THE EVOLVING EMERGENCY DEPARTMENT
Strategies for Staying Ahead of the Curve
EMERGENCY DEPARTMENTS ARE NO LONGER JUST FOR EMERGENCIES – in many hospitals, they now act as the primary point of entry for both emergency and non-emergency patients.1 This means that, for many patients, the emergency department is their first impression of a hospital and the deciding factor in their satisfaction. And with CMS reimbursement now tied to patient satisfaction, a quality emergency department experience has never been more important.

This leadership brief will demonstrate that DRAMATICALLY INCREASING ED EFFICIENCY is the best strategy for dealing with this influx of new traffic. The brief will examine the factors that are driving increased emergency department utilization, and explore the impact it will have on hospital operations. Additionally, it will showcase three successful strategies for increased emergency department efficiency.

”In many hospitals, more than 60% of INPATIENT volume comes through the emergency room”
What’s Driving This Change?

THE INCREASE IN ED TRAFFIC IS DUE TO MANY FACTORS, the most significant of which are the changes driven by the ongoing implementation of the ACA. The MEDICAID CHANGES that took effect in 2014 have expanded the program to cover millions of additional adults who were previously uninsured. This has dramatically increased demand for PCPs who accept Medicaid – a resource that was already in short supply. Those who can secure a PCP often have to wait weeks or months for an appointment – and for the millions of newly insured Americans who are unable to secure a PCP, the ED has quickly become the primary source of medical care.

TECHNOLOGY has played a role as well. Diagnostic sensitivity is critical for any physician responsible for intake and diagnosis, and new developments in diagnostic technology have done a lot to improve sensitivity. These increased capabilities require significant investment in diagnostic instruments, which is difficult for small PCPs to afford. Because many office-based physicians do not have the financial resources necessary to match the diagnostic capabilities of the ED – and could therefore open themselves up to litigation resulting from inaccurate diagnoses – much diagnostic work is being shifted to the emergency department.

Lastly, many hospitals have failed to adapt their INTAKE SYSTEMS to these trends. To cope with increased patient volumes, hospitals must reimagine their EDs as “rapid diagnosis and treatment centers” that can provide the same rapid, high-sensitivity diagnostic services that were traditionally the domain of PCPs.

Changes in policy and technology are largely outside the control of individual hospital executives. For this reason, attention should primarily be focused on the lower hanging fruit: the structure of the ED and its intake system. Three tactics and techniques – CREW RESOURCE MANAGEMENT, IMPROVED TRIAGE SYSTEMS, and KAIZEN – have proven themselves to be particularly effective solutions for driving improved ED processes.
An effective trauma team has been described as “one where each team member knows their role and is confident in carrying out their tasks in a coordinated way towards a shared goal.” One of the best tools for achieving this ideal is CREW RESOURCE MANAGEMENT (CRM). CRM increases patient safety and operational efficiency by empowering all team members to identify and communicate potential patient harm. It also provides a structured forum for identifying opportunities for process improvement.

By shifting focus to the communication skills of ED personnel, CRM encourages the teamwork necessary to handle increased patient volume. Several studies have shown that ED teams trained in CRM principles regularly outperform teams of similar sizes and workloads, both in terms of clinical errors and overall efficiency.

WHAT IS CRM?

Originally developed to improve aviation safety, CRM is a communication methodology that improves safety through COMMUNICATION, COLLABORATION, TEAMWORK, and PROCESS STANDARDIZATION. It is ideal for any and all environments where “human error can have devastating effects.”

HOSPITALS ACROSS THE NATION USING CRM HAVE REPORTED:

- Reduction in sentinel events
- Discovery of previously unrecognized errors
- Prevention of potential medication errors
- Reduction of serious safety events
MISCOMMUNICATION IS THE LEADING SOURCE OF ERROR IN THE ED, and increased patient traffic will likely exacerbate this problem. Reducing error is critical to patient safety. It’s also key to increasing efficiency, which in turn drives both patient and staff satisfaction. This means improved communication should be a top priority.

At BAPTIST HOSPITAL OF MIAMI, Dr. David Mishkin and his ED team have been using regular CRM-based COMMUNICATION DRILLS to increase collaboration and improve communication. The drills consist of high-pressure simulations that use relatively simple diagnostic challenges to focus pressure specifically on the team members’ communication skills. Particular emphasis is placed on the use of CRM tools like standardized communication scripts, process checklists and mandatory debriefings.

"My team was able to achieve a significant reduction in communication errors after a single four hour training session. That impressive result drove the decision to make communication drills a standard part of our ED team development."

— DR. DAVID MISHKIN, BAPTIST HOSPITAL OF MIAMI

SIMULATIONS DEVELOP COMMUNICATION SKILLS:

Establishing a Leader
Distributing a Workload
Reevaluating Situations
Building Shared Mental Models
ED STAFF ARE A LIMITED RESOURCE – and with more patients using the ED as their primary healthcare provider, that resource needs to be allocated as efficiently as possible. One of the best ways to achieve this is by IMPROVING TRIAGE PROCESSES.

Dr. Ken Colaric, Director of Emergency Services at Saint Mary’s Medical Center in Blue Springs, Missouri, did just that. He introduced a new model of “parallel care” in his ED, in which medical personnel can treat a patient as soon as they are available rather than waiting for their turn in the traditional sequence of ED care. Dr. Colaric’s team introduced immediate bedding and bedside registration so that if a nurse or doctor becomes available before an intake administrator, they can begin care right away. In the case of high-acuity patients, all providers assess and treat the patient in concert. This streamlined triage process has improved nearly every metric of success for the Saint Mary’s ED.

TRIAGE SYSTEM RESULTS

- **30% SHORTER AVERAGE LENGTH OF STAY**
- **88% REDUCTION IN “LEFT BEFORE BEING SEEN” RATE**
- **DRAMATIC DECREASE IN DOOR-TO-BED AND DOOR-TO-DOCTOR TIMES**

"Our investment in improved triage systems has paid off several times over. It’s remarkable how much positive impact small process changes can have when they’re standardized across an entire department."

- DR. KEN COLARIC, SAINT MARY’S MEDICAL CENTER
Many tactics exist to relieve the increased pressure on ED capacity and reduce “left before being seen” (LBBS) rates. One example is COLOR-CODED TRIAGE ZONES, which can be used to sort patients into different categories based on acuity. Using an Emergency Services Index (ESI) that weighs several measurements of patient health, triage staff can assign patients to high, medium and low acuity areas of the waiting room as they come in. Low acuity patients can be directed to a dedicated “Fast Track” area designed to minimize length of stay.

Color-coded triage zones are particularly effective when combined with another tactic: DEDICATED TRIAGE TEAMS. The triage team’s sole function is to rapidly evaluate incoming patient acuity and direct patients to the appropriate care path. Typically consisting of an ED mid-level manager, an ED nurse and a medical technician, the team is deployed to the triage area during times of forecasted high demand.

These and other process improvements can enable overtaxed emergency departments to DRAMATICALLY INCREASE OPERATIONAL EFFICIENCY and REDUCE LBBS RATES.

CORE STRATEGIES

- COLOR-CODED ZONES
- DEDICATED TRIAGE TEAM
Kaizen is a management methodology that emphasizes **CONTINUOUS PROCESS IMPROVEMENT**.

Originally applied to manufacturing processes (most famously Toyota’s), Kaizen practices have since spread to many different industries. Hospital systems – and emergency departments in particular – have found Kaizen practices useful for uncovering hidden opportunities for increased efficiency, which is critical for successfully handling increased patient volume.

The core of the Kaizen methodology is the **KAIZEN EVENT**, a three-day intensive workshop that involves all staff members involved in a given process or department. All participants – regardless of seniority – are encouraged to critically examine the entire process and identify areas for increased efficiency. Using techniques such as value stream mapping (VSM), the team goes through each step of the clinical process and assesses how time and resources are lost along the work flow. Staff leave the event as a more cohesive team, each equipped with a clear set of actionable goals for improving ED operations.

**KAIZEN**: A lean methodology, rigorous discipline, and open ethic of continuous improvement that enables people to achieve worthwhile changes to a system or process while at the same time decreasing chaos and confusion.

A Kaizen event is the right strategy for organizations that:

- **Rely on teamwork for success**
- **Value collaboration above individual effort**
- **Benefit from streamlined, standardized processes**
- **Can scale small process improvements across departments**
At Jupiter Medical Center (JMC) in Jupiter, Florida, Sheridan physician and JMC chief of radiology **DR. LEE FOX** has been leading the hospital’s implementation of Kaizen for the past several years. The JMC implementation has included nine Kaizen events to date, each building off the successes of the previous ones. Through the Kaizen process, Dr. Fox and his team have developed novel approaches for reducing expenses, many of which are directly tied to individual team member performance goals. Perhaps most importantly, Kaizen helped JMC remove barriers in their company culture that were preventing change from taking place. Allowing more staff voices to be heard helped identify more areas for potential improvement – and, ultimately, helped the team solve more problems faster.

Dr. Fox’s Kaizen implementation at Jupiter Medical Center was so successful that it earned the attention of the media, including a profile in **FIERCEHEALTHCARE**.

**JMC KAIZEN RESULTS:**

- Holding area patient wait times reduced by 50 percent
- Breast center wait times reduced by 30 percent
- Positive impact on patient satisfaction
- Reduced salary expenses in most modalities

_The secret [to a successful Kaizen implementation] is to let the team members feel empowered to make changes for process improvement. The Kaizen events provided a structure to channel opportunities for improvement detected by individual team members and convert them into realized changes that have a positive impact._

- LEE FOX, MD, JUPITER MEDICAL CENTER
REFERENCES:


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