



Emergency Department Management

Course: Patient Flow, Crowding and ED KPIs

4 – 8 April 2027

Jeddah - Corniche four-star



Emergency Department Management Course: Patient Flow, Crowding and ED KPIs

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Introduction:

Emergency department management covering patient flow, crowding and ED KPIs is a 5-day course for ED managers, emergency nurse leaders, physician leads and patient flow coordinators that ends with an ED Flow Improvement Plan and KPI dashboard for a case hospital. Crowding builds when triage queues grow at peak hours, minor cases wait behind majors, results and specialty opinions arrive late and admitted patients board in the department. Nominees already run shifts, rosters or flow and work through case studies built on ED timestamp and staffing data. CoreConcept Training Center delivers this emergency department management course.

Course Objectives:

- Analyse ED arrival curves, attendance mix and timestamp data to build a current-state baseline of waits, length of stay and walkouts
- Design a triage process around a five-level triage scale, with streaming rules for majors, minors and ambulatory patients and a fast track or see-and-treat zone
- Measure door-to-doctor time, ED length of stay and left-without-being-seen rate, and agree turnaround standards for laboratory, imaging and specialty consults
- Match nurse and physician rosters to hourly demand and set escalation triggers for crowding, boarding and surge
- Operate an electronic ED tracking board and organise waiting room communication routines for patients and families
- Produce an ED Flow Improvement Plan with a KPI dashboard for a case hospital

Target Audience:

- Managers responsible for running emergency departments, shift operations and departmental performance
 - Emergency nursing leaders accountable for triage, nurse rosters and patient placement within the department
 - Emergency physicians with departmental leadership duties for medical staffing, consult escalation and flow decisions
 - Patient flow and bed coordinators who handle ED admissions and boarding escalation
 - Quality and performance staff who report ED waiting time and throughput indicators
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Course Outline:

Day 1: ED Demand, Arrival Patterns and Current-State Baseline

- Hourly Arrival Curves by Weekday and Season
- ED Attendance Mix by Acuity, Age and Arrival Mode
- Input-Throughput-Output Model of Emergency Department Crowding
- ED Timestamp Extraction from Registration to Departure
- ED Current-State Baseline of Waits, Length of Stay and Walkouts

Day 2: Triage Design, Streaming Models and Flow Zones

- Five-Level Triage Scale Categories and Target Assessment Times
- Triage Process Design with Rapid Assessment and Re-Triage Rules
- Streaming Rules for Majors, Minors, Paediatrics and Ambulatory Care
- Fast Track and See-and-Treat Zone Design
- Physician-in-Triage and Rapid Assessment Team Models

Day 3: Throughput Measures, Diagnostics Turnaround and Staffing to Demand

- Door-to-Doctor and Door-to-Decision Time Measurement
- ED Length of Stay and Left-Without-Being-Seen Rate Definitions
- Laboratory and Imaging Turnaround Agreements for ED Requests
- Specialty Consult Response Standards and Escalation Ladder
- Nurse and Physician Rostering Matched to Hourly Arrival Curves

Day 4: Access Block, Boarding, Surge and the Waiting Patient

- Access Block Root Causes and Admitted Patient Boarding Hours
- Hospital Full Capacity Protocol and ED Escalation Triggers
- ED Surge Plan and Major Incident Activation at Management Level
- Electronic ED Tracking Board and Live Department Status Display
- Waiting Room Communication, Comfort Rounds and Family Update Routines

Day 5: Case Study on the ED Flow Improvement Plan

- Case Hospital ED Data Review of Arrivals and Delays
 - Triage and Streaming Redesign for the Case Hospital
 - Boarding Reduction and Escalation Actions with Inpatient Units
 - ED KPI Dashboard with Targets, Thresholds and Data Owners
 - ED Flow Improvement Plan Completion and Peer Defence
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Skills You Will Gain:

- ED Demand Analysis
- Triage Process Design
- Patient Streaming Design
- Throughput Metric Analysis
- Demand-Based ED Rostering
- Access Block Escalation
- ED Surge Planning
- ED Dashboard Design

Why Attend This Course:

- Deliver an ED Flow Improvement Plan with KPI dashboard to the head of emergency medicine and the hospital operations director
- Decide which patients to stream to fast track, when to open surge areas and when to trigger hospital escalation
- Avoid walkouts, corridor boarding and late results that lengthen stays and raise patient risk
- Share triage streaming rules, turnaround agreements and dashboard definitions with shift leaders and inpatient colleagues

Conclusion:

Back at work, the participant presents the ED Flow Improvement Plan and KPI dashboard to the head of emergency medicine, the ED nursing lead and the hospital operations director. They use it to approve triage and streaming changes, turnaround agreements with laboratory, imaging and specialty teams, rosters matched to arrival curves and escalation triggers agreed with inpatient units. After the first month under the plan, the department should review door-to-doctor time, length of stay, left-without-being-seen rate and boarding hours against the baseline and revise the actions that did not move them.

Frequently Asked Questions FAQ:

What should participants know before the emergency department management course?

Participants should already supervise ED shifts, triage, rosters or patient flow and know how their department records arrival, triage, assessment and departure times. No clinical skill is taught. Bringing an anonymised timestamp extract or recent ED performance report helps them apply the case work to their own department.

How does emergency department management differ from a general hospital management course?

It concentrates on the emergency department itself: arrivals, triage, streaming, door-to-doctor time, test and consult turnaround, ED staffing, boarding and surge. General hospital management courses cover governance, beds, theatres, quality and finance across the whole hospital and treat the emergency department as one topic.

Why does left-without-being-seen rate matter in emergency department management?

Left-without-being-seen rate shows how many patients leave before assessment, usually because waits at triage or for a clinician are too long. A rising rate signals crowding and unmanaged risk, and tracking it by hour and acuity shows where streaming, fast track or staffing changes are needed.

What do participants take back from the emergency department management course?

Participants take back an ED Flow Improvement Plan with a KPI dashboard covering door-to-doctor time, length of stay, left-without-being-seen rate and boarding hours, plus triage and streaming rules, a demand-matched roster model and escalation triggers they can adapt to their own department.
