

Meds[®] Monthly

Emergency department
news for hospital executives



Measuring and Improving ED Speed

by **DR. LEN GLOVER**

Emergency department visits are already long, and they're getting longer. According to the 2010 *Emergency Department Pulse Report* from Press Ganey Associates, Inc., the average emergency room visit last year averaged four hours and seven minutes. It's the longest time they've ever recorded, a full 30 minutes longer than their first report in 2002.

The report comes as wait times are already under intense scrutiny. Hospitals with comparably short ED wait times are increasingly highlighting them in their marketing, and the focus on how much time patients spend in the ED will become institutionalized if, as expected, the Center for Medicare Services (CMS) requires

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in the ED:
St. Elizabeth's
Hospital**

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TRENDS IN THE ED

Reducing ED overcrowding

From *Healthcare Finance News*, these seven methods help to reduce emergency department overcrowding. Tips include posting wait times online and using a fast track system.

[FULL STORY](#)

Code crazy

From the *Wall Street Journal*, this article puts the upcoming ICD-10 codes in perspective.

[FULL STORY](#)

Learning from the DMV?

From *MarketWatch*, long hospital wait times can be deadly. Here are some suggestions for shortening the wait, including a lesson or two from the DMV.

[FULL STORY](#)

Limiting nonemergency ED visits

From *Healthcare Finance News*, Washington state will limit nonemergency ED visits to three per year for Medicaid patients, saving \$72 million per year.

[FULL STORY](#)

Mentally disturbed patients in the ED

From the *L.A. Times*, the ED is becoming a costly destination for mentally disturbed patients. Budget cuts are creating added safety risks and placing a burden on already crowded emergency rooms.

[FULL STORY](#)

CASE STUDY | ST. ELIZABETH'S HOSPITAL | BELLEVILLE, IL

Best Practices in the ED



MEDS is the best physician group I've ever worked with, particularly with their use of nurse practitioners to provide more timely care in the ED.

SUSAN BEELER, NURSE MANAGER,
ST. ELIZABETH'S HOSPITAL

THE PROBLEM St. Elizabeth's Hospital in Belleville, IL, has a thriving emergency department with 38,000 annual visits. MEDS has worked with the hospital since 1983 to manage and staff its emergency department.

Over the years, financial challenges resulted in a nursing shortage in the ED. At the same time, patient volume steadily increased, due in part to the closing of another nearby hospital, and patient acuity rose, resulting in admission rates of nearly 30 percent.

St. Elizabeth's emergency department began to feel the pressure. Wait times increased. Patients leaving without treatment rose to 6 percent. Public perception of the department declined. Overall patient satisfaction ratings dropped. Acute patients who were seen quickly rated their emergency care high, but lower acuity patients who left without treatment provided lower ratings.

THE SOLUTION A change in administration provided an opportunity to address these problems in new ways. With the support of the new administration, MEDS became more engaged with the medical and nursing staff to devise and implement solutions, working as partners to address the ED:

- The hospital brought in a nurse manager, who worked with MEDS to determine appropriate nurse staffing ratios and hire new nurses. MEDS and the nurse manager also developed a team nursing approach, where nurses were responsible for specific ED rooms.
- MEDS introduced the use of nurse practitioners to work with its core team

of ABEM-certified emergency medicine physicians. MEDS created a "Minor Medical Area" where nurse practitioners treated less acute patients in a timely manner, relieving pressure and freeing the physicians to address more serious cases.

- The new combination of doctors, nurse practitioners, and nursing staff made other operational adjustments to improve efficiency and profitability, such as bedside registration, improved triage protocols, a streamlined documentation system, extended physician hours, and a provider incentive program rewarding individual productivity and adherence to CMS core measures.

As a result, the percentage of patients leaving without treatment has dropped to less than 2 percent, and patient satisfaction scores are now meeting and exceeding targets. Wait times have decreased, and public perception of the hospital has improved, which has created additional growth in patient volume.

"I have been extremely pleased in working with the MEDS team," said Susan Beeler, nurse manager for St. Elizabeth's Hospital. "MEDS is the best physician group I've ever worked with, particularly with their use of nurse practitioners to provide more timely care in the ED, and their willingness to participate in our process improvements to promote a more positive patient experience. Today, the emergency department at St. Elizabeth's Hospital is a much more pleasant place to work, with great teamwork, better communication and collaboration, and an improved morale."

THE RESULTS

Wait times have decreased.

Patients who left without treatment dropped from 6 percent to less than 2 percent.

Public perception of the hospital's ED has improved.

Patient satisfaction scores are exceeding targets.

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hospitals to track speed metrics and post those metrics on hospitalcompare.hhs.gov. It will be the first time that speed measures are tracked on the CMS site, and, if history is a guide, we can expect that CMS will eventually base payments on these measures.

The new CMS metrics focus on two key measures: “Door to departure,” which is the median time between when the patient arrives at the ED and when they leave the ED to be admitted to the hospital; and “decision to admit to departure,” or “boarding,” which is the median time between when an ED physician decides to admit the patient to a hospital bed and the patient arrives at the inpatient bed.

Why are these metrics important?

CMS requirements aside, there are numerous reasons why hospital administrators should track these metrics and work to improve them. One is that the data they provide is clearly linked to important aspects of ED performance. Extensive research shows that longer wait times correlate with reductions in the quality of patient care, as delays result in failure to get timely care and appropriate medication, as well as increased medical errors.

Another reason wait times are important is that they directly affect patient satisfaction, which is perhaps the most important measure of the competitiveness of your emergency department.

Finally, hospitals should track those metrics because, along with other key indicators such as the average wait time before seeing a doctor and compliance with CMS core measures, they provide information that is crucial to effective ED management. Measuring wait times is the first step toward improving them.

How can EDs shorten wait times?

Improvement starts with understanding the sources and causes of long wait times. Benchmarking your ED against comparable hospitals, including other hospitals in your system, identifies strengths and areas for improvement. And the tools of Lean management can specify sources of delay and suggest process improvements that can address them.

Some of the sources of delay will be beyond the direct control of the ED. Patient boarding, for example, is often the result of delays in finding inpatient beds; the issue is not leaving the ED but entering the hospital. Similarly, wait times are caused by the unavailability of testing equipment or delays in getting radiology and lab results.

But many of the sources of patient flow delay are largely within the control of the ED. Important examples include bottlenecks at triage and other process points and inefficient staffing levels.

Improving patient flow in the ED

Effective initiatives to improve patient flow and increase efficiency and profitability include revised triage procedures and protocols, bedside registration, streamlined documentation systems, extended physician hours, and a provider incentive program rewarding individual productivity and adherence to CMS core measures. We’ve used several of these tactics to improve patient flow at the hospitals we serve.

For example, at St. Elizabeth’s Hospital in Belleville, Illinois, we introduced the use of nurse practitioners to work with its core team of ABEM-certified emergency medicine physicians. MEDS created a “Minor Medical Area” where nurse practitioners treated less acute

This marks the first time that speed measures are tracked by CMS, and, if history is a guide, CMS will eventually base payments on these measures.

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patients in a timely manner, relieving pressure and freeing the physicians to address more serious cases.

Similarly, we have decreased wait times and increased patient satisfaction at other hospitals by developing a “fast track,” or a mini urgent-care center, within the ED, using mid-level practitioners to address less acute cases so physicians can focus on the serious conditions. Another successful initiative that addresses staffing levels is to install peak census protocols that pull personnel from other areas of the hospital to help reduce the ED load during peak periods.

The importance of communications

While decreasing wait times is the most direct route to increased patient satisfaction, communication about wait times also plays a role. One of the most intriguing findings of the Press Ganey survey was that overall patient satisfaction remained stable despite longer average waits, with patient communications as the key explanatory factor.

As expected, patients who spent more than two hours in the emergency room were less satisfied with the experience than those who spent less than two hours. But when Press

Ganey controlled for patient satisfaction, looking only at those patients who said they received good information about wait times – including practices as simple as using whiteboards in exam rooms to keep patients informed about treatments or delays – the relationship between length of wait and satisfaction disappeared.

For hospital and ED managers, the bottom line is that the clearest path to increasing patient satisfaction in the ED is to reduce wait times and keep patients well informed about those times. At MEDS, we work with our hospitals to collect and analyze key metrics addressing wait times, institute practices that improve patients flow through the ED, work with other hospital departments

to get critical patients out of the emergency room and into hospital beds more quickly, and institute communications practices – from rounding within the department by nurses and doctors at set intervals to the use of social media, billboards or beepers – that keep patients informed. The payoff in patient satisfaction, efficiency and profitability is clear.

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