**Team Members**
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**Initiative Specific Aims**

**Global Aim:** Increase efficiency and standardization of the pediatric direct admission process

**Specific Aims:** Reduce mean time between
- Bed assigned and patient in bed
- Patient discharge and next patient in bed

**Key Improvement Steps**

1. Create shared Epic inbox/work queue for direct admission requests. Would go to admit office staff; would replace current online form
2. Get an Epic report of direct admissions for the day
3. Create provider instructions on standard admitting process
4. EEG patients earlier in the week / on non-adjacent weekdays
5. Create handout- “What to expect on the day of your admission” for families in clinic and on NCCH website
6. PAC call all expected admits in AM; estimate time available
7. Target patients to specific floor in Epic unit manager screen; pulled into bed by charge nurse as soon as a discharge occurs
8. Call patient when room is showing assigned instead of “ready” (i.e. when room is empty but still dirty)
<table>
<thead>
<tr>
<th>Insights and Future Directions</th>
<th>Results</th>
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<tbody>
<tr>
<td><strong>Next Steps</strong></td>
<td><strong>Improvements Implemented</strong></td>
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<tr>
<td>Direct admission work queue in Epic</td>
<td>• PAC is able to get updated information on patient acuity on day of admission and can prioritize admission appropriately.</td>
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<td>Target patients to floors with floor staff to assign beds</td>
<td>• Surgical patients were previously out of scope for PAC--PAC now calls them in the morning and can prioritize them so that surgeries are not delayed.</td>
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<td>Family involvement and feedback on process</td>
<td>• Surgical patients arriving earlier means that a cross-cover is not writing orders and the resident can write orders more promptly.</td>
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