THE LOW HANGING FRUIT: LOW/NO COST OPERATIONAL AND QUALITY IMPROVEMENTS

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The only thing that interferes with my learning is my education.

Albert Einstein
How to be a Medical Director in 2019

• Make sure your ED has 100% quality metrics in stroke, STEMI, Sepsis, 2 min door-to-doc, no incorrect orders, no deaths, no bouncebacks, no elopements, no AMAs, 100% satisfied patients in pain while being in the hallway, calling all PCPs/SW/CM, all the while, being careful not to over order, over medicate, over test, 2 hour door-to-dispo, perfect staff satisfaction balancing resident teaching and perfect oversight, in a safe, spotless ED when there are nationwide hospital closures, no opioids, benzos, NS, and a zosyn shortage. And add on Dr Google and no budget. Oh, and get an MBA on the side.

How to be a Medical Director, literally every generation before us

• P=MD

• Be nice. Play golf. Try hard.
A hospital-wide strategy for fixing emergency-department overcrowding

A sustained reduction of emergency-department wait times requires not only an end-to-end transformation of multiple hospital processes but also a change in hospital culture, stronger staff skills, better performance management, and visible leadership.
Types of Waste

- Wasted Motion
- Rework
- Overproduction
- Excess inventory
- Wasted Transportation
- Excess processing
- Waiting time
- Wasted Intellect
1 min = $6
WASTED MOTION
Me think, why waste time say lot word, when few word do trick.
Pulmonary Embolism Response Team (PERT)

Does your patient have a confirmed or suspected PE and any of:

- Tachycardia
- New oxygen requirement
- Moderate to severe dyspnea
- Hemoptyis
- Moderate to severe chest pain
- Echo with RV dilatation +/- hypokinesis
- CTA with signs of right heart strain
- Saddle embolus or significant clot burden
- Serum Tn > upper limits of normal

If yes to any of the above w/o alternate etiology then activate PERT:

1. Call 4PERT (646 – 754 – 7378)
2. Order IP consult for Pulmonary Embolism Response Team in EPIC
Secure chat

Conversation with Kar-Mun C Woo, MD

I am going to be sending you a patient. Please review chart, send labs, and abx.

Kar-Mun C Woo, MD

Thanks for the heads up. Do you need a call back after eval?

I am

no, I can follow up with him as an outpatient. thank you

Kar-Mun C Woo, MD

American Medicine

Tina Wu, MD (You)

Emergency Medicine

Active Participants

Last read

Kar-Mun C Woo, MD

Current

Tina Wu, MD (You)

Current
Rework

- Order labs
- Tell the tech
- Print the labs
- Hand them to the tech
- Check to see if they were drawn
- If not, reprint labs
- Draw them yourself
- Send them
- Call the lab
- Call the lab again
- Clotted
- Restart process
Rework

COST: $0
TIME: MINIMAL
COST: $0
TIME: MODERATE
SAVINGS: 28 MINUTES!

### Automatically Protocled CTs

- Head Trauma (CT Head Without IV Contrast)
- Altered Mental Status (CT Head Without IV Contrast)
- Headache (CT Head Without IV Contrast)
- Facial Trauma (CT Facial Bones With IV Contrast)
- Cervical Spine Injury/Fracture (CT Cervical Spine Without IV Contrast)
- Pulmonary Embolism (CT Chest Without IV Contrast)
- Lung Evaluation Without Contrast (CT Chest Without IV Contrast)
- Non-specific Lower Abdominal Pain (CT Abdomen/Pelvis With Oral and IV Contrast)
- Appendicitis (CT Abdomen/Pelvis With Oral and IV Contrast)
- Diverticulitis (CT Abdomen/Pelvis With Oral and IV Contrast)
- Bowel Obstruction (CT Abdomen/Pelvis With Oral and IV Contrast)
- Renal stone (CT Abdomen/Pelvis Without IV contrast)
- Lumbar Spine Injury/Fracture (CT Lumbosacral Spine Without IV Contrast)
- CT C-spine (Without IV Contrast)
- CT Facial Bones (Without IV Contrast)
SOLUTIONS
OVERPRODUCTION
Overproduction

Abscess

Skin

Pus
### Financial ROI

- **FY17 Team 5 pts:** 5,417
- **Mins/Saved per Visit:** 31
- **ED Price/Min:** $6
- **YTD savings:** $1,007,562
COST: $0?
TIME: MODERATE

EAST COAST
ORTHOTIC & PROSTHETIC CORP.
SOLUTIONS:
OVER PRODUCTION
EXCESS INVENTORY
TRANSPORTATION
COST: $0
TIME: MODERATE
EXCESS PROCESSING
Begin forwarded message:

From:  
Subject: Shift Report [safe]  
Date: March 13, 2018 at 6:53:52 PM EDT  
To: # ED Charge Nurse Reports <edchargenurserep@nyumc.org>

RME @ 1100

Total Census @ End of Shift : 59  
# of ED Patients in the Hallway: 23  
Admissions: 4  
- 2 medicine  
- 2 Surgery  
Longest LOS in ED for Admitted Patients: 3 hrs, M/F/N  
LOS of Admitted Patients:  
- 0 > 12 hrs  
- 0 > 20 hrs  
# of UBB Eligible Admitted Patients: 2  
# Of Patients on Isolation Precaution: 0  
- Droplet / Neutropenic  
- Airborne  
- Contact/C. diff  
Left without being seen: 0  
Re-Visits in last 24 hours: 0  
Elopement: 0  
- PUA’s

COST: $0
TIME: MINIMAL
POLITICAL CAPITAL: MODERATE
SOLUTIONS: TRANSPORTATION EXCESS PROCESSING
WAITING TIME
Hi everyone,

This patient has recently been stepped up to 1:1 and I called to update you that this will be a few days. The outpatients do not have limited staffing for the next few days.

Thank you,
**Consult Timeliness - Orthopedic Surgery**

**Number of consults and median consult time**

<table>
<thead>
<tr>
<th>Month</th>
<th># of Consults</th>
<th>Median Consult Time (min)</th>
</tr>
</thead>
<tbody>
<tr>
<td>December 2015</td>
<td>80</td>
<td>120</td>
</tr>
<tr>
<td>April 2016</td>
<td>100</td>
<td>120</td>
</tr>
<tr>
<td>August 2016</td>
<td>120</td>
<td>120</td>
</tr>
<tr>
<td>December 2016</td>
<td>100</td>
<td>120</td>
</tr>
<tr>
<td>August 2017</td>
<td>140</td>
<td>120</td>
</tr>
<tr>
<td>December 2017</td>
<td>220</td>
<td>120</td>
</tr>
</tbody>
</table>

**Time:** MODERATE

**Satisfaction:** VERY HIGH

**Consult Timeliness by consultant (only consultants with at least 5 consults are shown)**

<table>
<thead>
<tr>
<th>Consultant</th>
<th>Median Time (min)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Orthopedic Surgery</td>
<td>120</td>
</tr>
</tbody>
</table>

**Consult Timeliness by consult (only consultants with at least 5 consults are shown)**

<table>
<thead>
<tr>
<th>Name</th>
<th>Median Time (min)</th>
</tr>
</thead>
<tbody>
<tr>
<td>OMAR, OMAR</td>
<td>120</td>
</tr>
<tr>
<td>JARED, JARED</td>
<td>120</td>
</tr>
<tr>
<td>MATTHEW</td>
<td>120</td>
</tr>
<tr>
<td>DALIBEL</td>
<td>120</td>
</tr>
</tbody>
</table>

**Cost:** $0
INTELLECT
COST: $0
TIME: MODERATE?
FUN: EXTREME
<table>
<thead>
<tr>
<th>Name</th>
<th>Drug Cost</th>
<th>Dose</th>
</tr>
</thead>
<tbody>
<tr>
<td>acetaminophen (TYLENOL) tablet (aka TYLENOL)</td>
<td>$0.02/325 MG</td>
<td>500 mg</td>
</tr>
<tr>
<td>acetaminophen (TYLENOL) chewable tablet (aka TYLENOL)</td>
<td>$0.03/80 mg</td>
<td>80 mg</td>
</tr>
<tr>
<td>acetaminophen (TYLENOL) oral liquid (aka TYLENOL)</td>
<td>$0.04/325 mg</td>
<td></td>
</tr>
<tr>
<td>acetaminophen (TYLENOL) suppository (aka TYLENOL)</td>
<td>$0.48/325 mg</td>
<td>650 mg</td>
</tr>
</tbody>
</table>
SOLUTIONS: WAITING TIME INTELLECT
Types of Waste

- Wasted Motion
- Rework
- Overproduction
- Excess inventory
- Wasted Transportation
- Excess processing
- Waiting time
- Wasted Intellect
Action may not always bring success, but there will be no success without action.

-Benjamin Disraeli
THANK YOU!
TINA.WU@NYULANGONE.ORG