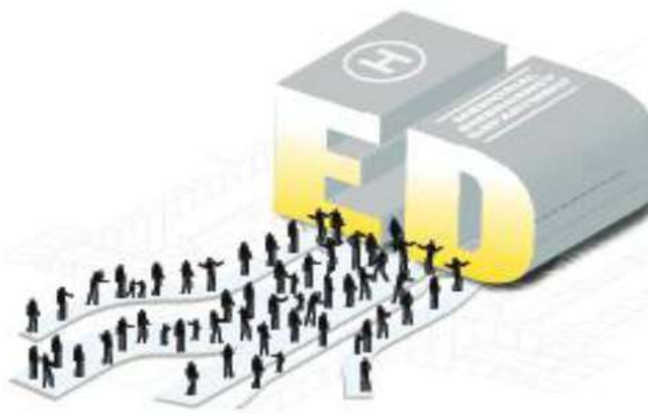
TEAMHealth
EMERGENCY MEDICINE

WHITE PAPER

5 TACTICS TO IMPROVE ED FLOW & OUTCOMES



THIS PAPER EXPLORES 5 TACTICS THAT CAN RAPIDLY IMPROVE ED FRONT-END OPERATIONS AND CHANGE THE WAY STAFF AND PHYSICIANS FUNCTION.

TeamHealth
Operational Performance Group

One of TeamHealth's primary goals is to optimize emergency department (ED) operations in a way that improves operational metrics and provides high-quality care and service that adds value to patients. Among the most dramatic ways to quickly improve operational metrics is to implement these five tactics that focus on front-end ED operations and change the way the staff and physicians function.

TACTIC 1: CREATE AN ED ACTION TEAM (EDAT)

PURPOSE
An EDAT is comprised of employees from multiple disciplines who proactively identify and manage potential and real operational issues within the ED.

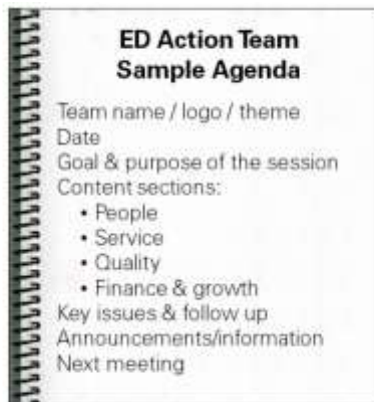
PROCESS
The team meets on a regular basis and typically includes representatives from administration, nursing, imaging/radiology, lab, environmental services, security, registration/access, pastoral services, nursing operations supervisors and physicians. The full team should consist of no more than 12 to 15 people, and two primary roles within the team are assigned and include the following:

- Action Team Sponsor. An ED leader or hospital administrator who can champion issues and facilitate the removal of

procedural barriers is the usual choice for this role.

- Facilitator. This role is similar to a chairperson or may be a shared position between a staff member and a nursing or physician leader.

After the team and team roles have been established, a location is identified and scheduled where the team can meet on a regular basis. Meeting dates and times (usually a standing date and time works best) are scheduled and kept to one hour or less. Each meeting will have a standardized agenda of actionable issues, such as ancillary services turnaround time, ED housekeeping issues, security response, basic hospital concerns, etc. The agenda will be sent to members in advance so participants are prepared for the discussions.


ED Action Team Sample Agenda

Team name / logo / theme
Date
Goal & purpose of the session
Content sections:
- People
- Service
- Quality
- Finance & growth

Key issues & follow up
Announcements/information
Next meeting

During the meetings, members will address each agenda item by determining which team member is best suited to approach the stakeholders affected by that agenda item. The selected team member will then begin the process of communicating with and influencing the stakeholders in favor of positive change in the identified area.

EDAT meetings are intended to be interactive and deal only with the action items identified, status of progress toward improvement, and anticipated actions that still need to be taken.

When the team is established and meetings are scheduled, they should be "advertised" within the affected department(s) and discussed so that everyone is aware of what's going on and why it is important to cooperate with the EDAT.

OUTCOME

The EDAT builds teamwork and engages staff and stakeholders in proactive problem solving.

Tactic 2: QuickPass (Immediate bedding)

PURPOSE

Commonly known as "Immediate Bedding" or "Hot Bedding," QuickPass is an evidence-based practice that ensures patients see a provider as quickly as possible. TeamHealth chose to rebrand this process as QuickPass to facilitate the training and implementation of the process.

QuickPass improves patient flow, decreases door-to-doctor time and improves the patient experience and satisfaction. It is to be used any time there are open beds.

PROCESS

When a patient arrives at the front reception and is greeted and asked about the chief complaint, the RN performs a "quick look" assessment and prioritizes the patient's needs (the Emergency Severity Index [ESI] can be used and documented later). Frequently, the patient chart is initiated.

If an open bed is available, the caregiver escorts the patient to the bed. A QuickPass card can be placed on the chart (if appropriate), serving as a visual cue to providers that a new patient has arrived and needs assessment and care.

When the patient reaches the bed, care is transferred to the primary registered nurse (RN), and initial assessment findings can be recorded by the QuickPass RN or the primary RN. During any caregiver's or provider's first interaction with the patient, he/she acknowledges the patient, introduces his/herself and at the appropriate times uses key phrases such as,

- "We are committed to giving you very good care."
- "I'm going to take you to a bed right away."
- "What questions can I answer for you?"

After the patient is assessed and treatment is initiated, the full patient registration process can begin along with nursing and physician documentation.

IMPLEMENTATION

This process can be difficult to hardwire, but when done correctly, it delivers a high degree of patient satisfaction. It is important to follow the

process as presented here and ensure that charge nurses enforce the process.

OUTCOME

Through the quick placement of patients into appropriate treatment spaces, QuickPass improves front-end processes and metrics and enhances the patient's perception of care and overall experience.

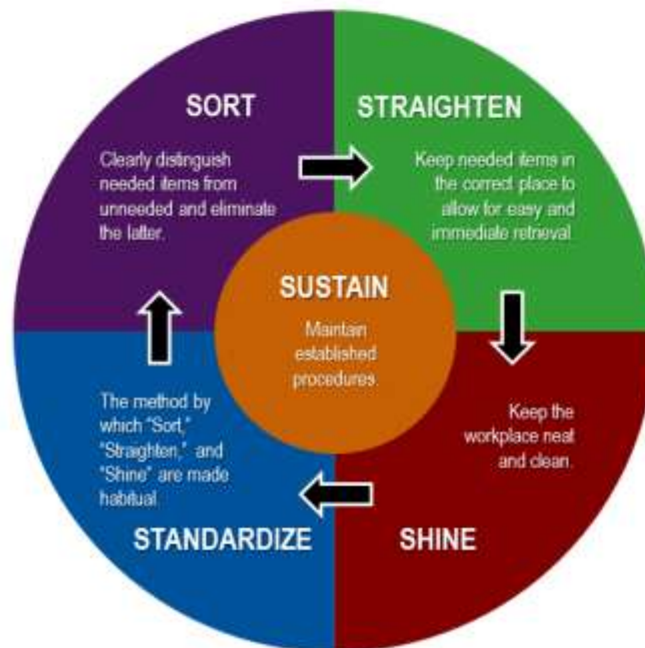
Tactic 3: The Five "S" Process

PURPOSE

The Five "S" (5S) process is commonly used to eliminate waste and maintain good housekeeping in work areas. A well-known LEAN tool, 5S improves workplace functionality by reducing clutter and helps create a clean and inviting environment for staff and patients. This process also helps improve patients' perceptions of the quality of care, cleanliness and overall service.

THE 5Ss

1. Sort. Take stock of the current inventory in your work area and remove everything that isn't necessary. Ask yourself how frequently you use it, is it current or obsolete and is it is essential to the patient or provider?
2. Straighten. Organize, label and identify the locations of items that are needed in the work area. Ask yourself, "How easily and quickly can we find this when we go into the store room?" Label shelves, create space and create order.
3. Shine. When the workspace is sorted and straightened, it is time to shine up everything. Clean equipment, dust shelves and put things together so that they are assembled and ready to go. There's no place where this is more important than in the ED.
4. Standardize. Create a method to support the first 3Ss, then develop a process to support keeping things clean, organized, labeled and in their assigned places. Set clear expectations about how the workspace will be maintained, and engage everyone's participation in the process.
5. Sustain. Routinely review the workspace on a regular basis to ensure the area is in top form. This is all about behavior change and takes time, holding people accountable and continual monitoring.



PROCESS

The first step is to share the idea of cleaning up and decreasing clutter and nonessential supplies, equipment and materials. Next, determine whether you are doing a specific part of the department (such as a storage room) or the entire department. Determine your scope and scale. Next, identify a few staff members who are excited about the idea and encourage them to excite others about the idea and to join a team to take on the challenge. The team size will vary from 6 to 10 people depending on the size of the department or area that's to be cleaned up.

About 8 to 10 hours will be required for the initial clean up and de-cluttering, so set a date and time for the activity when team members are available, and don't forget to tell everyone to wear comfortable clothes.

Keep the entire department informed of what's going on by advertising in the department when and where the activity will be happening.

It is also important to contact Facilities and Housekeeping to let them know what you are doing and what you might need from them, such as trash bags, cleaning supplies, labels, etc. and to find out where you can store nonessential equipment and/or supplies. Also consider

contacting pharmacy, supply chain services and others for their participation or input as well.

Give advance notice to staff scheduled to be on duty in the department the day of the 5S event that 5S team members will not be available for staffing that day.

Make the event fun!! Bring in treats, order t-shirts (if it's within your budget), invite administration and others. Manage it up! Utilize the EDAT to help with getting the word out and to help sustain the changes.

OUTCOME
By implementing 5S, the work area will be organized, look better, have more usable space and function better for staff and patients. The 5S process also supports readiness for goals put forth by The Joint Commission and enhances patient and staff safety and satisfaction by keeping the work areas clear of clutter that might cause an otherwise avoidable accident.

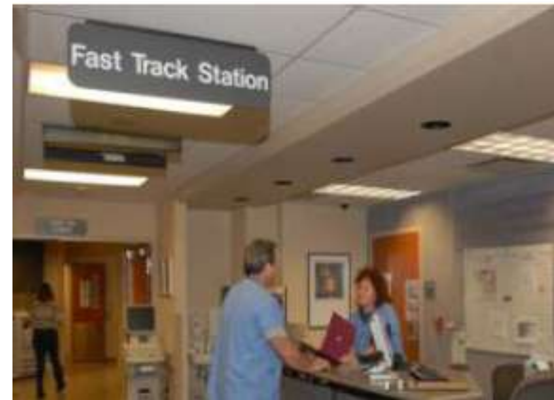
Tactic 4: ESI Level 3 Fast Track

PURPOSE
For EDs where at least 35% to 40% of their triaged volumes are ESI Level 3 patients, an ESI Level 3 Fast Track can improve overall throughput similar to a traditional fast track model.

PROCESS
By sorting and analyzing ED patient volume by ESI triage acuity, you can approximate the times of day when most ESI-3 patients arrive. From that information, pilot program details (hours of operation, coverage model for nursing and providers, location) for an ESI-3 Fast Track can be determined.

A small working group from the EDAT can be established to steer the pilot project. The steering committee should include a facilitator, physician, staff RN, triage RN, technician, unit secretary, registrar/access representative, and the ED manager/director. Consider involving your TeamHealth vice president of client services as the facilitator.

After the ESI-3 patient flow times have been determined and a location for the ESI-3 Fast Track has been decided, implement a 2- to 4-hour pilot (IHI Small Test of Change model). Working group team members should serve as participants in the pilot process. Ideal locations for this project would be close to the waiting area, near a restroom,



adjacent to the sub-waiting area, close to an exit, etc. The location should be close to the main ED because there will be some patients who need further work-up or observation.

During the pilot, note the efficiency of handoffs, opportunities to collaborate, and the LOS and LPMSE/LWOTs of ESI-3 patients in the pilot. Most importantly, note the feedback received from staff and patients.

Based on the metrics and feedback from the first pilot, improve the pilot through the PDCA cycle and perform two more pilots before going live with the ESI-3 Fast Track.

Consider the ESI-3 Fast Track as a "pull" method, and operate the fast track only during those hours where there is a constant flow of appropriate patients. Ideal staffing would include 1 provider and 1 RN with the addition of a technician if the area has more than 4 to 5 patients an hour.

Pearls: Keep vertical patients vertical. Nobody owns a bed, and choose your best and fastest staff to work in this area.

OUTCOME
Most EDs that implement an ESI Level 3 Fast Track see an overall reduction in LOS of as much as 40%. The resulting expedited care of ESI-3 patients improves staff, provider and patient satisfaction and also decreases LPMSE/LWOT rates.

Tactic 5: Triage Alternatives

Provider at Triage

PURPOSE
The Provider at Triage alternative is designed to effectively reduce door-to-provider times and door-to-pain-control times, expedite test ordering,

and reduce overall LOS. By having a provider participate in triage, low-to-moderate-acuity (ESI-3, -4, and -5) patients can be treated during triage and released after the triage phase, thereby improving timeliness of care and freeing valuable bed space for patients a higher level of care.

PROCESS

Similar to Tactic 4, ESI Level 3 Fast Track, it is important to sort and analyze ED patient volume by ESI triage acuity and determine the times of the day when most ESI-3, -4, and -5 patients arrive. From that information, the details (hours of operation, nursing and provider coverage, location) of a pilot program can be determined. It is also important to evaluate the medical director's and providers' thoughts on implementation of this tactic.

After the research (patient times of arrival and location) has been completed and nursing and providers are on board with possible implementation, establish a pilot process utilizing IHI Small Test of Change philosophy and evaluate utilizing the PDCA model by creating a treatment and intake space adjacent to triage. The pilot program would be open only during the hours when most of the ESI-3, -4, and -5 patients arrive in the ED, and the space would allow the provider or provider/RN team to complete a rapid intake and discharge/release if no diagnostic workup or treatment is needed or initiate care on patients who require only limited diagnostic or treatment /intervention. Patients may then be discharged, await diagnostic results in the waiting area or sub-waiting area, or transition to an ED bed as conditions warrant.

TEAM TRIAGE

PURPOSE

The Team Triage tactic alternative is intended to reduce overall LOS, door-to-provider times, and door-to-pain-control times. In this tactic, the RN and provider simultaneously greet and evaluate the patient and initiate the treatment plan, thereby eliminating the often extensive delay between handoffs that occur in a traditional model.

PROCESS

As in the Provider at Triage alternative, analysis of ED patient volume by ESI acuity and arrival times is required to understand when most ESI-3, -4, and -5 patients arrive. Then pilot program details can be established. This tactic can also be easily used along with the QuickPass tactic.

After the treatment and intake space has been created adjacent to triage, the pilot program can begin utilizing IHI Test of Change philosophy and evaluate utilizing the PDCA model. Again, similar to the Provider at Triage alternative, the provider or provider/RN team will complete a rapid intake, discharge/release of the patient if no diagnostic workup or treatment is needed, or initiate care in cases where limited diagnostic or treatment/ intervention is required.

Patients may then be discharged, await diagnostic results in the waiting area or sub-waiting area, or transition to an ED bed as conditions warrant.

OUTCOME

The Provider at Triage and Team Triage approaches are alternatives to the traditional triage tactics used by many EDs. In most cases, either of the alternatives presented here will improve patient satisfaction as well as reduce LOS, LPMSE/LWOTs, and door-to-provider times.

CONCLUSION

TeamHealth's Operational Performance Group has realized significant positive results for our ED clients by implementing these 5 tactics: EDAT, QuickPass, 5S, ESI Level 3 Fast Track, and the Provider at Triage/Team Triage alternatives. When properly implemented by a seasoned team of experts, these tactics can help reduce overall door-to-doctor/provider times, LPMSE/LWOT rates, and average lengths of stay while increasing both staff and patient satisfaction.

Resources

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