



Good Medicine: Healing a Hospital's Struggling ED

A 205-bed general medical and surgical hospital in a medically underserved community in Chicago was struggling with an underperforming emergency department (ED). Higher-than-normal volume left patients waiting more than two hours to be seen by a doctor and almost eight hours to be admitted. Nearly 8 percent left without being treated at all. The poor experience resulted in patient satisfaction scores in the 4th percentile, and dragged down overall hospital performance.

The parent network had recently revamped operations at another hospital's ED and decided to try a similar approach at the hospital in question. They brought in Integrated Project Management, Inc. (IPM) to organize and orchestrate an ED optimization program.

IPM met with the ED medical director and hospital chief nursing executive to assess the current situation. The goal was to reduce delays in key performance areas, including the ED's "left without treatment" (LWOT) numbers and increase patient satisfaction levels.

Using a two-phased approach and close collaboration with the hospital team, IPM first led a short engagement to determine the scope of the initiative, identify and prioritize projects within the program, estimate their size, and confirm team members. The second phase involved leading the project teams to prepare the detailed plans

and implement them and ultimately, help get the stressed ED on track.

The process resulted in a complete redesign of the ED structure, from adding an RN and care provider to the triage area, to expanding the floor design with an additional nurses' station.

Instead of assigning individual nurses to a block of rooms, the new structure created teams of doctors, nurses, and techs (named the "blue" and "red" teams) who would provide care for a designated area. The team model focuses on patient safety and allowed for proper staffing ratios throughout the ED. Other changes included modifying workflow (e.g., establishing the "fast track" rooms next to triage), improving the organization and location of supplies, and changing metric tracking and communication.

Over the course of three months, the teams were already implementing improvements. IPM led change management efforts to ensure employee awareness and engagement by encouraging them to voice their thoughts in project teams and a continuous improvement committee. After using their input to plan and implement training, the team was confident in the go-live date for the team care model.

The results were almost immediately evident in the key metrics. By November 2015, the length of stay (LOS) for admitted

patients had dropped by an hour and a half, LWOT rate had declined from 7.5 percent to 4.2 percent, and patient satisfaction scores increased from 4 percent to 7 percent.

Those results are just the start of the ED's healing process. The hospital's medical director has stated that progress was faster than he thought possible and was completed three months faster than it had been implemented at the other hospital—the benchmark model. And thanks to an engaged staff and leadership team, the changes were sustained four months after IPM's engagement and continue to position the hospital for success. ■

"Emergency departments require operational efficiency to provide the critical care needed for any possible condition arriving at any possible time. Our goal...was to ensure we were providing the best quality of care to our patients by maximizing our department efficiency. We knew accomplishing this would be a complex effort requiring the change of numerous processes coordinated between multiple hospital departments and staff members. With IPM's leadership, we were able to identify and prioritize the needed changes and then plan and execute the improvements. The IPM project leaders became a part of our hospital family as they brought a level of communication and departmental coordination that we likely would not have achieved on our own. With their project leadership, we were able to complete the process improvements in about half the time expected. As a result, we are now achieving metric goals in patient throughput many months sooner than we had hoped."

~Hospital medical director

ED Changes Yield Dramatic Improvements in Patient Care

Some of the improvements realized in the hospital's ED included:

- Dividing the ED geographically into "blue" and "red" teams—each with an MD, two RNs, and a tech—to share responsibility for their rooms. This increased focus and efficiency, improved communication between doctors, nurses and techs, reduced distractions, and enhanced patient care.
- Moving the "fast track" area closer to triage, with a team dedicated to these low acuity patients' care to more efficiently treat and discharge patients.
- Installing additional seating capacity in the "fast track" office area.
- Moving teams closer to their patients, improving care and increasing the number of patients treated.
- Reconfiguring room layout to improve workflow and reduce steps and noise throughout the day.
- Redistributing supplies throughout the ED based on where teams need access.
- Conducting a monthly reevaluation of staff shift loading against patient arrival times to best match nurse, tech and doctor ratio with patient volume.