The Parkland Experience

• Change the culture
  — Shared ownership for quality management/patient flow via multidisciplinary frameworks/systems engineering (Laboratory, radiology, consult services, admit teams)
  — Measure/monitor/incentivize
  — Set expectations from Leadership

• Provide alternatives for primary care
  — COPC
  — Medical homes
  — Access to “today” clinics/ campus ambulatory walk-in clinic for levels 4,5

• Early contact with ED nurse/paramedics, not computer kiosks

• Nurse “re-triage” in waiting room every 1-2 hrs

• Decreasing LWBS

• Transitional care dedicated resources and space

• Direct admission to ward by emergency physician

• Develop observational unit

• Adopted “Pod” system (borrowed from Detroit Receiving)

• Increased faculty coverage from 68 to 96 hrs/day

• Increased nursing coverage for admitted patients

• Overcome tendency to “work up” patients in ED; keep patients moving upstairs
• The **Trauma System** is an example of regionalized care that improves outcomes.

• These systems must insure that the **Right Patient** gets the **Right Care** at the **Right Place** in the **Right Time**.

• The American College of Surgeons is a leader in the development and implementation of quality & patient safety practices for trauma systems.

• Quality & patient safety must be insured through
  — Strong leadership
  — Coordination & accountability
  — Optimal resources
  — Wide adoption of standardized care
  — Metric based monitoring using data systems and the EMR

• Optimizing surgical manpower with broadly trained general surgeons like the Acute Care Surgery model