A Fast Track to Emergency Department Success

New Care Processes and a Welcoming Attitude Drive a Transformation at The Reading Hospital and Medical Center

In 2005, The Reading (Pa.) Hospital and Medical Center opened a new, state-of-the-art emergency department to meet the demands of a growing daily volume of patients. The gleaming new facility was bigger, better designed and had all the technological bells and whistles. What it didn’t have was better performance.

Vitals
The 735-bed Reading Hospital and Medical Center is a not-for-profit health care center providing comprehensive acute care, post-acute rehabilitation, behavioral and occupational health services to the people of Berks and adjoining counties in eastern Pennsylvania. The emergency department on the main campus sees some 115,000 patient a year.

Challenge
In 2008, wait times at Reading’s ED were high, reflected in the number of patients who chose to leave without being seen. Patient satisfaction scores were in the single digits, and the new facility had done little to change the community’s opinion of the service. Internally, other departments were quick to criticize the ED and its staff. A major area of dissatisfaction was with pediatric patients, where Press Ganey scores were in the 36th percentile.

"We knew we had to make some changes," says Charles Barbera, MD, chairman of the Department of Emergency Medicine at Reading. "We were seeing higher volume, but as volume rose, our patient satisfaction scores decreased, so we began delving into our Press Ganey outcomes. We started at the top to identify the issues, and what we found was that the processes in need of change began at the front door. Patients were experiencing long wait times. Evaluating the processes identified that the most significant influences on wait times were directing ED traffic and moving patients through the triage process."
Solutions

In 2008, Barbera and ED Director Michelle Trupp, RN, BSN, formed a patient-centered team that would provide a higher-quality patient experience and a work environment of empowered physicians and nurses. Using data from Press Ganey’s Emergency Department InsightsSM survey, it embarked on what turned out to be a six-month review of ED processes. The team brought in vice presidents of Marketing, Quality, Operations and other parts of the organization that touched on the patient’s ED experience.

Studies were conducted of ancillary services that could lead to lower ED scores, such as lab and radiology turnaround times.

The team revisited ED treatment protocols that guided how physicians and nurses responded to clinical needs. “We wanted standardization of care delivery: everyone on the same page and responding with a protocol that each individual would use in treating a patient,” he says.

This collaboration was achieved with the direction and persistence of Barbera and Trupp, who created a multidisciplinary group of seasoned nurses, physicians and physician assistants to brainstorm what was wrong, what would make it better and what everyone could agree on.

Physicians and nurses alike received regular feedback on Press Ganey patient satisfaction scores. “We wanted everyone to understand that the improvement effort and its success would ultimately belong to everyone,” Barbera says.

One of the first components of a restructuring of the department was the introduction of a physician-nurse team that included a charge nurse and physician in triage during the peak times, typically 10 a.m. to 10 p.m., allowing patients to be seen immediately upon presenting to the ED. This reduces wait times and decreases patient anxiety. Working with a seasoned team of nurses with standard protocols in place has made a big difference for the patients and clinicians.

The nurses in triage follow the protocols created by that ED team and so are able to expedite care by initiating testing and treatment.

Robert Houle, MD, is the front-end provider or protocol doctor. He describes the benefits for the patient in being seen by a doctor sooner rather than later: “Physicians will often call ahead and identify why patients are being sent to the emergency department so that the patient feels a real sense of continuity in the care.”

Door to Bed

Another big early change began at the front door, to reduce long wait times and the left-without-being-seen rate. “We decided to put security at the front door,” Barbera explains. “So many visitors to the hospital use the ED as their entrance; having these representatives there for direction provides a valuable service.”

Security staff now issue visitor badges to family and friends of patients and give patients help in getting from the ED to radiology, lab or other areas of the hospital. Outside, they provide crowd control and advice on parking. They receive training and scripting so that the message is consistent. Providing direction and answering questions free the nurses in triage to focus on patients.

Perhaps the greatest impact in improving the patient’s experience was achieved with the introduction of having patients taken straight from the entrance to an ED bed, what Reading calls “immediate bedding.”

Immediate bedding streamlines the triage and registration process and prevents the patient from being pulled like a yo-yo from waiting room to triage back to waiting room to registration back to waiting room and finally to an open bed. Instead, the patient is greeted, quick-triaged and then placed in a patient room where full triage assessment, registration, medical history and protocol placement take place.
This process has proven to be a definite patient satisfier, decreasing the patient’s length of stay (see chart below). The success of immediate bedding enabled Reading to convert approximately 20% of its waiting room seating capacity to much needed office space.

Once in the acute care area, patients and families are assisted by ED representatives or Guest Services assistants who help with non-medical needs, including food, warm blankets, communication and, most importantly, information, so that patients and families are kept informed throughout their experience. The assistants communicate with family who might be in the waiting area, or assist with family, and sometimes even pets, if a patient is being admitted and needs help making arrangements.

Trupp believes that the most important aspect of those services has proven to be keeping patients informed, a finding that is consistently seen in national Press Ganey ED satisfaction data.

Meanwhile, a separate pediatric treatment area was created with a dedicated pediatric area and staff.

New time targets, scripting for staff and communication plans were developed for young patients.

Additionally, there is a Fast Track and Intermediate Care area for patients presenting with a chief complaint that can be resolved within 90 minutes to two hours. Patients waiting for admission or requiring additional evaluation are transitioned from the acute area to an observation unit where they are monitored by a physician, physician assistant or nurse. The relocation provides a more comfortable environment for the patient and prevents boarding in the ED.

Trupp collaborated with the departments of Nursing and Psychiatry to develop a Psychiatric Transition Unit for moving behavioral patients more expeditiously from the ED so that they can begin receiving the necessary treatment. This process has reduced the mental health patient’s average length of stay from six hours to less than four.

“The processes are important and have to be hardwired,” adds Barbera. “Patient satisfaction and patient experience have to be considered one and the same.”

Performance and Outcomes

The Reading Hospital and Medical Center’s improvement campaign has led to a remarkable turnaround in ED overall patient satisfaction scores, which increased from the low single digits as a national percentile to a sustained ranking in the 70th-plus percentile and the 99th for EDs with comparable patient volumes.

The nurses’ score increased from the 62nd percentile to the 85th in the same time frame, and the physician score leaped from the 32nd percentile to the 85th.

The overall score for the Fast Track and Intermediate Care area rose from the 52nd percentile in 2008 to the 88th in 2010.

An Engaged Staff

Trupp has been a nurse for 28 years. Her voice fills with emotion as she describes the transformation that has occurred in Reading’s emergency department. “The staff wasn’t happy when we moved to the new facility, and a lot of them left. We struggled for three years until we identified the issues.” Where once she had to use agency nurses for staffing, Trupp now operates with a staff of employed nurses who are strong, dedicated and committed to working as a team with each other and the physicians, supporting and holding each other accountable. It is a culture of collaboration.

Lisa McGee, an RN, left her position at the hospital for a period of time during the improvement campaign, and on her return could not believe the changes in the ED. She describes an environment that reflects improved structure and flow, more continuity in care, and standardized procedures that everyone can follow so that patients know what to expect.
Tiffany Gillis, MD, an ED physician at The Reading Hospital for three and a half years, describes how the feedback has improved her interaction with the patients. “I always considered myself to be nice to people, so I couldn’t understand why my scores did not necessarily reflect that.” Gillis adds that she now always introduces herself, makes certain the patient and family know that as the physician she will be directing the care and keeps them informed throughout the experience.

“Now, I tell them that if they need anything to ask for me, and we have business cards with our picture that we can give the patients. It has been very valuable in the relationship.” Gillis believes the communication has enhanced her satisfaction as a provider.

Barbera describes the need to have everyone accountable for the patient’s experience. “If one of us fails, we all fail. The responsibility is shared and there can’t be finger-pointing; everyone is empowered to own service recovery. The culture does not support an attitude of judgment around why a patient has chosen to present to the ED. Once they are here, it doesn’t matter what brought them to our ED. They are our patients, and it’s our job to take care of them.”