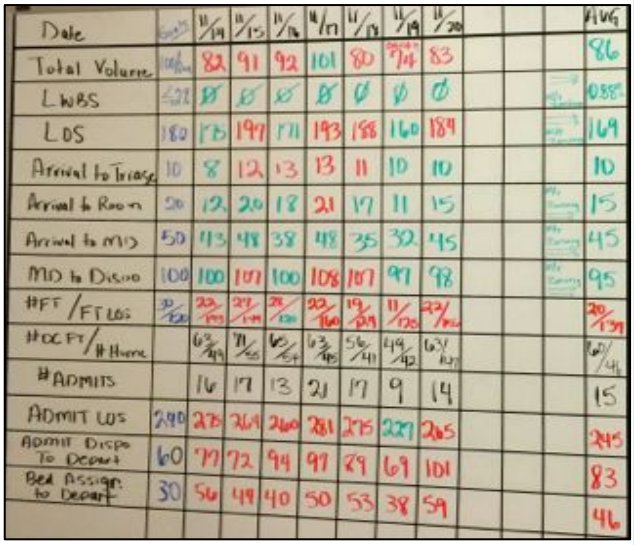
EMERGENCY DEPARTMENT

LEAN HEALTHCARE



Date		11/14	11/15	11/16	11/17	11/18	11/19	11/20			AVG
Total Volume		82	91	92	101	80	74	83			86
LWBS		8	8	8	8	0	0	0			0.88
LOS	180	186	197	211	193	188	160	184			169
Arrival to Triage	10	8	12	13	13	11	10	10			10
Arrival to Room	20	12	20	18	21	17	11	15			15
Arrival to MD	50	113	48	38	48	35	32	45			45
MD to Disp	100	100	107	100	108	107	97	98			95
#FT / FT LOS		22/	22/	21/	22/	19/	11/	22/			20/
#OC FT / # Hours		63/	71/	62/	63/	56/41	49/	62/			62/
#Admits		16	17	13	21	17	9	14			15
Admit LOS	240	228	269	260	281	275	227	265			245
Admit Disp To Depart	60	77	72	94	97	89	69	101			83
Bed Assign to Depart	30	56	49	40	50	53	38	59			46

Overview – Emergency Department

- At John Kim & Associates (JKA), we are keenly aware of the role an Emergency Department (ED) plays as both a key service to the community as well as a key entry pathway for the hospital.
- Focusing on multiple aspects of performance including: quality of care, ED wait time, length of stay, LWBS and coordination of care (with primary care provider)
- Understanding that the ED *value stream includes* not only processes and departments within the *hospital* (ancillary and inpatient departments), but also one that connects the ED to the community (through primary, specialty, and urgent care) is the key the improving ED *value stream* (vs. department) performance
- JKA works to create processes and systems that improve flow of *patients*, *information*, and *care* inside the department, within the hospital and through transitions in care outside the hospital.

CASE STUDY: EMERGENCY DEPARTMENT

Background Information and Project Overview:

Creation of the Emergency Department *model line* began with hospital leaders participating in an Enterprise Strategic Planning (ESP) session. The ESP was used to *align* hospital and ED department strategic objectives, operational objectives, understand their organizational needs, and establish baseline ED performance. This foundation enabled strategic, operational and performance objectives to be defined.

Background on the ED:

- 24 room Emergency Department located in 180 bed hospital (part of an 11 hospital health system)
- Hospital relocated to a new facility 6 mos. prior (to model line work) and was struggling to meet performance goals.
- Daily struggle to support volume increases while managing within tight budget: Length of Stay (LOS) was 30+% above goal and Left without Being Seen (LWBS) was more than 3x the health system goal
- Morale and trust was at an all-time low amongst providers and staff

Model Line Approach:

The ED project goals were defined and approach was designed to impact the metrics and deliver the ROI. The *Model Line* strategy focused on removing key obstacles to flow by letting the ***'fast go fast'*** (front end), improving '*decision to admit* to *admit*' (back end) and improving coordination of key ancillary support departments (Lab, imaging, etc).

First, separate patient pathways were created based upon acuity. The pathway for our least sick patients was staffed with a mid-level provider. This moves significant patient volume ("*100% of the right 30%*") from the main ED into a ***'Fast Track'*** pathway.

Second, the attention went to the removal of the ***'block'*** at the end of the ED process for patients being admitted. The resulting process streamlined the admissions process through the use of quick admit (standing) *orders,* coordination with inpatient units (minimize *preventable* change of shift admissions) resulting in ↓ 40% in admission time out of the ED).

Next, the focus went to balancing acuity and volume. A system was created to respond *dynamically* to changing situations in the ED; thus improving work balance across providers throughout the day (especially during peak times). This approach also improved ED staff morale and resulted in better overall experience for patients.

Additionally, shared processes and understanding of time between ED personnel and ancillary service providers was established. This created cross-departmental understanding of why delays occur and how to prevent them in the future.

An ED Management system was built to manage all processes, track progress, and create the framework to engage staff and create opportunities for further improvements.

Results: $3+mm from LWBS and resulting admissions

Baseline Data:

- **Left without Being Seen (LWBS) 6.88%**
- **Average Length of Stay (LOS) 230 minutes**
- **Admit Decision to Department 125 minutes**

Current Performance (After 3 months):

- **LWBS .88 % ↓87%**
- **Average LOS 160 minutes ↓30%**
- **Admit Decision to Department 75 minutes ↓40%**

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