JOHNS HOPKINS WHITING SCHOOL of ENGINEERING | Center for Leadership Education

Meeting	Hospital project: Meeting with stakeholders on the Emergency Department
Venue	8:00 AM at Johns Hopkins Bayview Medical Campus- ED

Attendees

Johns Hopkins Hospital	**Patient Safety Collaborative**
Dr. Renee Blanding	Sharvi Dadhich
Ken Barnes	Chuyang Yu
Kathleen Duffy	Mohit Gupta
Dr. Edward Bessman	Siddhay Kapat
Nicole Johnson	

Minutes of meeting:

1. 29 boarders are waiting to be admitted, and there are only 5 rooms and 34 beds in the ED.
2. The main entrance is equipped with a 24/7 metal detector to ensure internal security, and patients are required to register and provide their basic information. This process takes 1-2 minutes.
3. Patients are categorized into 5 Accuity grades based on the severity and acuity of their condition, with Accuity grade 1 being the most severe. (**ESI**-emergency severity index)
4. There is one diagnosis chair and 2 intake rooms (A&B), which are used for the initial diagnosis of patients. Level 1 patients go to trauma care (the trauma care also has a security check), level 2 and 3 patients can be noticed by a physician, and then level 4 and 5 patients are sent to the inpatient floor.
5. In the EDL hall, physicians can evaluate whether a patient needs to be admitted to the ED. This area is not too large. Typically, 70% of patients are discharged straight away and 30% go to other parts of the hospital.
6. In Trauma Care, there are usually 2 beds in a ward, but sometimes there will be 3 patients because there are still lots of hallway patients.
7. Medical reconciliation happens in 3 touches in the ED: desk outside ED, nurse (after patients come in), medical office. They work independently.
8. The Charge Nurse Office is not responsible for registration or medical reconciliation. They are responsible for quick questioning or screening of patients.
9. There is a Decontaminate Room in the ED. There is another door inside this room that can be accessed when someone pays a visit to the hospital. Sometimes this is available for patients who do not have a bed, but it is not an ideal ward (temperature is one of the factors).
10. IT platforms: **CRISP** (patients' health information in MD), **EPIC** (health record and medical list within hospitals, also for secure chat). These systems contain a record of the patient's medication history, allergy history, etc. for the last few years. Regular checkups should be conducted according to the supply days.
11. For the Home Medication doc in CRISP, Doctors need to confirm what medications the patient is taking, the date and quantities of medical supplies. This process usually takes 30 minutes, but 10-20 minutes is an ideal range. **Kduffy12@jh.edu**
12. **Dr. Basman** in the medical office: they need to check patients' allergies, current medical, and prescription through EPIC and CRISP to determine if this patient should stay in the ED or go to the

inpatient floor. Instead of identifying each medication individually, simply go through the critical medications to ensure that no drug-to-drug interactions occur. It usually takes 25 minutes.

13. **Pharmacy technician Nicole Johnson:** the medical reconciliation process happens before the borders are admitted: 1) prioritize patients according to their waiting time in the hospital, from longest to shortest; 2) then check patients according to their severity Accuity grade from 1 to 5; 3)check patient's medication list to figure out high-risk meds like diabetic medication and psycho medication, then form a manuscript for an easy look back, which will be destroyed within 30 days; 4) complete NOTE in EPIC to provide information, NOTE should contain patient's medication list, doctors' action and signature from pharmacy and technician. The whole process usually takes 40 minutes to 1 hour per patient, about 10 times a day (shift once every 8 hours).
14. This process requires permission from patients and doctors (through internal chat on EPIC)
15. For the 3rd step, Nicole should rely on several resources: ask patients themselves, medication list in EPIC, health history in CRISP (don't update timely). At this step, she would call the pharmacy to get information, to verify whether the patient is taking certain medication or not, which is the most time-consuming because sometimes there is no answer.
16. **Medication Match Team**: this organization contains people from different hospitals and to solve the inconsistency between hospitals, they record all the details about the patients. Depending on the hospital, there are more or less records.
17. **Actionable for Next week**:
    1. Observe on the inpatient floor, meet with Dr. **Marla Tanski** (the chair of the Medication Match Team), meet with **CMIO Dr. Amy Knight**, who is also a hospitalist.
    2. Observe the outpatient (discharge) wing of the hospital
    3. Review hospital capacity meeting recordings shared by Ken Barnes
    4. Review med match policy/procedure document shared by Nicole Johnson