# Reducing the 90th Percentile Time to Inpatient Bed: A Collaborative Approach


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## Overview

Humber River Health identified extended stays for admitted patients in the Emergency Department (ED) as a growing challenge, particularly as patient volumes increased. Historically, the hospital maintained relatively low numbers of admitted patients boarding in the ED, but recent pressures necessitated targeted interventions. The project, titled “Reducing the 90th Percentile Time to Inpatient Bed: A Collaborative Approach,” aimed to improve operational flow and patient experience by reducing the time from ED arrival to inpatient bed. The initiative focused on culture change, standardized workflows, command center insights, and frontline empowerment. Key strategies included daily flow huddles, real-time dashboards, proactive discharge planning, and embedded education, all designed to address access and flow, safety, and patient experience, with the primary indicator being the 90th percentile time to inpatient bed.

## Key Elements of Initiative

### Change Ideas Tested or Implemented

- Daily ED bullet rounds led by managers, focusing on diversion strategies and discharge readiness.
- Enhanced discharge planning in inpatient units, including allied health and ED bed meetings to identify and remove barriers, and daily tracking of discharges before 11 a.m.
- Twice daily bed meetings (9:30 and 14:30) instead of once daily.
- Workflow optimization to reduce delays and bottlenecks from ED to inpatient units.
- Real-time dashboards for tracking ED boarding and flow metrics, enabling timely action.

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### Teams Involved

- Emergency Department: Patient Flow Managers, Responsible Persons/Charge Nurses, Team Leaders.
- Inpatient Units Leadership: Managers, Clinical Practice Leaders, Responsible Persons, Charge Nurses, Team Leaders.
- Allied Health Teams.
- Supportive Services: Portering and Environmental Services Supervisors.
- Command Centre Analysts.
- Hospital Leadership.

### Target Population

- All admitted patients transitioning from ED to inpatient units.

### Objective of Change Ideas

- Reduce the 90th percentile time from ED to inpatient bed through standardized, team-based interventions and proactive discharge coordination.

### Measurement Progress

- Monthly monitoring of the 90th percentile time to inpatient bed.
- Daily reporting and visibility of boarding times via dashboards.
- Feedback from clinical teams and operational audits.

# Implementation Experience: Successes & Challenges

### Results/Early Wins

- Significant reduction in 90th percentile time to inpatient bed.
- Improved coordination between ED and inpatient units.
- Increased frontline engagement in flow-focused huddles and planning.
- Better management of surge volumes without worsening access metrics.

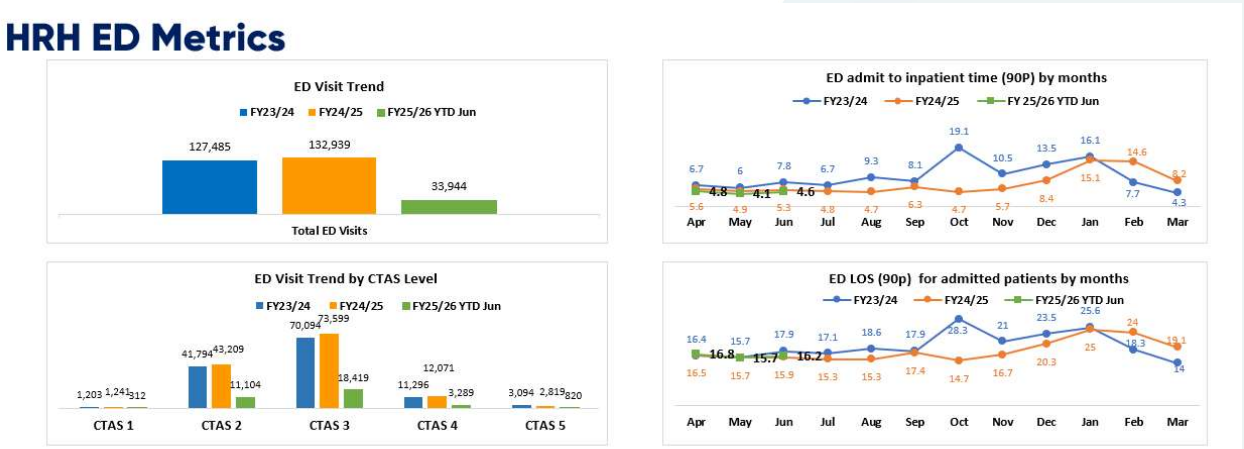
## Enablers of Success

- Shared dashboards and real-time visibility.
- Strong interdisciplinary collaboration and role clarity.
- Targeted education through Skills Days and ongoing coaching.
- Executive sponsorship and continuous performance monitoring.

# Future Steps & Sustainability

- Continue optimising discharge practices to free inpatient capacity earlier in the day.
- Expand the bullet rounds model to all medicine and surgical units.
- Refine surge response plans aligned with real-time flow data.
- Flow-focused practices (bullet rounds, discharge barrier identification, real-time data reviews) are now integrated into standard huddles, onboarding, and regular Skills Days.

## The Data

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