ED Design:
Why bigger is not always better!

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What have we learned?

- Practice and drill before moving the ED
- Set up command structure
- Maintain maximum flexibility – psychiatry/pediatrics
- Balance quiet with efficient use of space (hallways)
Pitfalls

- Communication – Vocera, phones, overhead paging
- Security – additional entrances
- Transportation
- Consultants
Redesign

"And this is where our ED workflow redesign team went insane."
Staffing benchmarks

- Physicians: 2.5 patients per hour (AACEM)
- RN/techs: 2.6 WHPPV (MHA)
- # patients per RN 4:1 ratio in CA
Performance

- Cost $40 Million
- Boarding increased > 30%
- Nurse/tech staffing “bare bones”
- # patients seen per day back to baseline
Conclusions

- A newly designed, larger ED does not fix flow problems
- Anticipate 6 months of decreased efficiency
- Reduced # of patients seen per day