

# BEST PRACTICES FOR IMPROVING EMERGENCY DEPARTMENT RESULTS

### **Emergency Department Care**

- The emergency department is one of the most critical departments within a hospital because patients' perception of the hospital overall is largely dependent of the success or failure of its ED
  - "With inpatient stays, a hospital usually has several days to rectify any problem. Providing quality care and service is much more urgent in the ED" --Quint Studer



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# Hourly Rounding on Patients



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- During rounding, an
  employee, typically a
  charge or triage nurse,
  provides status updates
  to patients waiting to be
  seen
  - The employee may make a general announcement to the group, and also speaks with individual patients, when appropriate



### Baptist Hospital –ED Hourly Rounding

- A 680 bed facility located in Miami, FL
- **Challenge:** The Baptist Hospital Emergency Department had a terrible "people" reputation
- Approach:
  - ED Rounding was introduced
    - Rounding Logs
    - Individualized Plans of Care
    - Rounding on Leaders
    - Discharge Phone Calls
    - Lobby Rounding
- Results:

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- Patient satisfaction score increased from 80.5% in June 2008 to 87.6% in June 2009
- Baptist Hospital ranked in the 97<sup>th</sup> percentile

# Manage Flow of Patients

- Measure patient demand by hour and match that demand to staffing.
  - Use a real-time flow dashboard to analyze patient movement through each step of an ED visit at various times of the day
- Create different flow pathways for different patients
  - Studer recommends that patients with minor injuries can be "fast-tracked" They can be treated from the waiting area or taken back for a test and moved to a separate "results"



### **Corning Hospital**

- A 99 bed facility located in Corning, NY
- **Challenge:** High door-to-doctor times and length of stay times, a high percentage of patients leaving without treatment, and low patient satisfaction scores

#### • Approach:

- Created ED Action Team
- Instituted quick registration and comprehensive triage
- Completely redesigned ED processes and flow
- Realigned RN staffing

#### • Results:



METRIC	Mar 2010	GOAL	Aug 2010
Door-to-Provider (mins)	84	45	35
LWOT %	3.0%	2.0%	1.3%
Overall LOS (mins)	201	180	168
Patient Volume	1,642	Increase	1,804

- EDs should aim to get patients out of the waiting room quickly and into beds or other waiting areas
  - Send a patient to a sub-waiting area, such as when waiting for lab result
- Address queuing problems that emerge when the demand of patients is greater than the capacity of a given server to process them
  - Create a mini triage
    - The triage nurse asks the chief complaint, obtains the vital signs, obtains the patient's medication list



### Edward Hospital –Reduce Waiting Time

- A 330 bed facility located in Naperville, IL
- **Challenge:** Wait time in the emergency department was high
- Approach:
  - Triage Task Force was created
  - The triage desk was redesigned to increase visualization of waiting areas and enhance the nurse's ability to greet the patient and perform a quick "triage triangle assessment"
  - When beds were not immediately available for patient assessments, designated rapid responders were deployed back to the triage area to do the full admission assessment, with a goal of completing it within 10 to 15 minutes after arrival.
- Results:
  - Rate of patients who left without being seen (LWBS) dropped to 0.14%
  - Door-to-physician metrics decreased to under 30 minutes, ranging from 11 to 24 minutes



# Use Key Words at Key Times

- Hospital employees should provide key information to patients at key times during rounds
  - AIDET\* is used to help employees convey this information at the appropriate time



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### References

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