

Decreasing Left Without Being Seen Rate: A Quality Improvement Initiative

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AIM Statement: By June 2023, for emergency medicine patients visiting Victoria Hospital London, reduce the LWBS rate at London Emergency Departments to <5% from a baseline rate of 15-20%.

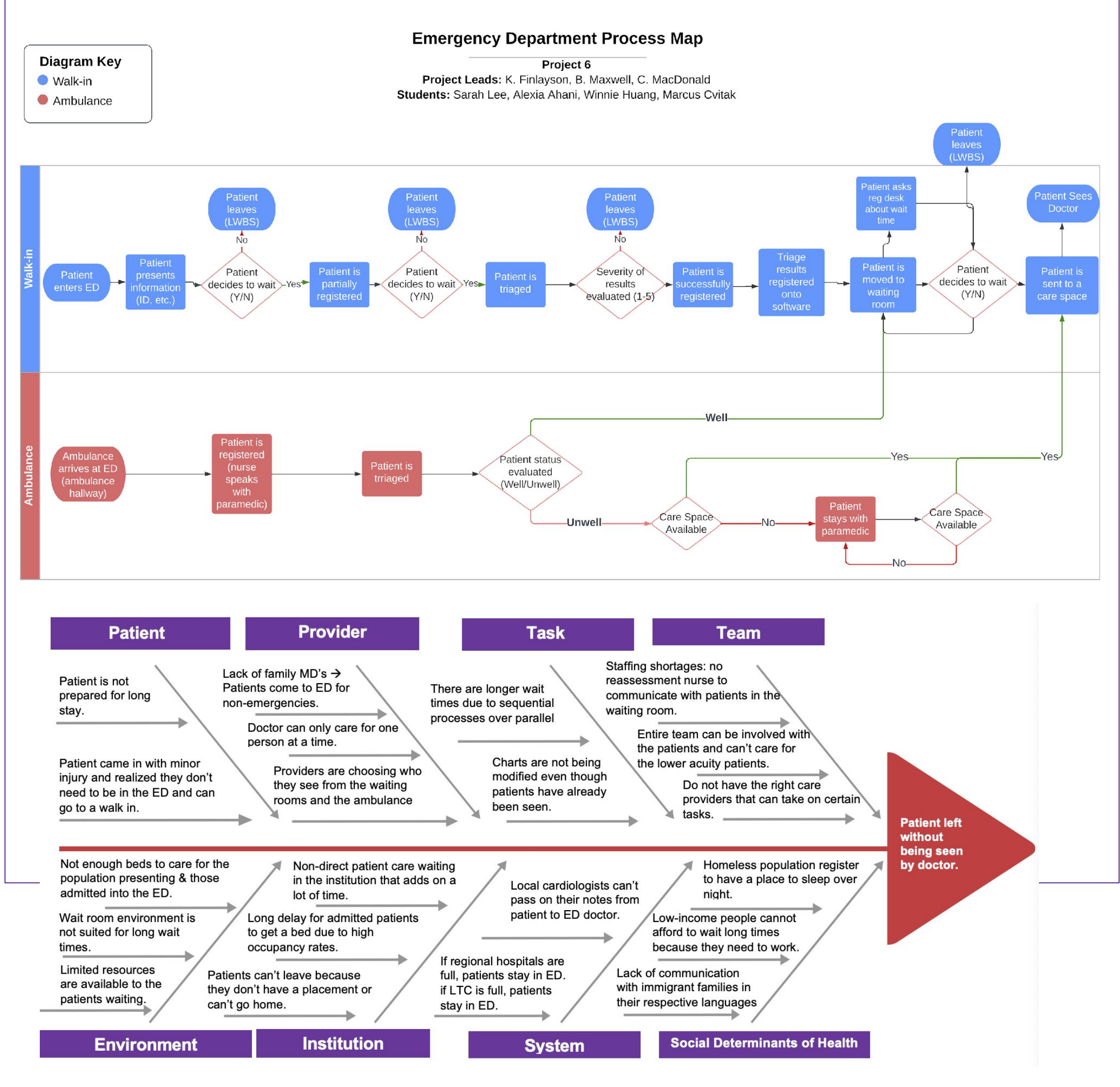
PROBLEM DEFINITION

15-20% of patients who visit the University Hospital's Emergency Department (ED) leave the ED without being seen due to long wait times.

Decreasing the left without being seen (LWBS) rate is crucial for enhancing the quality of healthcare services. Decreased LWBS rates improve the patient experience by ensuring timely and efficient care while preventing adverse health outcomes resulting from patients leaving without treatment.

ROOT CAUSE ANALYSIS

A process flow diagram was developed to identify the points at which a patient may decide to leave without being seen in the ED.



Best patient care occurs when patients are seen, assessed and treated. Patients who leave without being seen (LWBS) risk poorer outcomes and potential increased morbidity.

Best patient care is 0% LWBS.



IMPLEMENTATION

LWBS was directly proportional to occupancy of admitted patients in the ED and the increase in patient wait time (Physician Initial Assessment) When the ED is unable to flow patients through the ED (no-flow state) due to occupied beds, wait times and LWBS rates increase.

Fast track area changes were not sustained due to admitted patients in ED beds.

Posting wait times externally (LHSC website) has improved patient knowledge and satisfaction and has been well-received from patients with 40,000 monthly hits.

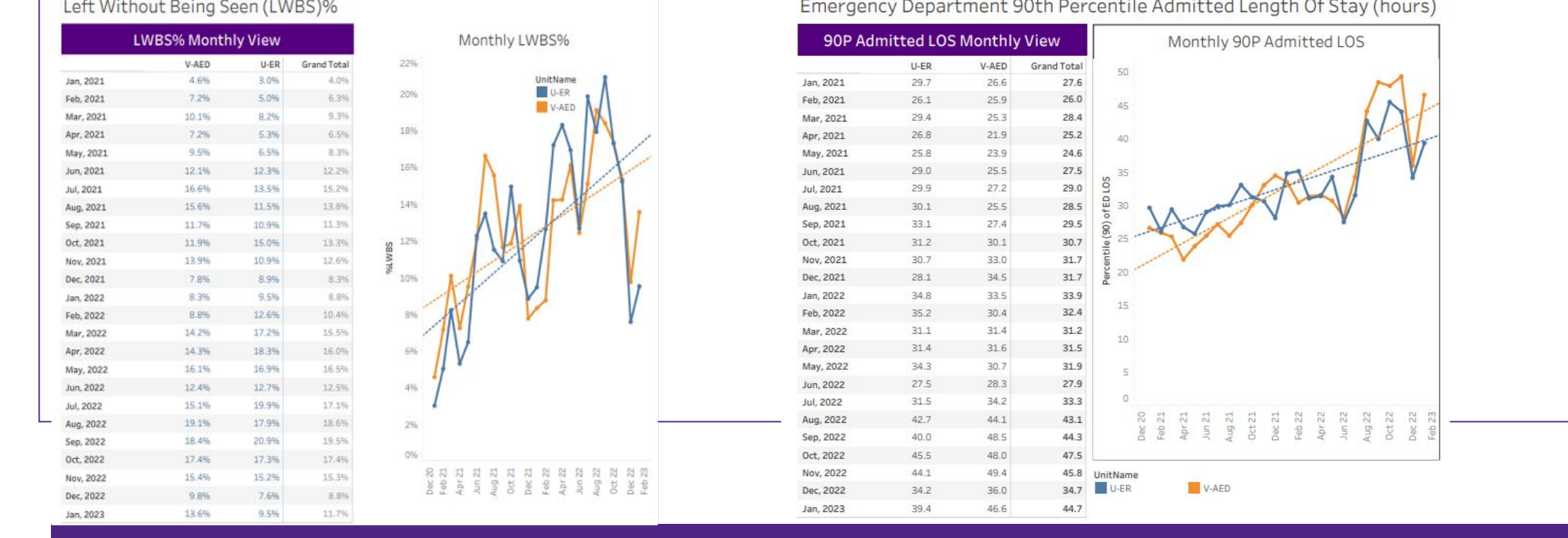
MEASUREMENT & RESULTS

LWBS was proportional to the increase in patient wait time (Physician Initial Assessment) When the ED is unable to flow patients through the ED, wait times increase and LWBS rates increase.

Posting wait times externally has improved patient knowledge and satisfaction.

Process measures: Generate LWBS data on daily & monthly basis (% patients LWBS) and evaluate incremental change; implement patient-facing electronic wait-time webpage and evaluate patient engagement via monthly hits.

Balancing measures: Increased workload associated with 95-100% of patients being seen; time to physician initial assessment (PIA) increases as LWBS volumes decrease.



SUSTAINABILITY

1. Process owner: ED Leadership Team
2. Documentation of new standard: Monthly metrics from decision support LHSC
3. Monitoring plan: Monitoring will occur by ED leadership team, executive team at LHSC