Improve the Efficiency and Service of the Emergency Room at North Side Hospital

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Mission Statement

Improve the ED process at North Side Hospital to:

– Decrease the LOS to < 100 minutes
– Improve Patient Satisfaction to > 75%tile
– Reduce LWBS to < 1%

Project will begin on July 1, 2004 and will be completed November 30, 2004.
Team Members

John Melton  SVP & CEO, Washington County Operations
Kerry Vermillion  VP & CFO, Washington County Operations
Melanie Stanton, RN  Assistant Administrator NSH
David Merrifield, MD  Emergency Medicine
Tommy Sparks  Director, Emergency Department
Shonna Lane  ED
Stacie Mashburn  RN Med/surg
JoAnn Winters  Environmental Services
Heather Hambrick, RN  ICU
Sarah Goad  Patient Registration
Tamera Fields  Director of Performance Improvement
Rachael Holland  Radiology Tech
Karen Lones, RN  ED Case Management
Janice Gentry, RN  Lab
Jim Murray  Director of Management Engineering
Diagnosis

- Flow chart of the current process
- Fishbone Diagrams
- Data review and analysis
  - Press Ganey
  - Length of Stay
  - Left Without Being Seen (LWBS)
  - Visits by time of day
Process Flow Chart

Patient Enters NSH ED
Patient hands complaint form to Registration clerk
Clerk puts complaint form in triage window and starts patient chart

Is Patient Emergent?
Yes
Triage Nurse retrieves complaint form and chart
Triage nurse calls patient from waiting room
Nurse triages patient and completes assessment form and places on chart

No
ED Nurse does immediate assessment
Clerk asks patient to sit in waiting room
Clerk puts complaint form in triage window and starts patient chart

Patient completes complaint form
Registration Clerk calls for Nurse

Patient Returns to waiting room
Nurse calls patient from waiting room
Nurse places patient in ED room
Nurse writes patient’s name on a board for patient and family to see.
Nurse places chart in physicians box

Patient Completes complaint form
Registration Clerk calls for Nurse

Clerk registers patient
Physician enters patient room

Nurse places chart in physicians box
Physician enters patient room
Nurse enters patients comments on Triage Sheet

Will Patient be admitted?
Yes
JCMC

No
ED Nurse gives report to floor nurse
Nursing contacts appropriate unit

Registration clerk takes information and/or money from patient

Patient dresses and prepares to leave
Will Patient be admitted?

Yes
Physician enters patient room and treats patient

NO
Registration clerk takes information and/or money from patient

Nursing contacts JCMC Bed Placement

Will Patient be admitted?

Yes
Physician evaluates patient
Nurse educates patient on home care, takes discharge vitals, and completes discharge paperwork

NO
Physician enters patient room

JCMC

Instructs patient to gown and connects any monitoring equipment. Also completes the Triage Sheet in the chart

ED Nurse gives report to floor nurse
Nursing contacts appropriate unit

Nursing calls JCMC Bed Placement

Registration clerk takes information and/or money from patient

Patient is discharged from ED

Where will Patient be admitted?
JCMC

Nursing calls JCMC Bed Placement

Nursing contacts appropriate unit

ED Nurse gives report to floor nurse
Nursing contacts appropriate unit

Nursing calls JCMC Bed Placement

Registration clerk takes information and/or money from patient

Patient is discharged from ED

Will Patient be admitted?

JCMC

PBX

Registration clerk takes information and/or money from patient

Patient is discharged from ED

Will Patient be admitted?

JCMC

PBX

Registration clerk takes information and/or money from patient

Patient is discharged from ED

Will Patient be admitted?

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Will Patient be admitted?

JCMC

PBX

Registration clerk takes information and/or money from patient

Patient is discharged from ED

Will Patient be admitted?
Fishbone Diagram – Patient Satisfaction

Patient
- Patient Expectations are not realistic
- Patient is denied recreational drug
- Unit desk function being performed by RN’s
- Discharge process takes too long
- Some procedures cannot be done at NSH
- Registration process frustrates patient

Care Givers
- Physician care/face time with patient
- Physician Standardization
- Lack of communication with physician offices
- Physician explanation of Radiology/Lab results
- Physician disposition
- ED/Room appearance is not modern
- No TVs in rooms
- No Phone in room
- ED Door doesn’t open properly
- Waiting Room layout

Processes

Facilities
- No Endo Lab – patient must be transferred
- No OR – patient must be transferred
- ED doesn’t open properly
- Room layout in relation to the nursing station restricts interaction

NSH Emergency Department Press Ganey Scores are less than the 50 percentile
List of Customers

Johnson City / Washington County, Tennessee Community
Emergency Patient
Patient’s family
Emergency Department Nurses and Physicians
Ancillary areas
Acute care nursing
Area EMS Units
Tertiary Care Center
Nursing Homes and Assisted Living facilities
Payers
Data Review and Analysis

- Press Ganey Survey
- Manually collected LOS and LWBS data
- Staff Interviews – physician and nursing
- Observation
## North Side Monthly ED Statistics

Month: July 2004

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1.3%
Press Ganey Tool

NSH ED Quarter 1 Weekly Scores

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2004 - 2005 Goals:

QTR 1: TBA
QTR 2: TBA
QTR 3: TBA
QTR 4: TBA

*Estimated to meet percentile rank target

NSH NORTH SIDE HOSPITAL
Mountain States Health Alliance

EMERGENCY DEPARTMENT SURVEY

We thank you in advance for completing this questionnaire. When you have finished, please mail it in the enclosed envelope.

BACKGROUND QUESTIONS [Circle yes or fill in blank (for example, •) as appropriate]

1. Time of day you arrived at the emergency:
   - 7:00 am - 9:00 am
   - 9:01 am - 11:00 am
   - 11:01 am - 2:00 pm
   - 2:01 pm - 7:00 pm
   - 7:01 pm - 11:00 pm
   - 11:01 pm - 2:00 am
   - 2:01 am - 7:00 am

2. Time spent in the Emergency Department:

3. Who is filling out this survey?
   - Patient
   - Friend
   - Parent
   - Other
   - Family

4. Did you receive information on pain management when you were admitted to the hospital? Yes • No

5. Did your pain decrease to an acceptable level? Yes • No

6. How long did it take to get your pain medication after you asked for it?
   - 15 minutes or less
   - 15-30 minutes
   - 31-60 minutes
   - Over 60 minutes

INSTRUCTIONS: Please rate the Emergency Department services you received from our facility. Circle the number that best describes your experience. If a question does not apply to you, please skip to the next question. Space is provided for you to comment on good or bad things that may have happened to you.

A. ARRIVAL

1. Waiting time before staff noticed your arrival
   - Poor
   - Fair
   - Good
   - Excellent

2. Helpfulness of the person who first noticed you about your condition
   - Poor
   - Fair
   - Good
   - Excellent

3. Comfort of the waiting area
   - Poor
   - Fair
   - Good
   - Excellent

4. Waiting time before you were brought to the treatment area
   - Poor
   - Fair
   - Good
   - Excellent

5. Waiting time in the treatment area, before you were seen by a doctor
   - Poor
   - Fair
   - Good
   - Excellent

Comments (describe good or bad experiences)
Intervention

- Institutional leadership change (6/04)
- Quick “Reg” (10/04)
- Purchased additional equipment (10/04)
  - Cabinets for ED rooms
  - Vital Works ED tracking system
  - IV Pumps
- Improved Lab service availability on-site (7/04)
Intervention (cont’d)

- Removed “Saratoga” Satisfaction Tool (7/04)
- Improved relationships with physician leadership (6/04)
- Implemented Bedside Registration (10/04)
- Increased Radiologist coverage (Productivity Spin off) (9/04)
- Enhanced Lab Service and Courier service (8/04)
- Implemented Bedside Discharge process (10/04)
- Orchestrated Psych Pickup by Indian Path Pavilion (another MSHA facility) (6/04)
Intervention (cont’d)

- Created attitude shift about accepting patients diverted from JCMC (6/04)
- Designated patient and family parking for the ED (6/04)
- Enhanced ED Room Appearance (8/04)
- Placed TV’s and phones in rooms (8/04)
- Eliminated hand written complaint form (10/04)
- Improved work relationship with EMS crews (in biker bar) (Ongoing)
Impact
ED Visits

Project
initiated
Impact

Acute Admissions

Project initiated
Impact

North Side ED Length of Stay
Baseline and Project

Baseline FY04
FY05
LCL baseline
UCL baseline
Baseline FY04
FY05
Impact

NSH ED FY05 Length of Stay

Removed Saratoga
Lab Improvements
Radiology Improvements

FY05 LOS

Mountain States Health Alliance
Impact
Redesigned ED Process Flow

- Patient enters NSH ED
- Patient approaches front desk
- Clerk "Quick Reg's" patient
- Is ED room available?
- Yes: RN triages Patient and orders approved tests
- No: Clerk registers patient
- Patient waits in lobby until room is available
- RN triages Patient and orders approved tests
- Physician Treats Patient
- Registration - Bedside Registers patient
- Registration collects copay in ED room
- Patient is Discharged
Press Ganey Actual Scores

Quarter

QTR 3 FY 02  QTR 4 FY 02  QTR 1 FY 03  QTR 2 FY 03  QTR 3 FY 03  QTR 4 FY 03  QTR 1 FY 04  QTR 2 FY 04  QTR 3 FY 04  QTR 4 FY 04  QTR 1 FY 05

76.3  76.5  72.7  74.1  79.6  78.7  78.8  79.8  83  82.3  84.3

Project initiated
Hold The Gains

Mission, Vision, Values...

Current Topics/Events
- 2004 Team Member Campaign
- Get Out the Vote Campaign
- Patient-Centered Care Training Schedule

### ER Wait Times

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### Left Without Being Seen for 10/01/2004 to 10/10/2004

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### Patient Waiting Report for 10/01/2004 to 10/10/2004

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<th>Room to Physician</th>
<th>Total LOS (hrs)</th>
<th>Arrival to Pronto</th>
<th>Decision to Admit</th>
<th>Admitted with Pronto (%)</th>
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Hold The Gains

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<th>Age/sex</th>
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<th>Acuity</th>
<th>Complain</th>
<th>Staff MD</th>
<th>Nurse</th>
<th>Consult</th>
<th>Lab</th>
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Future Action Items

- Fully Implement Bedside Registration
- Maximum Utilization of Vital Works
  - Elimination of manual data tracking
  - Graphical representation of data trends
- Construction and Renovation of Entrance
- Upgrade monitoring equipment
- Fully Integrate Clinical Documentation System into NSH ED
- Full time ED Case Manager
- Improve ED entrance
Summary of Results to Date

- Length of stay declining and headed towards <100 minute LOS goal
- LWBS below targeted goal of 1%
- Press Ganey Score at 65th %tile, highest %tile ranking since PG instituted (Goal >75th %tile)