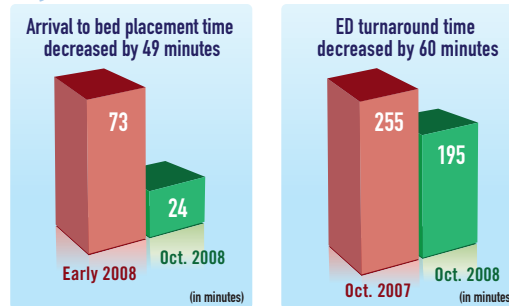


From Problem-Plagued Emergency Department to World-Class ED

This newly redesigned, high-volume, high-acuity, 80-bed emergency department was chaotic and confusing, leading to discontent among its staff. Inpatient holds left as many as 30 patients being held for admission at once. Part of a 750-bed not-for-profit hospital in a health system of community-based and academic tertiary facilities, the ED's other challenges included high "left without being seen rates" and long wait times to be seen by a provider.

Fast forward one year, and a world-class emergency department has taken the place of this once-problem-plagued ED. Employees are calm and focused, with a renewed sense of urgency and purpose. The "left without being seen" rate decreased from 10 percent in April 2008 to 1.5 percent in December 2008. "Arrival to bed placement" time decreased from 73 minutes in early 2008 to 24 minutes by October 2008. And ED turnaround time decreased from 255 minutes in October 2007 to 195 minutes by October 2008 — despite a volume increase in 2008.

by the numbers



9 critical steps

Critical ED Improvement Areas to Remember

Here are nine critical ED improvement areas that are likely to have a positive organization-wide impact — something that every facility could use in today's competitive healthcare marketplaces to ensure success.

- **Patient-centered care** — *don't let yourself or your staff forget why you're there*
- **Patient's priority** — *patients are there to see the physician; do whatever is necessary to facilitate that activity immediately upon their arrival*
- **ED medical director** — *work shoulder to shoulder with your ED medical director to provide leadership and direction*
- **Objectivity** — *Leverage best practices and expertise from outside your organization*
- **Process improvement principles** — *make a relentless pursuit of excellence a team priority*
- **Performance** — *monitor data daily, weekly and monthly; never rest on your laurels*
- **Data** — *use it to support decisions and process changes*
- **Staff members** — *involve them in process improvement and change*
- **Follow through** — *follow up and follow through; close all gaps where issues can go unnoticed*

What Changed?

For a fresh perspective, administrators brought in a B. E. Smith consultant, who relied on strong change management, mentoring and facilitation skills, and excellent physician/clinician rapport to help transform this struggling ED into one that employees can take pride in; that provides consistent, high-quality patient care; and that helps its organization stay strong in today's competitive healthcare marketplace.

Challenge: The new director of emergency services, while a long-term hospital management employee, had no ED experience.

Solution: Based on the consultant's recommendations, administrators hired a manager with ED experience to assist the new ED director.

Challenge: ED supervisors functioned independently of each other, with ED operations, patient wait times and patient flow varying greatly depending upon the supervisor on duty.

Solution: The consultant presented a list of expectations to ED supervisors, developed an action plan for supervisors to collaborate on ED issues and empowered supervisors to change ED operations based on individual situations.

Challenge: No overflow plan existed to accommodate maximum ED volume.

Solution: The consultant implemented a thorough triage process and a rapid medical assessment program to decrease wait times and the number of patients that leave without being seen.