

Case Study

Comprehensive Process Redesign Helps ED Exceed Throughput and Satisfaction Goals

The Challenge

Corning Hospital (Corning, NY) turned to TeamHealth to stabilize the operation of its emergency department (ED) upon notification from its local emergency physician group that it would cease providing service within 90 days. In addition to staffing challenges, the ED was also struggling with high door-to-doctor and length of stay times, a high percentage of patients who left without treatment, and low patient satisfaction scores.

Our Solutions

Given the short start-up time frame, TeamHealth hit the ground running with its first goal to ensure adequate coverage for the ED's 20,000 annual patient visits. Once staffing was stabilized, we shifted our attention to registration followed by comprehensive triage prior to bed placement. Our goal was to create a new, patient-centered flow model to achieve the operational goals of: a door-to-provider time of 45 minutes or less, an overall length of stay of 180 minutes or less, and a decrease in the percentage of patients who left without treatment to less than 2 percent.

To kick off this initiative, we conducted an on-site Comprehensive Process Redesign initiative in April 2010, with a go-live date of May 27. In order to achieve, surpass and maintain the stated goals, ED processes and flow were completely redesigned with a focus on the patient, incorporating the nine countermeasures listed at right. These, along with additional operational improvements, allowed the department to utilize the concept of virtual beds without having to develop a complex split-flow or super track model.

9 COUNTERMEASURES:

- 1) Create an ED Action Team
- 2) Institute pivot nurse in triage
- 3) Initiate direct-to-bed concept
- 4) Realign RN staffing
- 5) Initiate quick registration
- 6) Implement visual clues
- 7) Implement "RN First"
- 8) Develop virtual bed theory
- 9) Initiate "Anyone Can Discharge"

The Results

In addition to the nine countermeasures listed above, success at Corning Hospital can be attributed to strong medical director and nursing leadership, a fully engaged staff, and supportive hospital administration. Not only did the department meet its operational goals—it surpassed all of them, as indicated in the chart below.

Furthermore, by capturing patients who were leaving without treatment, **the hospital realized an additional \$9,000 in revenue per month.**

METRIC	Mar 2010	GOAL	Aug 2010
Door-to-Provider (mins)	84	45	35
LWOT %	3.0%	2.0%	1.3%
Overall LOS (mins)	201	180	168
Patient Volume	1,642	Increase	1,804