

# Interim leadership and process optimization helps improve ED performance

A 350-bed community hospital provides complex and specialty care for patients in a city of nearly 77,000 people as well as those referred from several small, rural hospitals in the region. The ED was struggling with a lengthy triage process, a lack of urgency to move patients and a poor community perception. Determined to improve performance, they asked Philips Blue Jay Consulting to provide interim leadership and work with them on an intensive, staff-led process optimization program.

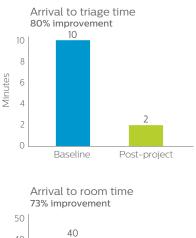
# Assessment

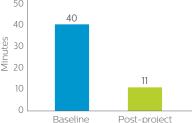
ED annual visits increased to over 55,000 in FY 2010. Although the emergency department had recently been redesigned, the 32 bed unit was constantly at capacity, forcing the arriving patients to fill the crowded waiting area. The anticipated volume of 155 patients a day was already averaging well over 170 patients a day and the processes in place were not consistently followed.

The community's perception of the ED was very poor, and the fact that it was the only ED for 45 miles did not give most patients any alternative. Press Ganey patient satisfaction scores had declined as low as the 42nd percentile, and rates of left without being seen (LWBS) were at 4.8% of total ED visits. Patients spent over an hour waiting to be seen by the doctor and over 4 hours on average to complete their ED visit.

Following a detailed assessment, the following areas were identified as needing improvement:

- Excessive walkout rate
- Extended wait times
- No 'sense of urgency'
- Low patient satisfaction scores
- Poor community perception
- Lack of standardization and accountability







### Process

Philips Blue Jay Consulting was brought in to facilitate the changes and manage the department. The two consultants worked side by side with the caregivers for six months. The first action implemented was to gather feedback from the caregivers, asking them to identify specific barriers to providing quality, efficient care to patients.

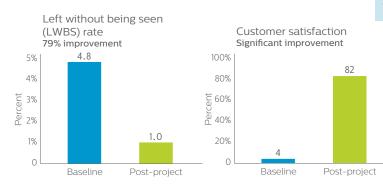
The staff identified 250+ barriers, focused on key areas, and formed six workgroups to address these issues. The primary focus remained the patient arrival experience and patient flow through the department. Additional workgroups concentrated on the physical appearance of the department, leadership development, staffing/scheduling and improving care for the mental health population.

### Implementation

The project was called "Show You!" taken from Missouri's showme attitude. As part of this project, ED caregivers committed to:

- Show we care about our patients
- Show compassion
- $\cdot\,$  Show the community we will improve wait times

The triage team's focus was to improve the "front end". This included full ESI triage education, a customer service focus for arriving patients as well as renaming and redesigning the "lobby". The throughput team concentrated on realigning the zones of care, addressing the arrival patterns of the patients and staffing to meet the demands.



### Results

At the end of 6 months:

- Arrival to triage times were reduced from 10 to 2 minutes, an 80% improvement
- Arrival to room times were reduced from 40 to 11 minutes, a **73% improvement**
- The left without being seen rates declined from 4.8% to >1%, a **79% improvement**
- Press Ganey scores **improved dramatically** from 4th percentile to 82nd percentile

### Impact

The reduction in patients leaving the waiting room without being seen equated to over 1,000 ED patients representing a **\$2.8 million increase in revenue** for the facility. The enhanced triage processes represented improved time to the doctor, thus decreasing risk to patients. The enhanced processes decreased wasted steps and time, improving caregiver and patient satisfaction.

## Learn more

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