

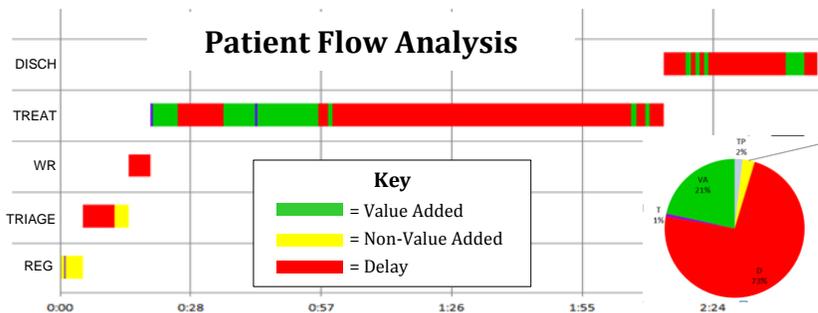
Redington-Fairview General Hospital (RFGH) Emergency Department drives dramatic improvements in patient experience: seeing a provider 60% sooner, 39% shorter stays, and 61% fewer patients leaving prior to discharge.

Declining Patient Satisfaction, Need for More Resources

RFGH and their Emergency Department (ED) had already made great improvements to their customer satisfaction scores, however “they were starting to drop and become inconsistent” says Carol Steward the Director of Support Services. “We also had some failed improvement efforts and realized our method to make change was not successful. We needed help with making successful change.” RFGH’s goal was to make sustainable improvements while better utilizing existing resources. “For the last year and a half, we were hearing ‘we need more people, we need more space’ recalls CEO Dick Willet, “we decided that until we know every facet of what we are doing we aren’t going to invest in anything else.”

Making the Commitment

The transformation project began with RFGH leadership committing to dedicate a team of 3-4 members to work full-time on this project for 12 weeks, with direct oversight, training, and tools from Opus Solutions, LLC. As a critical access hospital, resources are always tight. However, with more than 25,000 visits per year to this ED, there was never any doubt about the value of this crucial community resource and the need to drive ongoing excellence. Sherry Rogers, Chief Nursing Officer explains, “This is a big investment, but we are getting the benefit in patient satisfaction, quality of care, and also development of staff. The organization is only as good as its staff. It is real work. If you are going to do this, you need to invest the time to get the work done.”



Identifying Root Causes

The team’s first step was to gather baseline data by taking observations of the current ED workflow. The team videotaped providers, nurses, and other ED staff while also observing how patients flow through the department. Through the data collection process, the team learned how to analyze the data they gathered and used this information to gain a better understanding of the true reasons why patients ended up waiting in the ED for long periods of time. This was an eye-opening experience for the team as Tiffany Faloon, RN, speaks of the process, “I found my compassion again for patients... It was awful having to watch what the patients go through. One minute felt like two hours to me, and I knew what was going on. I can’t imagine lying in the bed, having no idea what’s going on.”

Observation and analysis of patient and staff flows led to lists of root causes of patient delays.



The team had the opportunity to do something not many people get a chance to do, which is taking a step back and seeing the process as a whole in great detail. Physician's Assistant Melissa Michaud explains, "This process has been extremely eye opening. I didn't realize what the patient had to go through even before I got to see them, and then how they flow through the ED after a provider sees them and what they are waiting for. All these terms, Delay, Value-Added, Non Value-Added all makes sense now when you take a step back and say they are waiting on me [as a provider] because I'm doing all these things that don't have to be done at that time or could be done more efficiently"

Detailed analysis of the observations revealed many areas of improvement. The next crucial step for the team was to prioritize these improvement opportunities and begin developing a vision of the future. Faloon recounts, "We didn't go gather data with one solution in mind. We gathered data and then came back and analyzed it and had papers all over the walls covered in problems that we saw and then prioritized those into what would be most impactful to the patient."

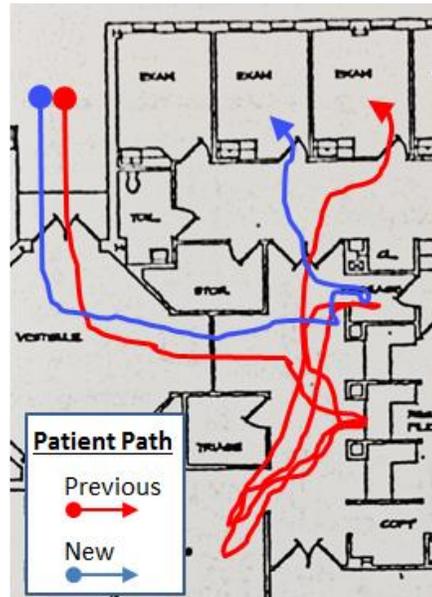
Patient Arrival Process

Analysis showed patients being delayed in the process by a cumbersome Registration and Triage process, which involved patients having to make multiple trips to the registration desk and the waiting room. Patients would be delayed getting into an available exam room because they were dealing with the registration process. And with Registrars being the first point of contact for arriving patients, there was the risk of these non-clinical staff being placed in a position of making decisions with clinical implications.

In the new process, the first person a patient sees when they present to the Emergency Department is a Nurse. The RN greets the patient, performs a quick registration and triage process, and the patient is roomed directly (if rooms are available). Patients now see a Nurse immediately and see a doctor 60% sooner than before.

Bedside Care – Provider and Nurses

Another key area for improvement highlighted from the analysis was patient delays caused by interruptions to providers and nurses. "It's amazing how many things we get interrupted for," explains Michaud. Analysis and direct observations showed that once a provider left an exam room, they were interrupted frequently with questions, phone calls, and other matters that in turn delayed time in which orders or dispositions were entered, resulting in more waiting time for the patient.



A new arrival process has the patients seeing a clinical staff member immediately upon arrival, with the goal of immediately going to an exam room and not the waiting room.

Now, bed-side computers allow both nursing and providers to chart at the bedside without having to face the interruptions that would ultimately have delayed patient care. Michaud explains, "This definitely frees up time. It isn't about speed; it's about trying to be more efficient and in the room with the patient talking about their plan. These new changes provide multiple benefits to patients and staff. We are streamlining the process, getting the providers to do orders at the bedside and spending more time with the patient, getting more Value-Added time."



New standard work makes computers at the bedside a valuable and consistent part of the new process. Provider order entry and nurse charting is done real-time with the patients.

Patient Status – Providers and Nurses Knowing What to Do Next

One of the most important changes implemented was changing the role of the Charge Nurse. Observations revealed that at times, providers and nurses were so busy that they did not know where they were needed next. Many times, analysis showed patients having to wait longer because it was difficult for staff to know where they were needed in the midst of a busy day. The Charge RN role is now solely focused on patient flow throughout the department in order to help nurses and providers stay on track.

Phy 1	Lab 0	Xray 0	Disp 2
Processes	Comments	Disposition	
Provider-Eval; Reg LAB XR Reg, Provider-Eval		Discharge	
TESTS COMPLETE LAB CT Provider Eval, Reg		Discharge	
TESTS COMPLETE, Provider-Eval, R XR Reg XR LAB Provider-Eval; Reg		Discharge	
Provider Eval			

Standard work was created around the existing technology

BEFORE: Virtual flags could not be trusted as staff was using them differently and inconsistently

AFTER: Standard definitions for each flag and standard work for when and how to use the flags, helping Providers and Nurses easily know patient status.

Getting to the Details

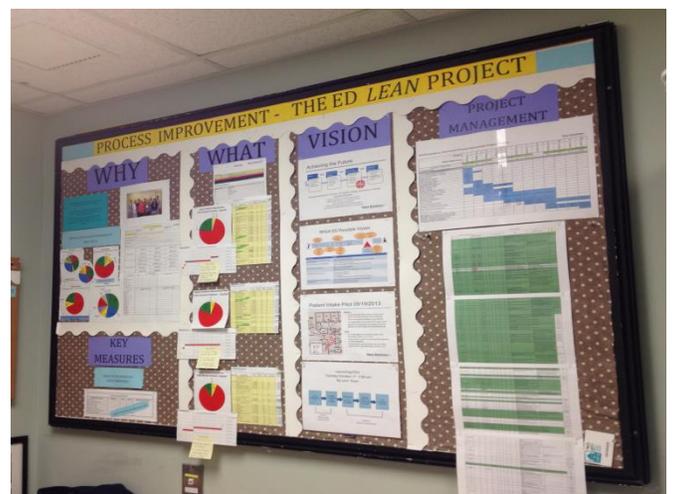
All of these changes did not come easy. Michuad, surprised by the level of detail involved in making the new process changes, reflects on the importance of the work, "it's been mentally exhausting but it wouldn't have worked if we didn't go into that level of detail, seeing every little thing, otherwise staff won't trust the changes and that's what we saw with past changes that we did where we have ideas and implement and it lasts for a week." Solving the details to any new change takes careful planning and contributes to sustainability of the new process. Bedside charting is a perfect example – this is not a new idea, and mobile computers have long been available in the department, although they often sat idle.

The most important change was in designing and fine-tuning the standard work practices, not simply making the technology available and assuming people would use it. Sherry Rogers, Chief Nursing Office recalls, "It was slower than I expected; more in-depth. I originally thought we would maybe do 40 small changes over 12 weeks. This is more of a deep dive. Good planning leads to sustainability. It's a lot of work."

Results

With the attention to detail and change management, transformational results came quickly. "We're already getting recognition from the community and from other hospitals. We've been invited to share our story with our peers," says Steward. While results include a significant reduction in length of stay, RFGH's main focus from the beginning has been on patient care. "It's a better patient experience. At the end of the day, we made things better for the patient. We don't move faster, we're just doing things at the right time and in the right place. The quality of care is not only as good as before but better," explains Faloon.

A better patient experience is having ripple effects on the staff as well, "We have so many great nurses that for quite a while have been discouraged by our patient satisfaction scores. But with the process changes we've done, they are able to see it immediately in the patient comments and the family comments. It just makes everyone feel so much better to get some recognition from the community that 'hey, we like what you are doing'," describes Fran Caron, ED Nurse Manager of Operations. These improvements and results are only the beginning of the journey for the RFGH team as they are already working on the next round of improvements.



Staff kept up-to-date with new process changes and able to provide input through communication board

Summary of Results:

	Before	After	Improvement
Arrival to clinician	0:04:10	0:02:00	52%
Arrival to provider	1:01:05	0:24:40	60%
Length of stay	2:58:00	1:48:00	39%
Left Prior to Discharge	3.03%	1.18%	61%
Patients sitting in Waiting Room	2.1	0.4	81%

As to the value of external consultants, CEO Willet notes that, "The biggest value at the end of the day was that they really gave people tools that they could use in decision making to make their job better. You didn't tell them the best way to do it. You gave them tools to allow them to evaluate themselves and force them into making a better environment. You empowered the people within the system to change the system. People have become very comfortable looking at data, asking questions, making decisions."

From the team perspective Faloon adds, "We want to fix everything. Staying focused was one of the biggest benefits of having Opus here. 12 weeks seems like forever before you start. It is easy to think we should just start a whole bunch of things. But it really is a lot of work to make sustainable change and we really needed someone that could remind us what the most important task was. Having an outside voice testing us was beneficial too; someone that could really push and test without any personal stake – it would not have been as impactful if it had just been one of my colleagues."



RFGH Emergency Department team members:
Dr. John Comis, Fran Caron, Mariel Bent, Melissa Michaud, Tiffany Faloon, Heidi Williams, Sue Warner, Rebecca Li (Opus), Lewis Lefteroff (Opus). Not pictured: Chris Blanchette, Ryan Greenwood, Brandon Groh and many others.

Beyond the Emergency Department

The successes of the project quickly extended beyond the Emergency Department. CEO Willet says, "What's really impressive is to hear our medical director and nurse managers talking about where else we can do this kind of work." Steward adds that "what truly fits is getting right down to the details and letting people change the way they work. This has been such a good opportunity for the Emergency Department to shine – to step up and come forward and be recognized within the hospital and the community as doing great work. We've done some great things and we're going to keep doing great things. I'm excited to see what comes next."

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