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## **Best Practices: From Chaos to Consensus**

We all share a common goal: providing the best medical care possible. Every ED experiences a range of personnel practice styles. Too much variation leads to confusion and a lack of consensus regarding good medical care.

Standardizing practice and guiding emergency physicians to a collective improvement in quality of care, based on known "best practices," resolves these areas of confusion. For example, when one emergency physician orders twice as many head CT scans for headache evaluation as another, which one's practice style is more appropriate? The speaker will address this issue and review the challenges encountered with adopting a best-practices model of modifying clinical practice.

- Discuss the science behind best practices.
- Define how best practices are developed, implemented, measured, and improved.
- Discuss recognized clinical best practices.

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**Best Practices: From Chaos to Consensus**  
**ACEP Scientific Assembly**  
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**Jim Augustine, MD, FACEP**

**Define Best Practices**

- The Industrial Definition
- The Health Care Definition
- The Emergency Department Definition and subsets within the ED Definition

**Describe how to Establish Site-Specific Best Practices**

- *PDCA (Plan, Do, Check, Act)*
- *Six Sigma DMAIC (Define, Measure, Analyze, Improve, Control)*
- *Selecting the Correct Metric (Mean, Median) and reducing variance as measured by standard deviation*

**Discuss the Barriers Encountered in Implementation of Best Practices**

- Establishing elements in need of Better Practice
- Identification of Best Practices
- Establishing a Champion
- Staff adoption: What's in it for Me?

**Discuss Commonly Recognized ED Best Practices**

- 3 stage model of ED Operations
- Best Practices for Intake
- Best Practices for Patient Throughput
- Best Practices for Disposition

*Examples for "Best Practice" Discussion*

- Bedside Registration
- Physician as Greeter
- Inconsistency with Medical Staff Practice
- Pediatric Head Injury
- Ankle Rules, Knee Rules
- Kurzweil Voice Recognition Program

**External Measures of Best Practices**

**EDBA Performance Measures Summit, February 2006**

- Emergency Department Performance Measures and Benchmarking Summit. Welch S, Augustine J, Camargo CA, et al. Acad Emerg Med (United States), 2006 Oct;13(10):1074-80. Epub 2006 Aug 31. PMID: 16946283

**Some Numbers**

*What is good for the Patient and the Provider?*

- CMS Core Measures and Pay for Performance and PQRI
- Antibiotic Administration for CAP, and Blood Cultures
- Application of EKGs

- Acute MI management
- Congestive Heart Failure

## Planning for Best Practices

Plan, Do, Check, Act

Step 1. An ED has poor throughput, patient satisfaction, staff retention

*The Staff Says: Not enough support or money*

Barrier 1. Inconsistent practice environment and staff morale

What that means: Turnover, continual training, dissatisfaction, bad numbers

Opportunity: Planning, process to define major problems, assemble multi-disciplinary team of ED workers, design one or more solutions. This team, sometimes using outside expertise, and an appropriate infusion of skepticism, delegates “champion” role to an individual. Momentum important, focused on the goal. Focus on one or two solutions, an appropriate timeline for testing, and the service metrics that will provide feedback. These may include process changes that may have objective metrics, like cost, revenue, patient satisfaction scores, process times, perceived ED staff satisfaction, or customer complaints.

Step 2. Do. A new practice or improved operation is rolled out, maybe on a single shift, or in the Fast Track area

*The Staff Says: Prove to me it will work*

Barrier 2. Staff resists, or torpedoes, or correct metric not utilized. Champion or ED management must be prepared to rescue, or re-tool

What this means: Trial process, and problem-solving, and plan for full implementation. If necessary, call it a “pilot program”, and the forms are “drafts”/

Step 3. Check the results: has the ED found a better practices and successful implementation method

*The Staff Says: We have found something that makes our work better*

Barrier 3. Inadequate quantitative measurement

What this means: The review of the metrics finds positive changes in patient satisfaction, staff satisfaction, ED finances, or quality measures. Particularly important if results indicate ED staff satisfaction improvement, patient satisfaction survey scores are improving significantly, complaints and malpractice allegations are down, and those LBST (Leaving Before they are Supposed To) are decreasing

Step 4. Act to implement across all areas, shifts, or personnel

*The Staff Says: We like this*

Barrier 4. A small deficiency threatens the whole program, or there is loss of momentum

What this means: The process may need further tweak to get the desired outcome when it goes to a 24\*365 basis. ED Leaders should manage small problems that may crop up, and in some cases, small and persistent adjustments will have to be made. A new process is not complete until it is fully integrated into the ED, and becomes part of the “way of doing business”

Step 5. Repeat the process, work to make the ED Optimize the Best Practice Process

*Official definition:* The organization has repeatable project management routines, quality and engineering standards, detailed measures of performance, and an environment that encourages continuous improvement.

*The Staff Says: Keep making these challenges better or I am taking to another job*

What this means: The ED can identify service improvement areas, define solutions, and implement. Staff are empowered to make improvements. Successes result in buy-in from the staff, coupled with good

planning and a successful pilot program to work out the kinks, team spirit flourishes (retention is improved) and there is a sense of accomplishment after implementation.

### **Upcoming Challenges to Best Practice Processes in the ED**

- Too many standards from too many sources
- Paralysis by Analysis
- Recruiting to the ED at all levels is challenging
- Progressive increase in expectations
- Threats from the tort system
- ED Improvements expose problems in other hospital areas

### **Reference:**

*The Coming Commoditization of Processes.* Davenport, Thomas H. Harvard Business Review. June 2005, pp 101-108