

Best Practices: Clearing the Jam

Department

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Patients may not feel like they're cruising down a four-lane highway, but at least they're not stuck on the on-ramp at hospitals using diversion tactics to speed patient flow.

With uninsured rates climbing and populations growing, many ED workers are coping with patient traffic jams the likes of which they've never seen. Fortunately, diversion tactics are helping clear those snarls at hospitals like Good Samaritan in Baltimore, where patients usually see a doctor in just over a half hour after arrival.



"Today, the number one customer service priority is patient satisfaction, which is measured by patients as how soon they're able to see the doctor," said Dr. Kevin Scruggs, chairman of emergency medicine at Good Samaritan. "It's 35 minutes from door to doc in the main ED, and in the FastER Care program, it's nine minutes."

Good Samaritan has had a two-track system for ED patients for a decade now, and the FastER Care staff siphons off 50% of the hospital's 56,000 yearly visits with a separate six-bed unit that's staffed by physician assistants and sees patients from 7 a.m. to 4 a.m. PA Al Struck was recruited from another local hospital, where he created a similar program, to help Good Samaritan increase its ED efficiency.

Scruggs joined the hospital just over a year ago, and he said the efficient organization of the ED was a drawing card. "My claim to fame is that I haven't screwed this up," Scruggs said with a chuckle.

Good Samaritan constantly monitors the program, with key stakeholders meeting weekly to discuss further opportunities for improvement. The Passage Care program started about 18 months ago and operates on Monday and Tuesday, the ED's busiest days. Nurse practitioners treat ED patients suffering from such conditions as minor head injuries, mild asthma attacks, gastroenteritis, and abdominal pain. Patients sit in recliners or on stretchers to receive care.

A 24-bed, short-stay unit opened a year ago and is designed for hospital stays of two days or less. The unit takes many admissions from the ED and handles patients with emphysema or asthma and evaluates conditions such as chest pain or abdominal pain. Finally, to ease ED backups caused by a lack of floor beds, a six-bed admission holding unit operates 24/7, taking ED patients from the department at times when a bed is not immediately available.

"Administration support from the CEO on down is incredible," Scruggs said. "They support the ED in any way possible, from logistical support to emotional support. The CEO walks through here every day, calling staffers by name, asking about their kids, and talking about their vacations."

Cruising through the clinic

The success of Banner Health's Door-to-Doc program at the Banner Mesa Medical Center (now Banner Gateway) facility has resulted in program implementation at the rest of the Banner hospitals, regardless of size. The percentage of people who left without being treated dropped from 14% to consistently less than 2% and often less than 1%, said Dr. Chris Price, medical director of Banner Gateway in Gilbert, Ariz., which opened in September to replace the Mesa facility.

Patient satisfaction scores have remained above the 90th percentile since the program was introduced three years ago. The facility sees 35,000 ED patients a year, a figure that Price expects to rise in the new facility.

Underpinning the Door-to-Doc program was a process change designed by teams of ED staff and physicians using a rapid-cycle approach to create proper organizational structures and coordinating with other departments that interact with the ED. Upon entering the ED, a patient quickly is assessed as either "less sick" or "sicker." Patients in the first category move among treatment areas as they would in a clinic, staying dressed and waiting for test results outside the flow of other patients.

Another feature of the new system is a joint medical assessment by a nurse and physician, which reduces the amount of time a patient is in front of the clinical team. "We can see more patients by decreasing redundancy and using beds more efficiently," Price said. "Our internal data tells us we're seeing 70% of patients in under 30 minutes."

Banner Health received a federal grant to replicate its program for use by other facilities, and an online toolkit can be found on the Banner Health Innovation Web site (www.bannerhealthinnovations.org, click on the ED Door-to-Doc Toolkit).

Choosing the right drivers

Charleston Area Medical Center (CAMC) in West Virginia has been using Six Sigma since 2000 to streamline processes throughout the campus, but the hospital system added lean in 2005 with the help of Breakthrough Management Group (BMG). The hospital is a Level I trauma center that sees 35,000 patients a year, a figure that's growing by 5% annually, said Steve Cunningham, Six Sigma black belt at CAMC.

"BMG's role was to provide training and consulting around lean concepts," Cunningham said. "A lean master came to the facility for the first two or three events to coach us on how to lead, helping train the trainers and transfer knowledge and experience. We got a lot of good tips we would have learned the hard way."

Before adopting lean standards, it took 90 minutes for a patient walking into CAMC's ED to see a physician. That time is now 31 minutes, tantalizingly close to the 30-minute industry standard. "Change requires more of a cultural shift than a technological one," Cunningham said. "Obtaining buy-in from employees involved in the process is important when you're trying to do something different."

CAMC has implemented several other improvement processes over the past several years, employing 5S methodology (sort, set in order, shine, standardize, and sustain the cycle) on nursing supply closets, creating a process to track and distribute infusion pumps to prevent hoarding on patient floors, and reworking the process of receiving specimens to balance workloads while increasing productivity and reliability.

"Done correctly, process improvements engage front-line employees because they are truly the experts," Cunningham said. "When they are involved, you automatically have their support."

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