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FCEP President Ernest Page (Left) and FCEP Governmental Affairs Committee Chair Vidor Friedman deliver the 2009 ACEP National Report Card to U.S. Congresswoman Suzanne Kosmas at the FCEP Office in Orlando.

A Change in Culture at St. Joseph's Hospital ED

By Charles Sand, MD

Each week, I read reports about how emergency departments across the country fix their operations. They put in a new triage system, board patients in an inpatient unit hallway, or deploy numerous other isolated improvements that achieve small "hits." These "hits" are often temporary, as we all have experienced. Yes, they are successes, but success that is, at best, limited without fixing entire operational problems.

The hospital where I practice, St. Joseph's in Tampa, undertook a project of significant scope and outrageous goals. This was to be a "cultural transformation" project that would affect nearly every patient care provider in the emergency department, inpatient units, and supporting ancillary services.

Many of us had our usual healthy skepticism when we heard the project's goals. We would reduce ED length of stay by 30-50%, decrease the number of patients leaving before evaluation by 90%, eliminate ambulance diversion, and increase ED and inpatient volume by 15-20%. And it would be much more organized and much less noisy in the ED.

But what we have done turned out to be as significant as the goals were a stretch. Over the past year, our ED has undertaken a project that addresses the delivery of quality patient care as a hospital-wide issue. We have broken down silos – those barriers between departments – to create accountability and shared responsibility, as well as solutions, across departments hospital-wide.

With the assistance of Michael Hill, MD and Associates, we put into place redesigned patient care processes for virtually every aspect that delays patient movement, diagnosis, or treatment. From the point where a patient walks into the ED until discharge or admission, we redesigned our processes. We work in zone-based teams that are committed to achieving performance targets as well as to backing up other teams as needed. We have high-census protocols which kick in at predefined levels of work activity.

Every process has interlocking accountability. Each end of the process has an owner, and those owners take joint responsibility for successful completion of that process.

For example, when a team member brings a patient back to a bed, s/he is also responsible for ensuring that the ED physician gets to that patient in the targeted time. When an ED patient is ready to be admitted, the ED staff "push" the patient to the inpatient floor and the inpatient staff, having pre-planned their work activity, "pull" the patient from the ED. When the lab gets an order from the ED, the nurse and phlebotomist are jointly responsible for meeting targets – specimen collected and received in the lab, tests run, results produced.

With new, specialized technology systems installed for this project, we now measure every process and time stamp critical to patient flow. We, and others monitoring the ED, know our performance – nearly real-time – with web-based monitoring systems available at any workstation, and even from home. This real-time capability allows us to identify the first signs of process breakdown, to make decisions to prevent a surge capacity crisis from occurring, or to quickly resolve issues in the early stages. Through hundreds of dashboard reports, we can monitor performance on a weekly basis. Predefined, standardized action plans have been designed to improve any process which does not meet its targeted performance.

CULTURE CHANGE AT ST. JOSEPH'S HOSPITAL (Cont.)

But probably most importantly, leadership is committed to holding staff accountable for the project's continued success and to sustaining our results. As we are all well aware, without both committed hospital and ED leadership, any project will be just another in a long line of temporary improvement initiatives.

During the past year in this project, we have seen an increase in ED volume of 4.8%, and ED patients admitted to the hospital of 9.4%. We virtually eliminated ambulance diversion – over 25 hours per month during June-November of 2007. Also, during this past year, ED patient satisfaction has risen from the 13th to the 89th percentile and is still climbing.

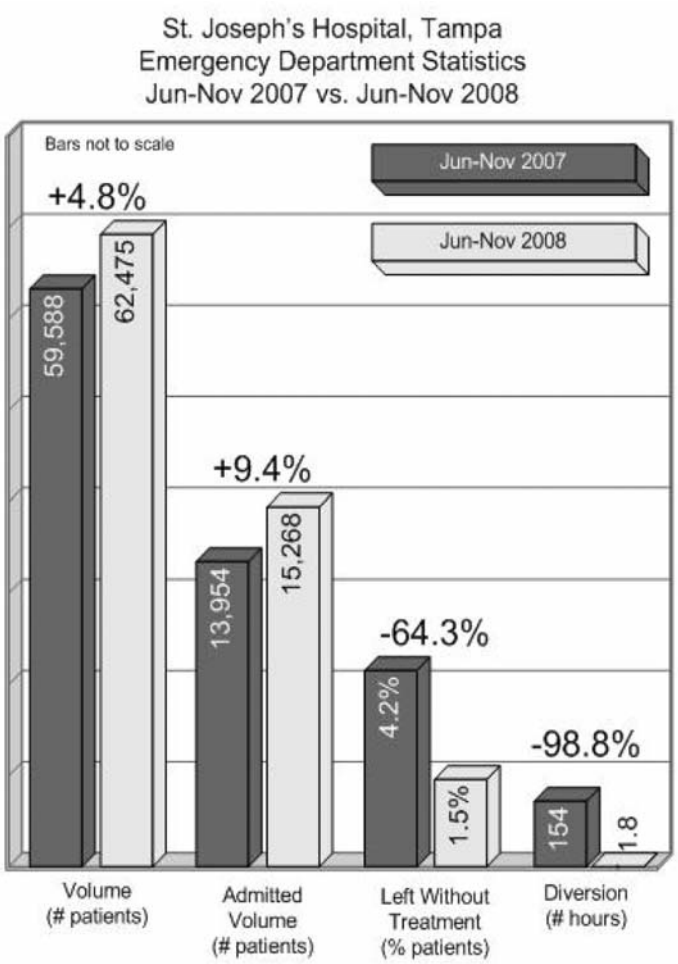
Other performance improvements (March-November 2008) include:

- Length-of-stay, admitted patients: 481 down to 272 minutes
- Length-of-stay, discharged patients: 279 down to 162 minutes
- Patients leaving without treatment: 7.9% down to 1.4%
- Bed placement to MD evaluation: 40 down to 11 minutes and as low as 7 minutes for two consecutive summer months
- Arrival in ED to bed placement (our "lobby time"): 75 down to as low as 30 minutes.

We see over 340 patients a day in our ED and are currently on pace for an increased volume to around 125,000. Not infrequently, we have 120-130 patients in the department at any one time. This includes acuity that would rival any ED, with over a thousand Trauma Alerts, a thousand Stroke Alerts, and approximately 400 STEMIs this year.

We used to have constant long waits in the lobby and significant numbers of patients boarding in ED beds and hallways, with many resultant unhappy, frustrated patients and staff. Now, seeing even more patients, we have minimal waits, fewer patients leaving before treatment, and much greater patient satisfaction and improved patient/staff interactions.

Patient care has truly improved from many aspects. Not the very least is that we now have minimal delays in relief of patient discomfort, and earlier diagnosis and



and of "hidden disease," the latter with its not infrequent deterioration as patients sit for hours in the waiting room and in ED beds waiting for the ED doc to evaluate and treat them.

Due to a phenomenal and highly committed team effort from the hospital and ED leadership – and especially all of our hard-working physicians, ED group, and ED staff team members – we have seen a significant "change in culture." Ultimately, improvements in our entire system operations are more long-lasting, and the hospital and ED have become more efficient than we have seen with previous "piece-meal" attempts at performance improvement.

And yes, despite seeing more patients at a faster pace, things are incredibly less noisy in our ED than a year ago. A change in culture has indeed occurred at St. Joseph's Hospital