



Case Study

Collaboration and Communication Support Impressive ED Turnaround

Hospital Information

AdventHealth Central Texas
Killeen, Texas

TeamHealth Services

Emergency Medicine

Results

- 19% reduction in Door-to-Discharge, from 202 to 164 minutes
- 21% reduction in LOS (all), from 252 to 200 minutes
- 64% reduction in Door-to-Doctor, from 50 to 18 minutes



Dr. (Alexander) Barrero and his team have worked extremely hard to build a cohesive team in our Emergency Department. Collaborating on processes, patient care, and overall improvement around patient experience. The work that Alex and our nursing leaders have done together to change the culture has been amazing.

Tammy Rodriguez

Chief Nursing Officer,
AdventHealth Central Texas

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Challenge

Patient care and staff engagement were lagging in the fast-paced emergency department at AdventHealth Central Texas in Killeen, Texas, which averages more than 142 patients daily (or in flu season, more than 160 daily patients.)

The emergency department faced challenges on many levels, including a bottlenecked system of treating patients, inefficient triage communications, and a higher-than-desirable rate of personnel turnover. The hospital looked to its emergency department partner, TeamHealth, to develop solutions, build retention and engagement and improve performance metrics associated with quality patient care.

Solution

TeamHealth clinical and operational leaders began drawing on best practices gleaned from working in more than 500 emergency departments across the country. They quickly identified similar situations that had triggered past ED challenges in other TeamHealth medical facilities, and developed customized solutions for the department's chief frustrations.

A combination of teambuilding techniques, personnel reassignments and open, transparent communication began the ED's transformation. For example, the hire of an enthusiastic new nurse practitioner formed a vital bridge between the physicians and nursing staff.

Additionally, TeamHealth physicians facilitated sessions with staff to identify inefficient processes, laying the groundwork for ownership of the resulting solutions and improving staff buy-in. For example, clinicians gave nursing staff clinical vignettes, began explaining the "why" behind their evaluations and orders and taught new skills such as ultrasound-guided peripheral IV starts.

Results

A sense of comradery and accountability emerged, aided by a spark of competition when the ED team's medical director began placing an emphasis on comparative metrics...and posting them for all clinicians to see.

The medical director said operations stabilized as the team took more ownership of their actions. Challenging situations were discussed in real time, with corrective measures taken soon afterwards.

Today, hospital administrators report that performance metrics reflect measurable upward advances. Significant improvement and early successes include:

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