CASE STUDY: Metrics

Hospital Information
Located in New York
Annual ED Volume: 20,000+

TeamHealth Services
Emergency Medicine

Results
Within 6 months of contracting with TeamHealth

46% decrease in door-to-provider time
(from 84 minutes to 45 minutes)

16% decrease in length of stay
(from 201 minutes to 168 minutes)

57% reduction in the percentage of patients who left without treatment
(from 3.0% to 1.3%)

$9,000 per month increased revenue
Based on the decrease in percentage of patients who left without treatment

Challenge

The hospital received notification from its local emergency physician group that it would cease providing service within 90 days. In addition to staffing challenges, the emergency department was also struggling with high door-to-doctor and length of stay times, a high percentage of patients who left without treatment, and low patient satisfaction scores.

Solution

The hospital selected TeamHealth because of its reputation for recruiting quality providers and improving patient metrics.

Given the short start-up time frame, TeamHealth's first goal was to ensure adequate coverage for the ED's 20,000 annual patient visits. Once staffing was stabilized, we shifted our attention to registration followed by comprehensive triage prior to bed placement. Our goal was to create a new, patient-centered flow model to achieve the operational goals of: a door-to-provider time of 45 minutes or less, an overall length of stay of 180 minutes or less, and a decrease in the percentage of patients who left without treatment to less than 2 percent.

TeamHealth conducted an onsite Comprehensive Process Redesign initiative. In order to achieve, surpass, and maintain the stated goals, ED processes and flow were completely redesigned with a focus on the patient, incorporating the nine counter-measures listed below. These, along with additional operational improvements, allowed the department to utilize the concept of virtual beds without having to develop a complex split-flow or super track model.

- Create an ED Action Team
- Institute pivot nurse in triage
- Initiate direct-to-bed concept
- Realign RN staffing
- Initiate quick registration
- Implement visual cues
- Implement "RN First"
- Develop virtual bed theory
- Initiate "Anyone Can Discharge"

Results

In addition to the nine countermeasures listed above, success at the hospital can be attributed to strong medical director and nursing leadership, a fully engaged staff, and supportive hospital administration. Not only did the department meet its six month operational goals—it surpassed all of them.

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