Improving the Emergency Department Experience

Our client was a small rural hospital that typically ran an inpatient census of 50 patients, and was in the bottom 1 percent in a widely used satisfaction survey in overall assessment by patients who had come to the facility through the Emergency Department.

This was the first of 4 projects that this hospital completed. The senior team identified the top priorities, identified the parameters for the work, and identified the goals of the project, the team members, an executive "champion", and a team leader. Close communication with the champion and other key senior team members during the process was essential to assure that the team is heading in the right direction.

Traditionally, managers have focused on people as the "problem" when things were not completed in a timely manner. While there are human components, our business process improvement focuses on the process. This means:

- the focus in on the *process*, not employees as the problem
- understanding how each job fits in to the total picture instead of just doing a job
- measuring process, not individuals
- change the process, not the person
- remove barriers, as opposed to just motivating people
- develop people, not controlling employees
- trust as compared with mistrust
- looking at what allowed the error to occur instead of pointing fingers at who caused the error
- reducing variation as opposed to correcting errors
- customer rather than bottom line driven

This specific piece of work lasted five days, 6 hours a day. Our process followed the following steps:

1. Educate the team
2. Detail the steps in the current process
3. Detail the activity by people in the current process
4. Imagine an ideal process
5. Develop a implementable process
6. Detail an implementation schedule for the new process
7. Present this to the senior team.
8. Implementation

Emergency Department Experience:

Process boundaries: From patient arrival at the Emergency Department to disposition decision

Goals:

1. Increase Customer Satisfaction-The satisfaction scores were abysmal, and were significantly marring the reputation in the community as well as impacting revenue.
2. Increase Efficiency-The team knew there were inefficiencies in the process that were leading to unnecessary bottlenecks, slowing the overall process.
3. Increase Effectiveness-Assuring that the right people are doing the right things at the right time. There were turf wars and silos.
4. Decrease Risk-Patients were leaving at an alarming rate without being seen, putting the facility at risk.

Team Members:
- ED Clinical Supervisor
- ED RN
- Admitting Supervisor

- Admitting Clerk
- Lab Phlebotomist
- CT Tech

Measurement:

1. Satisfaction Scores
2. Willingness to Refer a friend
3. Time to discharge
4. Percent Triponin completed in 60 minutes
5. Redraws
6. Percent of patients registered in Medhost system.
7. Percent of delayed CT due to contrast not administered
8. HCAHPS (a measure of satisfaction and clinical quality)

Major changes

1. Bedside registration
   a. Bedside registration used anytime there is an empty bed in the ED
2. Charge nurse role redefined and will include triage responsibilities for assigned shift
3. RN's will do most blood draws
4. Specimens will be transported to the lab via the pneumatic tube system. The specimen holding box will be removed
5. Beepers to be used by clerks
6. Changes to medical imaging orders
7. Additional protocols

Executive Team Support

1. Enforcement
   a. Education to Nursing Supervisors
   b. Supervisors follow up and enforce policies
2. Technology
   a. 2 sided printer for admitting
   b. New prescription forms
3. Get Permanent ED Medical Director

ROI

1. 1 FTE in admitting - $50,000 per year
2. Other support staff savings - approximately $30,000
3. Wasted supplies ~ $10,000
4. Decreased financial risk to a portion of $8.4 million of their Medicare reimbursement through timely generation of troponin measure
5. Satisfaction Scores: these impact a portion of Medicare reimbursement, and will impact in a greater way going forward. The more satisfied patients are, the higher the eventual reimbursement.
   a. Overall Facility rating 20% to 89%
   b. Satisfaction with RN 44% to 99%
   c. Refer family or friends 22% to 89%
   d. Handling of personal issues 11% to 89%
   e. Overall assessment 1% to 78%
6. Left without treatment or without being seen from an average of 60+ to 15 per month ($1.35 million in generated revenue)
7. Intangibles as stated by the employees:
   a. Nothing is Impossible
   b. Understand the magnitude of the problem
   c. Must break it down to small parts to see the waste
   d. The core people working on the problems can solve them
   e. Solving the problems and them being able to implement the solutions is highly motivating

Process improvement has the potential to make a significant impact on the bottom line in an organization when done correctly and implemented according to a well thought out schedule.

The Aspire Formula for Success:

Ask + goals = PBC → IR

Attitudes	Positive	Improved
Skills	Behavior	Results
Knowledge	Change	