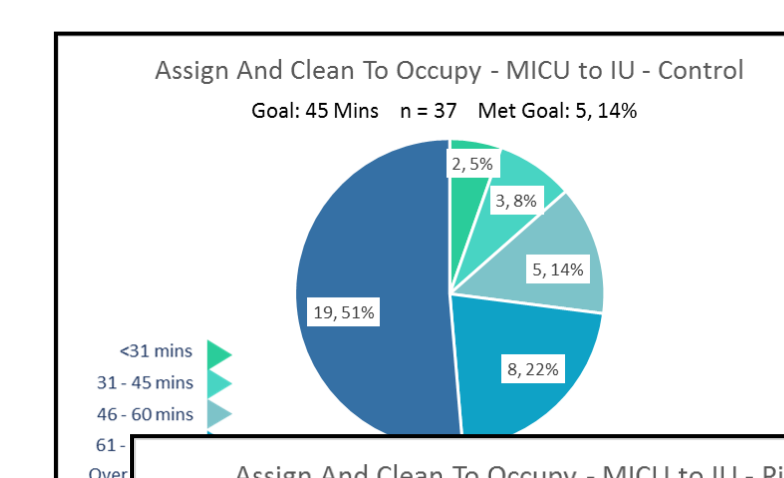
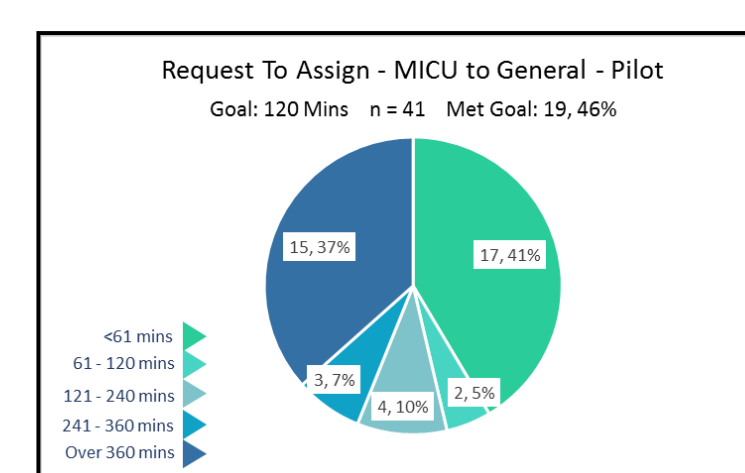
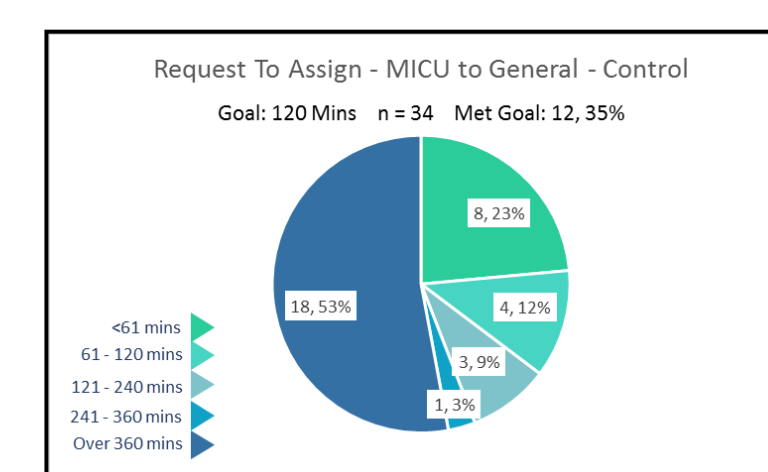
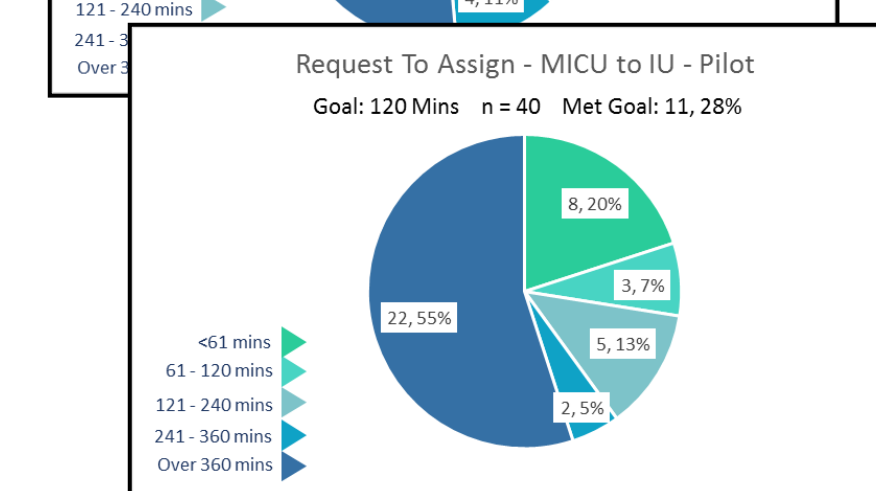
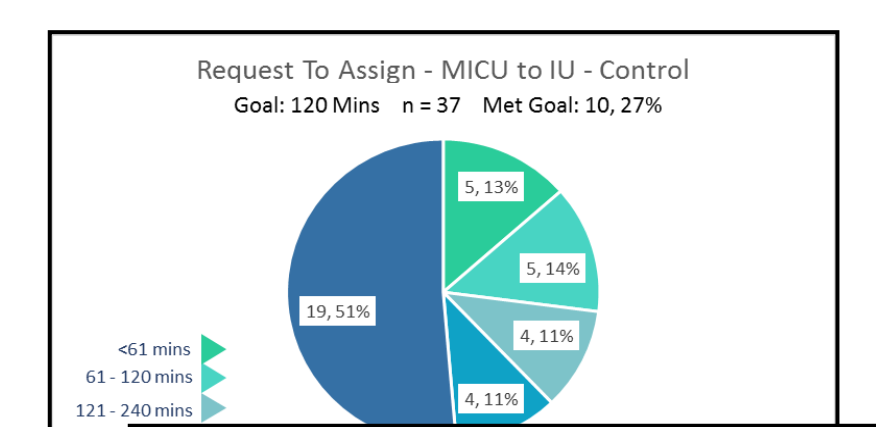
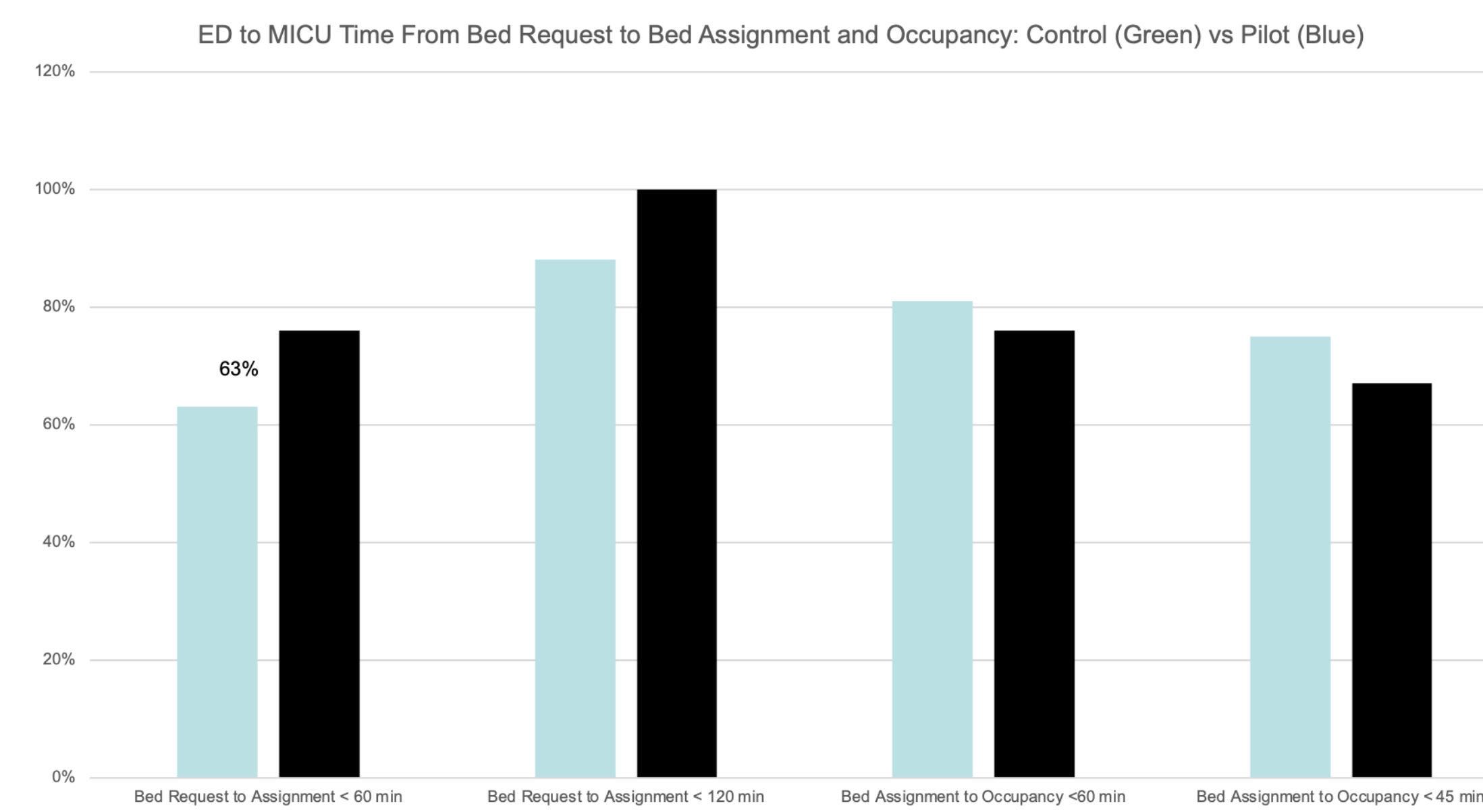
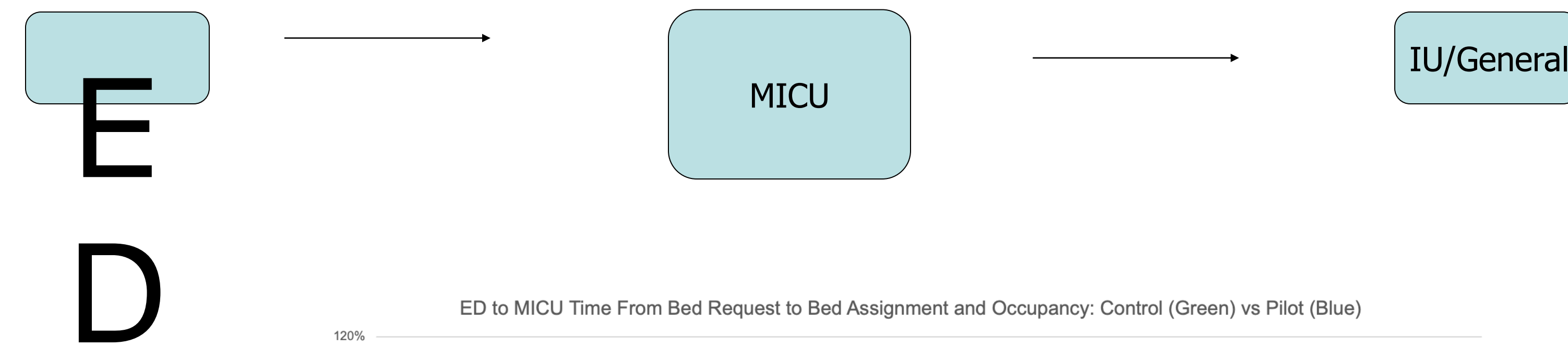
## CARE SETTING

Patient throughput in the Emergency Department (ED) is made difficult by unavailable inpatient beds, causing delayed patient transfers in an often chaotic environment. Delayed transfers of critically ill patients from the ED to the Intensive Care Unit (ICU) are associated with increased hospital length of stay, morbidity, and mortality. Major causes of prolonged ED to ICU transfers include lack of available ICU beds and shortages of step-down unit beds for stable ICU patients. Critically ill patients may come in surplus at specific times when no ICU beds are available or stable ICU patients waiting for transfer do not have a step-down bed to go to. The availability of step-down units can become complicated by delayed discharges, regional transfers, and ED admissions. ICU bed availability is unpredictable and fluctuates frequently, but institutional, systemic, and structural factors present opportunities for intervention and improvement.

## PROJECT AIM

The global aim of this project was to decrease the time of admission of ED patients to the Medical ICU (MICU) by implementing a protocol for bed priority and distribution. Specifically, this quality improvement intervention intended to decrease the time from admission orders to patient occupancy of an ICU bed to  $\leq 30$  minutes for patients admitted from the ED over a 4-month period of time.

## DETAILS & INTERVENTIONS



## STRENGTHS

## OPPORTUNITIES

## RECOMMENDATIONS