Abstract

Emergency department (ED) wait-times and patients leaving the ED without being seen (LWBS) are concerning issues. Such issues have prompted reconsideration of the current process used to direct patients at point of first contact. The clinical decision unit (CDU) may be a crucial link in this process. Expeditious transfer of observation patients to the CDU may decrease the ED overcrowding and ED patient wait-times, and also the percent of LWBS ED patients. The length of stay (LOS) for observation patients may decrease with use of a dedicated CDU with specific admissions criteria. CDUs may provide cost savings to payers, patients, and hospitals This QI-DNP project was designed on a Donabedian conceptual framework (and education on Rogers' diffusion of innovation theory) and was implemented as a PDCA cycle. The project included the development of CDU admissions criteria supported by the evidence-based research showing that CDUs may alleviate ED overcrowding by transferring appropriate patients (as identified by clearly established criteria) out of the ED. Nursing staff and providers received education on the CDU admissions criteria. A dedicated 11-bed CDU was opened, with the purpose of improving efficiency, effectiveness, and treatment times of ED patients. The DNP project decreased LOS for the CDU patients, decreased the LWBS from the ED, decreased door-to-provider times in the ED, and decreased admit-to-bed times for the CDU patients.

*Key words: C*linical Decision unit(CDU), Short stay unit, observation unit, Emergency Department(ED), Emergency room (ER), ED throughput, CDU admissions criteria