



SWING

(South Wing Information, News and Goings-on)

A monthly update for employees, physicians and volunteers as LMH prepares to care for South-Wing patients

South Wing ED facts

- Patient rooms: 24
- Trauma rooms: 2
- Crash carts: 7
- Stretchers: 22
- Acudose units: 3
- PACS systems: 2
- Procedure carts: 17
 - (OB/Gyn; isolation; suture; ortho; ENT; IV)
- Decontamination stations: 4
- LED trauma-room lights: 2
- Tube stations: 2
- CT scanner: 1
- Ultrasound: 1
- X-ray: 1
- Phones: 25
- Computers: 75
- Copiers: 5
- Clocks: 35
- Art pieces: 11
- Waiting rooms: 2
- Family-consult room: 1
- Required signs: 13
- Chairs in ED waiting: 44
- ED staff: 100
- Other staff: Admissions, housekeeping, security, lab, diagnostic imaging, billing, auditor
- Supplies per room: over 400



The new nurses' station in Zone B

First location change in 40 years

LMH readies for ED Move

The date is set: Tues., Feb. 2, 2010. The time will be 7am. The LMH Emergency Department will move to a new location in the South Wing. This will be the first change in the ED's footprint since it was renovated 40 years back.

Starting next Tuesday, the old emergency-room parking lot and entrance will be closed off to patients and visitors. Security staff will be stationed at LMH parking-lot entrances to direct patients and visitors looking to access the ED to the new entrance, which will be on the south side of the South Wing.

At the same time, sign coverings around the campus and at West will be ripped down, directing patients and visitors to the new entrance. The cyclone fence barring entrance to the new ED will go away.

The ED and other LMH departments will bulk up their staffing to smoothly manage the change. The transition to the new ED is expected to be complete by 11am.

The old, vacant ED will be prepared to allow the LMH Pharmacy to expand.

The LMH Urgent-Care Clinic will move from its current location on Vine at Ham in summer, 2010. At that time the clinic will occupy space adjacent to the ED in the South Wing.



The nurses' station in Zone B

Staff looking forward to change

To say that all the staff, from clinical to admissions, is looking forward to the change and new and better ways to work, would be an understatement. ED staff, admissions, diagnostic imaging, materials management, and many others have been specifically planning the details of this move for more than two years.

The new practices they have collaborated upon to put in place are expected to improve patient safety, quality, work flow, patient satisfaction, reimbursements and much more.

Zones will focus on need

Three separate patient zones have been established in the ED to focus on the acuity of patient needs.

Zone A, the most eastward zone, will care for acute patients. Most typically those patients may be experiencing strokes, respiratory distress, chest pain, the repercussions from a car accident or a gun-shot wound or complicated fractures.

Zone B, just west of Zone A, will care for patients with more typically routine injuries. These patients are expected to go home. In Zone B LMH will mostly see patients with sore throats, simple fractures, simple lacerations, rashes, mild respiratory problems, mild fevers, flus and the like.

To the west of Zone B, the Clinical-Decision Unit (CDU) will find a new home. In this unit, patients will be cared for, and attempts will be made to stabilize them so they can be sent home in 23 hours or less.

If, after treatment and observation, their health can't be improved in this unit, they will be admitted. Patients in this unit might be experiencing dehydration that IV fluid may help; respiratory problems that a few breathing treatments might help; or kidney infections that antibiotics may help. There's a list of 21 patient diagnoses that are appropriate for this unit.

Flow and experience to improve

It will be a rare occasion to see patients waiting on chairs in the emergency room. The 44 chairs in the area are for family members and friends.

Once patients come into the ED they will be greeted by an ED tech (most are EMTs, some are CNAs), and basic information will be obtained - chief complaint, name and birth date.

Sitting adjacent to the ED tech is an admissions staffer who has been observing to gain registration information and prepare a patient wrist band. The ED tech will then send that patient back to an exam room where the patient will be screened and treated by a Medical-Screening Exam (MSE) nurse. Additional admissions information will be obtained in the exam room by a roaming admissions staffer who will also collect the copayment and process any additional paperwork.

If no exam rooms are available, the patient will be sent to a designated room that is known as the Rapid-Diagnostic-Decision Room, (RDD) where the patient will be assessed and tests may be done. The patient can wait there for results.

Once the patient is discharged, he or she will be asked to stop by the Zone B registration area to complete any transactions.

Additionally, LMH's Diagnostic Imaging will expand to the ED. The ED's two trauma rooms open directly to the DI area, which includes a CT scanner, x-ray and ultrasound. This, too, is expected to improve timeliness and patient flow.



Trauma room