

# Improving Functionality and Profitability within a Hospital Emergency Department



Healthcare settings are often plagued with waits, delays and dissatisfaction.

Nowhere is this more observable and its impact more palpable than in hospital emergency departments.



Performance. Leadership.

# Emergency Department: Proven Strategies and Solutions

Emergency departments throughout the United States are continuing to experience increased demands and overcrowding. Leaders of these departments are finding it increasingly more challenging to handle the routine day-to-day emergencies much less be prepared for natural disasters or acts of terrorism.

The implications are serious and create significant quality and safety issues. Delays in treatment and mistakes due to an overly complex working environment can result in patient harm, including death. Long wait times negatively impact patient satisfaction and increase the likelihood of patients leaving without being seen. Overcrowding affects care costs through increased staffing requirements during the longer lengths of stay. In a difficult working environment, employee satisfaction is difficult to maintain.

The *good news* is there are proven strategies and solutions to thrive in the face of these difficulties.

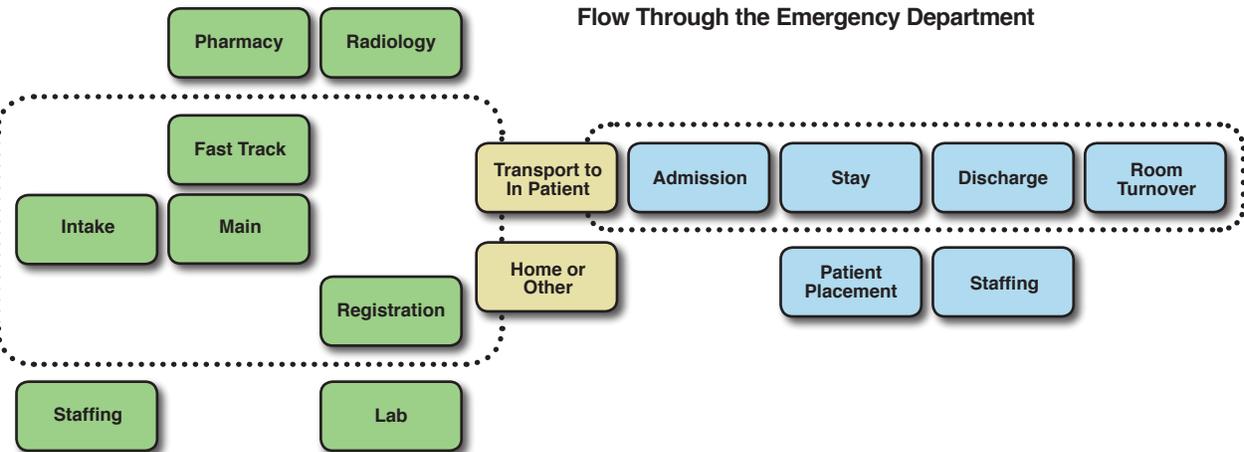
**There are three main areas of concern when considering improving the functionality and profitability in the Emergency Department:**

1. Patient Satisfaction
2. Operations and Patient Flow
3. Risk Management and Patient Safety

**What's the problem?**

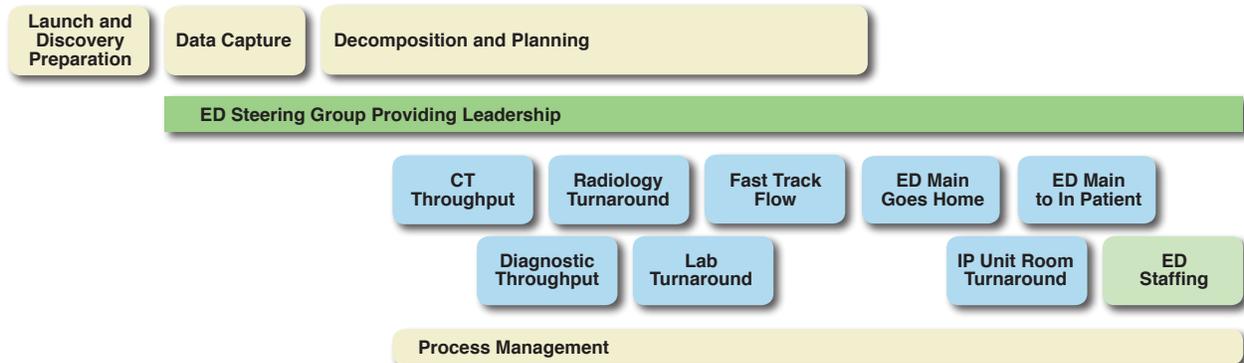
Where to begin? Many of the problems within an ED are related to flow and effectiveness and are usually improved through the reduction of the Length of Stay (LOS) and Left Without Being Seen (LWBS). From a financial measurement perspective, the Cost per Visit needs to be understood and managed. This would involve issues surrounding staffing to demand. Another related aspect is patient ratios. Maintaining a ratio of 4:1 or less is desirable and only managed to that level when the staffing to demand is under control.

**An Example Approach:** *A good place to start is with an assessment of the input/throughput/output of ED patients to identify the gaps in the system that lead to overcrowding or restricted flow.*



*Flow through the ED isn't a single process or even a single value stream. It is a number of interconnected core processes. It also might be subtly different organization by organization as is the order in which they are approached. First insight might be to start on the left and work right. In reality we would like to start with the processes that have higher leverage. The core process map needs to be populated with data to understand where to start and the sequencing of projects/events to follow.*

# Emergency Department Program: Reduce Length of Stay (LOS) and Left Without Being Seen (LWBS)



**Objective:** Reduce average Length of Stay (LOS) and Left Without Being Seen (LWBS) rate in the ED while maintaining or improving overall treatment effectiveness.

**Background:** This particular facility is a medium-sized hospital serving five communities in south central Texas. The facility was experiencing long emergency room waits and declining customer satisfaction ratings. Their Patient Satisfaction was rated at the 4th percentile.

A Steering Group was launched with members selected from the ED leadership and other ancillary departments including laboratory, radiology, materials management and registration. The group took ownership for the overarching performance of the ED and work was sequenced to target the highest impact processes first.

**Leadership Support and Focus:** The Steering Group developed and received sign-off on the program charter from the CEO to ensure project goals were aligned with the organization's strategic goals. A brief communication went out to all the relative staff on the nature and objectives of this program.

**Empowering Employees:** Each core process was tackled using a dedicated, multi-disciplinary team of front-line staff that knew the process – they lived and breathed it every day. The team mapped the actual processes and identified the major areas of opportunity.

**Data-Driven Change:** Data was collected and analyzed

throughout the work to determine the real performance and the true sources of the problems.

**Transformational Change:** Rather than make minor changes to processes, each team was given the task of determining the right process, from the ground up. Critical process steps were sequenced, triggers placed, roles defined and competencies outlined. Improvements for each core process were implemented within all departments in a matter of days versus weeks or months.

**Sustainable Change:** To counter the typical backslide seen in many improvement efforts, department managers and leaders were trained and mentored in process performance management techniques. The key drivers for performance were identified and proactive management methods were built into the processes from the front line up to ED leaders.

## Real Results

- The project teams decreased the overall Length of Stay (LOS) by more than 30%
- Improvement to patient throughput increased the maximum capacity by 24%
- Left Without Being Seen (LWBS) decreased by more than 50%
- Time from Triage to ER bed decreased by 60%
- Unacceptable lab specimens dropped from 5% to 2%
- Lab turnaround times decreased considerably, and
- Customer satisfaction ratings increased from the 4th percentile to the 85th percentile in less than six months.

# Hælan Group: Move Your Company from Survive to Thrive.



Hælan Group was born out of the increasing demand to help the leaders of hospitals and healthcare organizations realign their organizations to increase revenue and reduce costs, creating reliable and manageable operations. This provides a working environment equal to what healthcare professionals expect: nothing short of perfection.

In running a healthcare business, taking the position of merely surviving, of thinking that benchmarking is the sought-after horizon, is inadequate. You can do better. Much better. The healthcare industry will always be demanding and rapidly changing. It is the nature of things. The requirements placed on the players will always be challenging. It requires an organization to not only become more efficient (cost less) and effective (less errors), but also to align themselves to anticipate the future and grow beyond the acceptable status quo. In order to do so, an organization must first realize their true potential. They must simply become better.

Better at seeing what's wrong. Better in its adaptability to make the right change. Better at planning for the future. At Hælan Group, we believe that it is essential to be involved with a customer at the core of their business in order to being able to help them change. We are not a blitzkrieg consulting firm that comes in waves with overwhelming theories and making arbitrary changes to your organization. We work to get to the very essence of what is going on within your company, right or wrong, improve it and then allow you to manage a better, more efficient organization.

Pronounced like "healing", Hælan is an old english word that means 'whole'. As the name of our company it's representational of an important way in which we think. Cultural in a sense, you cannot make effective changes in an organization without consideration of all of the collateral factors.

Æ (or æ) is a grapheme formed from the letters a and e. Symbolic here is the combination of the two letters. We take the perspective that there is a critical balance between the analytical (a) and the emotional (e). Not all problems are solved with statistics. Nor are they solved merely by wanting them to succeed. The right combination of both is required.



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