ED IMPROVEMENTS LED BY TEAM

THE PROBLEM
When the performance improvement team began to take stock of the situation in Advocate South Suburban’s ED, they found some dismal metrics. Patients waited more than six hours for treatment, with nearly six percent leaving without treatment. Additionally, patient satisfaction measures were low and staff and physicians were frustrated. The December 2007 initial measurements were:

- 393 minutes—average length of stay (LOS), overall
- 203 minutes—LOS, fast track
- 5.76 percent—left without treatment, overall (industry best practice <2 percent)
- 3.3 percent—left without treatment, fast track length
- 16 percent—patient satisfaction rate
- 256 minutes—housekeeping room turnover, regular
- 52 minutes—housekeeping room turnover, STAT clean

RESULTS
Not only have metrics improved dramatically, South Suburban CEO Ann Errichetti, MD, used the performance improvement as a vehicle for cultural transformation. She sought input from staff members to get them involved and vested in the process improvement. “You’re asking the people doing the job to make the changes,” she says. As of October 2008, improvements included:

- 198 minutes—average LOS, overall
- 76 minutes—LOS, fast track
- 1.72 percent—left without treatment, overall
- 0.92 percent—left without treatment, fast track length
- 95 percent—patient satisfaction rate
- 40 minutes—housekeeping room turnover, regular
- 26 minutes—housekeeping room turnover, STAT clean

BACKGROUND
Leadership at every level was key to the success South Suburban had in turning around its ED. Besides the context leader/CEO Errichetti providing resources and the urgency to make changes, Airica Steed, RN was brought in as performance enhancement director. Her charge was to gather input from the frontline staff on how to improve patient care and, in turn, empower them to change the processes. This type of leadership was essential to transform the ED staff into a patient-centered culture.

Advocate Performance Enhancement uses Lean methodology to make quick improvements. Steed instructed the team to stand in the patient’s shoes and go through the ED the way a patient would. First, the team looked at triage and registration. By employ-
ing a variety of tools—rapid improvement events, workouts, special projects and change acceleration process—the team standardized a “mini-registration” and “mobile-bedside registration.” These processes took registration to the patient instead of the patient having to get up several times. It also streamlined the processes.

Additionally, a quick triage process of less than three minutes was implemented. This required a paradigm shift from triage being performed in a specific location to a process that is flexible according to the patient’s needs. Finally, the team decided to implement diagnostic tests in the ED. Cardiac profiles and imaging are now done either at the point of care or in the newly established imaging center within the ED.

**PRINCIPLES OF PERFORMANCE EXCELLENCE**

**The Patient Experience**

Like other EDs, so many of the previous processes centered around the physician’s workflow, not how they are perceived by the patient. By focusing on patient perception, South Suburban created care processes that were patient centered. Patients no longer have to wait to be registered or wait to be triaged. The ED team instituted a “pull system.” Pull systems use signals to advance the patient to the next step in the care process, instead of having clinicians dictate the next step. It structures the system so that everyone knows what resources are available and can advance the patient through the hospital.

**CONTINUOUS IMPROVEMENT**

Advocate’s performance enhancement incorporates process changes into everyday work. Employees and physicians are encouraged to look for better ways to accomplish tasks. To guarantee that improvements will be sustained, daily scorecards are reviewed; bi-weekly senior leadership meetings and weekly core team member meetings are held. All results are posted on signs, bulletin boards and in break rooms. This fuels a sense of competition among staff and a sense of pride throughout the whole ED. Additional, the ED staff isn’t done with improving processes. Collectively, they agree that communication has been improved and trust and respect have been re-established. They see a journey of continually tweaking and tightening processes to come up with a good system. “We have direction from the top, buy-in from the bottom,” explains James Richardson, MD, associate director of emergency services. “We are heading in the right direction.”

**TEAM MEMBERS**

- Sharon Balark  
  Manager of Environmental Services
- Brad Daniels, RN  
  Clinical Operations Assistant, Emergency Department
- Nichia McDowald  
  Administrative Fellow
- Eric Medina  
  Tech II Emergency Services
- George Miller, DO  
  Medical Director, Emergency Services
- Patricia Pamon  
  Manager of Clinical Operations
- James Richardson, MD  
  Associate Director, Emergency Services
- Jane Robinson  
  Manager of Registration and Central Scheduling
- Brenda Rocha  
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- Sue Serio, RN  
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- Karl Storch  
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- Sadie Westring, RN  
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- Rita Westrom, RN  
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