Welcome to the ED: I’ll Be Your Concierge Today
At Staten Island University Hospital, administrators guide patients to their beds

Vital Statistics
Staten Island University Hospital, part of the North Shore-LIJ Health System, is a 704-bed, tertiary care, teaching hospital in New York City, located on two campuses. The hospital has numerous academic and clinical affiliations. The north campus operates as a Level 1 trauma center. The emergency department at the north campus – the subject of this case study – treated 75,000 patients in 2009, while the south campus ED treated 33,000 patients.

The Bottom Line
In June 2009, a four-year-old effort to improve patient satisfaction with the ED on the north campus had failed to deliver the desired results. The department was achieving solid clinical results, but scoring at the low end of the scale on patients’ “likelihood to recommend” the facility as a good place to receive care. The staff was getting ready to move into a gleaming new 40,000-square-foot ED, but leaders feared that if they didn’t act quickly, they would only be transferring old habits and processes to the new facility.

The solution was a revolutionary customer service program. At its heart is a new role called Administrator on Duty. Top managers of the ED serve as a sort of concierge, escorting patients shortly after arrival directly to the treatment area and monitoring the progress of care. Staff members were put through mandatory training on customer service excellence. New direct-to-bedside patient flow significantly decreased waiting times for care.

By the end of 2009, the ED had leaped to the 75th percentile nationally on “likelihood to recommend.” The time from arrival to being seen by a doctor fell to 53 minutes in the first quarter of 2010 from 65 minutes in 2009. The percentage of patients who leave without being evaluated – a result of long waiting times – fell from 2.32% to 1.21%. That last statistic alone translates into nearly $400,000 in additional annual revenue to the hospital. And all of this has been achieved in the face of a 13% increase in ED utilization.

The Back Story
Construction of a new emergency department at Staten Island University Hospital’s north campus was a time of optimism for the hospital. “We were putting a lot of faith in our new space – that it would solve all the problems we were having with customer service,” said Frank Morisano, RN, the ED’s associate vice president. “Our old space was kind of dirty, overcrowded and unpleasant. What we soon realized was that unless we changed what we were doing, when we moved into the new space we would just be carrying forth all of our old habits.”

Reviewing its Press Ganey Priority Index, Morisano and colleagues looked at low scores for patient satisfaction upon arrival, for waiting times to get to the treatment area and to see a doctor, for the likelihood of patients to recommend the facility and for overall rating of care; they knew major change was in order.

The first solution, which was implemented in the old ED, was called Boot Camp: every week leaders walked through the facility and wrote down where cleaning was needed and where equipment needed fixing or moving to make better use of space. They also followed up to ensure the issues were resolved in real-time.
The second was a mandatory two-hour class given to the entire staff in early March 2009. “We called it ACLS – Acute Customer Life Support,” said Bartholomew Cambria, clinical operations manager and lead physician assistant in the ED. “We gave staff a tool kit of survival skills for dealing with patients in real time. We discussed the psychology of waiting and what we are doing to get patients to the room. We wanted intrinsic change rather than a short-term fix, and that is what set us apart from places that have seen their scores go up and then fall back again. We set a standard of accountability, and we have been holding our employees to that ever since.”

It was a major cultural shift for nurses, physician assistants, physicians, ancillary staff and registrars, and it took some time to really take hold, Morisano says. “The work became not about us but about the patient’s needs. And I have got to be honest; our numbers show it took about a year before it was even partially embraced.”

“This year, however, our staff really is proactive,” said Cambria. “I hear them saying, ‘Hey, how come Peds 2 is empty and I see a patient in the waiting room.’ So their thinking and their culture has really changed, which got us to where we are today.”

In addition, leaders abandoned the old, linear model of patients arriving at the ED and being sent to the waiting room, then to a triage nurse, then to registration, then back to the waiting room and finally being sent to the treatment area (where the wait for a doctor continued). Patients now are moved directly to the treatment area, even if triage has to take place there.

The Concierge Is in the Building
The centerpiece of the customer service initiative is the Administrator on Duty program.

Each day from 10 a.m. to 3 p.m., one of a dozen ED administrators and managers will take a shift escorting patients directly to treatment areas. The process allows the administrator to provide real-time troubleshooting, noting where there are beds open or problems brewing. The program has been such a success that from 3 p.m. to 11 p.m. – peak census each day – a full-time “pavilion manager” now provides the same service.

“This is a very powerful tool, not only to help patients, but for effecting change right on the spot,” Cambria said. “You really get a great sense of how the staff works; they see your presence on the floor. And it just gives us a tremendous amount of information and allows us to get the buy-in for direct-to-room, for bedside registration and the other things that are important for us.”

Not only is the patient escorted to the room, but the family is now allowed to go to the treatment area with them. “We used to spend hours and hours every day arguing with family members about why they couldn’t see their loved one,” Morisano said. “I realized that if it was my son or my wife who was ill, I would sure want to be in there with them, so now we make that happen. It was a real change of culture and attitude for us.”

The ED leaders implemented Press Ganey Solutions Starters to help resolve problems such as nurses and physicians failing to take time to listen to patients and the people taking insurance information and performing medical tests not being courteous. “When you look at all of this, seriously, it’s the things your mother taught you when you were five years old,” Morisano said. “It’s really very grass roots what Press Ganey teaches us, but it refocuses us because sometimes we forget the basics.”

Once the new ED was up and running, leaders tracked Press Ganey data religiously and were surprised – unpleasantly – by one statistic. “We have a beautiful waiting room, but our scores were in the 6th percentile for satisfaction upon arrival,” Cambria said. “What we noticed was that the liaison who greets people was sometimes getting pulled out of the entry doing stuff that the concierge and the pavilion manager now do. So questions such as ‘How helpful was the person who greeted you?’ and ‘How long did it take for someone to notice you?’ were low. So we changed our practice and made sure the liaison was always at the desk unless a dire emergency arose. And even then, the concierge person always fills in.”

A year later, there is quite a different vibe in Staten Island’s ED. Said Morisano: “I was born and raised in this community, my family is here, and five years ago people would stop me to say, ‘Oh, man, I waited at Staten Island forever, and I am never going back there.’ Now it is, ‘Wow, what are you guys doing there? I was there last week, and everybody treated me like I was special.’ That is very fulfilling to me personally, to be viewed so differently today.”