

How to Increase ED Capacity by 20% with Faster ED to Inpatient Transfers

When patients spend extra time in the emergency department (ED) while awaiting transfer to an inpatient unit, it creates crowding in the emergency room.¹

See how role and team-based messaging with TigerConnect speeds the ED to inpatient transfer process, thereby reducing overcrowding and improving throughput.

A TYPICAL HOSPITAL WORKFLOW

VS.

THE TIGERCONNECT WORKFLOW

Inpatient Admission Needed



ATTENDING PROVIDER ACCEPTANCE

ED provider references on-call schedule to find the hospitalist on-call for admissions.



ED provider calls or pages the hospitalist on-call to discuss clinical information.



The hospitalist on-call calls back, discusses patient's clinical information, and accepts admission.



Admission orders are placed.

BED REQUEST

ED nurse receives order for admission to inpatient.



ED nurse calls the house supervisor to request a bed.



ED nurse and house supervisor discuss the patient and clinical data.



House supervisor calls inpatient charge nurse for bed assignment. Inpatient charge nurse may need to call back later when available.

BED AND NURSE ASSIGNMENT

Inpatient charge nurse calls house supervisor back with bed number and nurse's name.



Inpatient charge nurse communicates with receiving nurse and care team that a patient is coming.



House supervisor calls ED charge nurse back with bed number and receiving nurse's name.



HAND OFF

ED nurse calls receiving unit desk number to contact receiving nurse to give handoff.



Unit clerk answers phone and pages for receiving nurse. Receiving nurse may need to call back when available.



ED nurse gives clinical handoff to receiving nurse via phone call.



TRANSPORT

Sending nurse calls transport to let them know patient is ready for transport.



Transport picks up the patient and brings them to the new room.



FAMILY UPDATE

Family called and notified of the new room and bed number.



ATTENDING PROVIDER ACCEPTANCE

ED provider creates a group chat with the hospitalist on-call.



Hospitalist on-call texts or calls the ED provider within TigerConnect, discusses patient's clinical information, and accepts admission.



BED REQUEST

Admission order is placed, triggering the activation of the Inpatient Admission Team (house supervisor, ED charge nurse, ED unit clerk) in TigerConnect. Patient demographics and clinical information are included in the message.

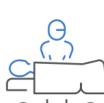


House supervisor adds inpatient charge nurse into group message to request a bed.



BED AND NURSE ASSIGNMENT

Inpatient charge nurse replies in the Inpatient Admission Team message with bed number and nurse's name.

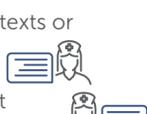


Inpatient charge nurse forwards the message from the previous steps to the receiving nurse and care team to notify them that a patient is coming.



HAND OFF

Receiving nurse texts or calls directly with ED nurse via TigerConnect for clinical handoff and to determine a transfer time.



TRANSPORT

ED nurse messages transport to let them know patient is ready for transport.



Transport picks up the patient and brings them to the new room.



FAMILY UPDATE

The patient's family is sent a secure message via TigerConnect with the new room and bed number.



Avoidable time the patient spends in the ED **contributes to crowding.**



A TYPICAL HOSPITAL WORKFLOW

106
Minutes
17+ Steps

VS.

THE TIGERCONNECT WORKFLOW

41
Minutes
10 Steps

After implementing TigerConnect, ED to inpatient turnaround times at Wayne Healthcare remained the same despite a 20% increase in patient volume. Additionally, the time from calling for a bed to the time the patient was received in their bed decreased by 13%. **83% of staff believed TigerConnect had streamlined and improved their communication process for admissions.**

To see the TigerConnect ED to Inpatient workflow in action, watch the short product demo.

[See It in Action](#)

Outcomes based on data from Wayne Healthcare. Actual results may vary.

1. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8877301/>