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**