2026 Oregon Rural Health Conference Presentation Slides

Providence

Providence Hood River Memorial Hospital

Improving ED Throughput with Improved Departmental Communication

MBQIP OP-18: Median Time from ED Arrival to ED Departure

MBQIP Grant Process Improvement Project | April–September 2026

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Performance Gap

Admitted patients wait too long for an inpatient bed.

Significant lag time noted between notification that an inpatient room is available for an admitted patient and patient appropriately transferred to the floor

Approximately 15% of ED patients at PHRMH are admitted

MBQIP OP-18

- 2025 Q3: 109 min
- 2025 Q4: 110 min

Aim: Cut the Wait from Admit Decision to Inpatient Bed

Aim Statement

Cut median admit-decision-to-admission time 20% from the 103-minute April baseline, with no added staffing.

- Scope: ED patients admitted to inpatient status (~15% of volume)
- Baseline April–May 2026; intervention June–September 2026

How We Measured

Outcome: MBQIP OP-18, median ED arrival to departure, reported quarterly.

- Process: admit decision to bed assigned; bed assigned to admit
- Daily audit of ED-to-floor hand-off
  - Source: EHR timestamps and daily audit log

The Intervention: Vocera

- Bed assignment in EHR to include admitting RN's name
- Vocera badges enable instant voice, alert and alarm communication at the bedside
- Devices for every ED, Med/Surg and ICU nurse; champions and "super users" lead education
- After go live, nurses sign into Vocera each shift and give report through it; reviewed monthly at the ED Throughput Committee

Current State: Where the Time Was Going

Notification Delay

Bed availability was not reliably communicated to the ED, and no one owned the notification.

- Admit decision to bed assigned averaged 66 minutes in April
- Bed assignment did not include admitting RN's name

Transfer Delay

Once a bed was assigned, transport and nurse hand-off were not coordinated.

- Bed assigned to admit ranged from 37 to 76 minutes, April–June
- No direct line of communication between nurses; hand-offs routed through the unit clerk

Downstream Impact

Boarding time pushed the hospital's MBQIP OP-18 measure the wrong direction through 2025.

- OP-18 rose from 103 minutes in Q1 to 110 minutes in Q4
- Roughly 15% of ED patients are admitted
- Time lost by ED RNs waiting for the inpatient unit clerk locating the assigned admission RN

Interventions Implemented in mid June 2026

What We Changed

Standardized communication between the ED and inpatient units at the moment a bed becomes available.

- Admission RNs name included in bed availability notification within EMR
- Direct ED-to-floor nurse hand-off in place of sequential paging
- Shared expectation: patient moved within 30 minutes of bed assignment

How We Made It Stick

“In the moment” auditing of handoff communication- Was the ACU/ICU contact on the first attempt through Vocera?

- Yes/No hand-off audit recorded daily, July–September 2026
- Results reviewed monthly in ED Throughput Committee (ED and IP partnership)
- Missed hand-offs debriefed same day with the staff involved

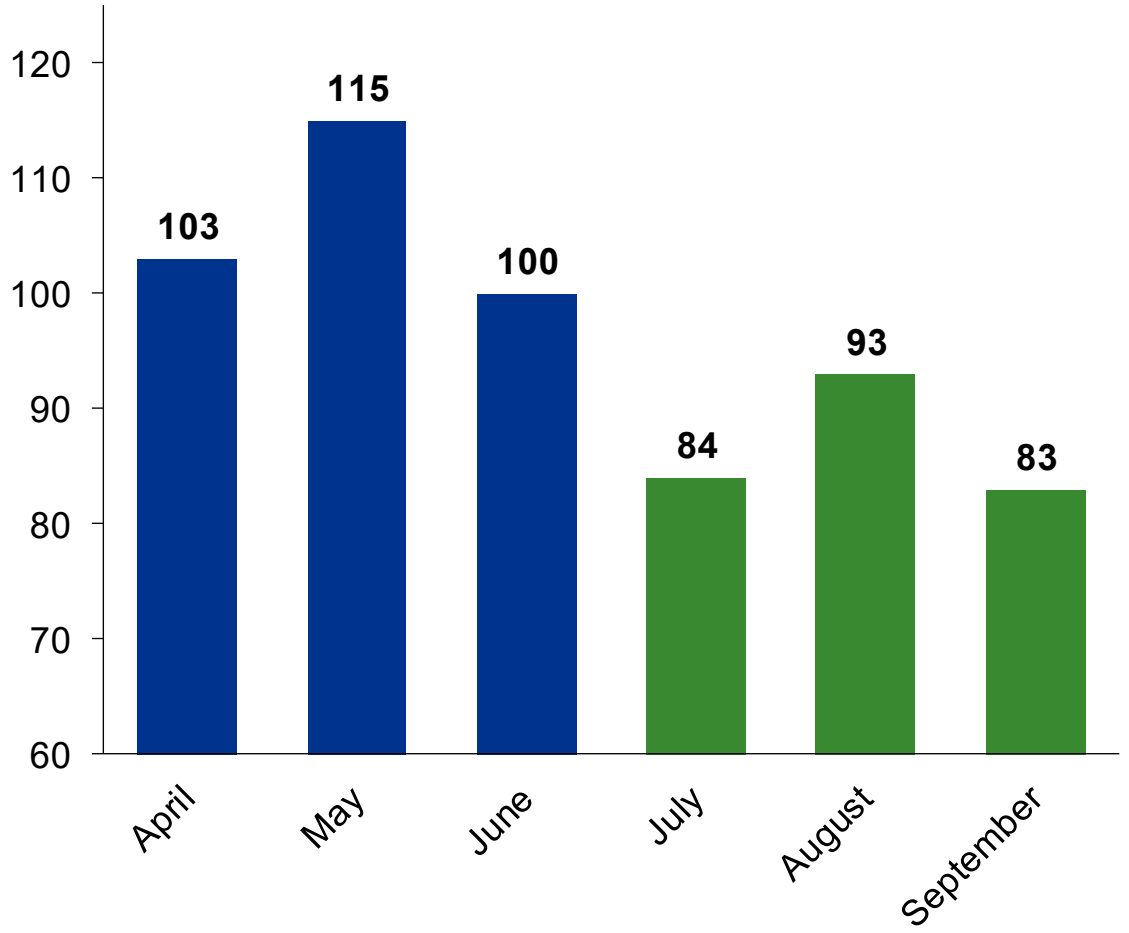
Results: April–September 2026

Result: Admit Decision to Admission Time Dropped

Median Minutes by Month

After the mid June communication changes, median admit-decision-to-admission time fell from a 115-minute peak in May to 83 minutes in September.

- 28% below the May peak; 19% below the April baseline
- Improvement held across all three post-intervention months
- Highlighted bars are the intervention period, July–September*
  - Vocera deployed mid June- fully implemented by July 1.



Daily Hand-Off Audit, July–September 2025

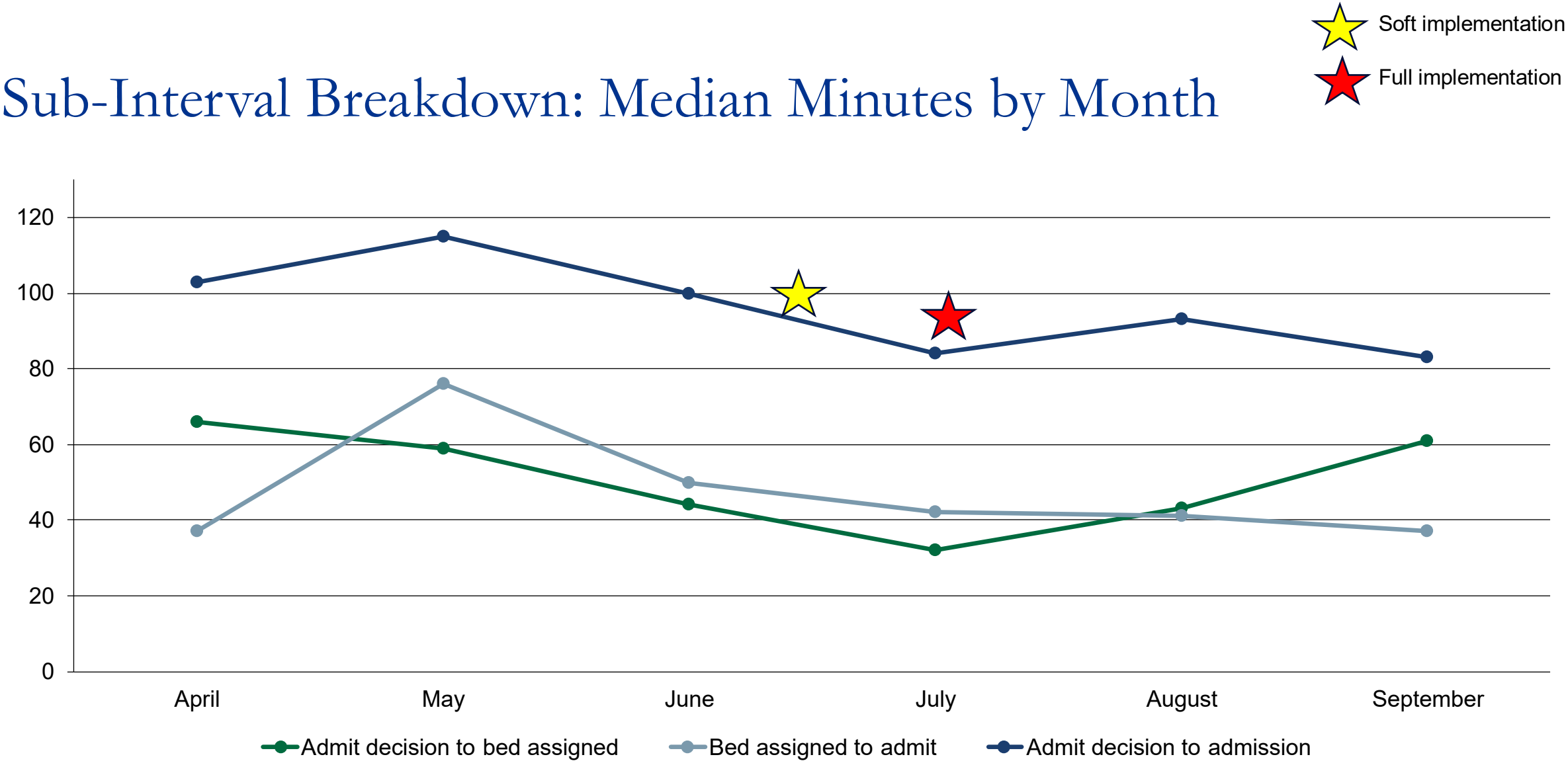
What We Tracked

Every admitted ED patient was audited daily to confirm the new hand-off communication standard was met.

- Yes = standard met; No = standard missed
- 315 patient audits across three months
- Compliance held near two-thirds while volume fell

Month	Yes	No	Total	% Yes
July	94	39	133	71%
August	73	43	116	63%
September	43	23	66	65%
Total	**210**	**105**	**315**	**67%**

Sub-Interval Breakdown: Median Minutes by Month



Next Steps

Actions

Sustain the communication gains and close the remaining coverage gap.

- Continued use of Vocera for ED-to-inpatient hand-off
- Educate staff to “roll over” their Vocera alerts to the covering RN when on breaks
- Reinforce the standard through in-services and unit huddles

How We Sustain It

Keep the audit and review cadence that produced the improvement.

- Daily Yes/No hand-off audit continues
- Results reviewed monthly at the ED Throughput Committee
- Minutes escalated to the United Based Council

Thank you