Reducing Time-to-Provider: Successful Implementation Secrets

Time-to-provider is a key ED parameter that is tied to patient satisfaction. Many factors contribute to delays from the time patients present to the time they are seen by a physician. The presenter will identify common causes for such delays. Successful methods for improvement will be described and analyzed. Case examples will include immediate bedside registration, physician assistant triage, physician-nurse triage, and various combinations of each.

- Review the patient care and satisfaction impact of time-to-provider operational improvements.
- Discuss current methods of reducing time-to-provider.
- Compare the benefits of various models for reducing time-to-provider.

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Reducing Time to Provider: Successful Implementation

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Review the Patient Care and Satisfaction Impact of Time to Provider Operational Improvements

A Few Questions to help Define the Issues

- What is “Time”?
- Who qualifies as a Provider?
  - Doctor
  - Nurse
  - PA
  - Paramedic
- Why not Physician as Greeter?
A Few Questions to help Define the Issues

• Who Believes that Patients and families “Belong out Front”?
• Who Believes in Clerk Screening?
• Who Believes Walkaways are a good idea, are low acuity, and saves time for physician?
• What is this supposed to do, change and improve?
• Is it Greeting, or is it Triage?

A Few Questions to help Define the Issues

• When does the Patient (family) believe care begins?
• Does the physician who first sees the patient have to provide all care for the patient through the ED?
• Which is more valuable time in the ED?
  - ED physician
  - Nurse
  - Clerk

Why is it Important to Reduce Time?

• Assign right patient to right resources at the right time
• Get EMS Back on the Street
• Initiate a Diagnostic Process (EKG, sugar, BP)
• Facilitates work of the physician
• Where is my Dad?
It is the first step to a Customer-Friendly ED

Why is it Important to Reduce Time?
- Anecdotal Evidence is:
  - Patients do not come to the ED to get triaged, registered, or typically for any other reason than to see the Physician
  - Benefits of improved door to doc time are profound and multiple

Reducing Time makes Entire ED Management Process more Efficient
Why is it Important to Reduce Time?

• Increased patient satisfaction with both the up front process and entire experience
• Markedly decreased number of LWTs
• Limits risk of patient deterioration in the waiting room
• Increased overall efficiency of the ED

Why is it Important (Future)

• Allows Triage out
• Drives surveillance system
• Assign workload expected for patient
• Apply psychosocial support, intervention, and law enforcement elements

Greeting will be Different in the ED Volume Bands
Discuss Currently Proven Methods of Reducing Time to Provider

- Impact on patients in minor, medium, serious, critical patients
- Models for entrance pathways – Arrival by EMS vs Ambulatory

Traditional ED Greeting

Compare the Benefits of Various Models for Reducing Time to Provider

- Who owns and controls the first 30 minutes in the ED for different patient groups?
- Clerk, Nursing, Physician roles
Statistical Issues

- Active vs Passive Systems
- Accuracy of Data and Reports
  - Time
  - Walkaways
  - Time impact on workup

Time to Provider: Who is That?

- Models of Nursing, Physician Extender, Physician
- The Domino's Problem applied to Healthcare

Where do you Measure Time?

[Diagram of Patient Enters the ED, Clerk, Triage, Physician Extender, Doctor]
Pathways and Functions

- Clerk
- Nursing
- Physician

The Walk in Patient

Intake: The Critical Patient

Intake & Workup Simultaneously → Intense Diagnostics and Therapeutics → DISPOSITION

Ancillaries to bedside
Best Practices from other Industries

• No Greeting - Kiosks
• Minimal Greeting - Walmart, Hotels
• Maximal Upfront Greeting - Jail, Surgery (Second Opinion, Pre-Authorization)

Service Industry Models of Flow

Consumer Flows

INTAKE PROCESS EXIT

The License Bureau
Medicaid Office
Department Store
Hotel

Get Me Out Of Here!!
Funnel Options For The ED

- **ED INTAKE**
- **WORKUP**
- **DISCHARGE**

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The Typical ED

The Constipated ED

The Turnstile ED

The Open ED

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Best Practices from other Industries

- Executive Resolve
- High Impact Teams (HIT)
- Implementation Teams
  Empowered to make Change
- Rapid Cycle Testing

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Relate ED Greeting to the Methods used in other Hospital Areas
How do they Project L&D beds? Peak plus 25%  When was the last time L&D Diversion Occurred?

Improving Greeting Performance
- The CUSTOMETER
- Horizontal: vertical
- Patient: customer
- Design the facility to accommodate upright patients

The Vertical Patient

Vertical
The Horizontal Patient

PATIENT = STRETCHER & “ROOM”

Doing the ED Well

• Focus on systems the staff controls
• The ED Staff completely control the ED Greeting Process
• Thom Mayer: ED Survival Skills
• The Number One reason to get customer service right is it makes the job easier!

How much do People like it Out Front?

• Not!!
Greeting Does Not Equal Triage!!!

Greeting Systems Design

Physician As Greeter

Some patients discharged directly
Parma Community Hospital

- Physician in Triage
- 42 minute decrease in ALOS for ALL patients seen
- (even though PIT only 10 hours long)
- Physician satisfaction overwhelming
- Nursing satisfaction after initial resistance also overwhelming
- Press Ganey results from 30th %ile on days without PIT to 96th %ile on days with PIT

Physician as Greeter

- Number of Patients who left without being seen decreased by almost half resulting in increased revenue

Triage

- 3-5 levels
- Assign level of priority
- Assign resources likely needed to manage patient
- Thereby predicting workload for next hours
Five Level Triage

- Worldwide usage
- Supporters include the late Richard Wuerz, MD
- David Eitel, MD from York
- Evidence that it accurately predicts resource utilization

Emergency Severity Index (ESI Triage)

1. Is patient dying? 1
   - No
   - Yes

2. Shouldn't wait?
   - Yes
   - No

3. How many resources?
   - None
   - Some
   - Many

4. Vital signs abnormal?
   - Yes
   - No

Greeting System Design

- Greeter
- Nurse Triage
- Clerk to Bedside
- Doctor and Workup
- DISPOSITION
Relating good Greeting Practice to Patients

- Improve quality of information to families or significant others
- Improves flow and ability to give patient information on expected course

Relating good Greeting Practice to Patients

- The Front Door function
- Matches need for a positive First Impression
- Wayfinding and security elements
- Matching patients "with reservations"

Intake System Design

- Call in by patient or doctor to greeter
- "heard you were coming!"
- Work Up initiated
- Physician Evaluation
- Disposition

Intake System Design
Relating good Greeting Practice to Patients

• Capturing Critical Elements of Presentation
• Chest Pain = EKG
• Multiple Trauma = Resuscitation
• Surveillance = Public Health Functions
• Violence = Law Enforcement Involvement

Improving Greeting Performance

• Open and Inviting Front End
• Family and friends to bedside
• Bedside Design
• How About: Greet, Evaluate in Core Beds, and then to lobby

DECISION...

DOES EVERY PATIENT = ROOM?

The Critical Issue: How to link patient to a nurse and doctor and to work
WHAT IF WE ONLY LINK PATIENT TO DOCTOR
AND THE FUNCTIONS THAT NEEDED TO BE
done and a real-time location?

Doctor

Cure in the Lobby

Function

Building a Best Practice in
Time to Provider

• Agree with all elements that it is
nonproductive, adds work, antagonizes
patients, and is negative for patients and
visitors
• Build a Hospital Front End Design Team
• Build a team to refresh the ED Greeting
Process (High Impact Team)
• Define the necessary elements for the ED

Necessary Elements

• Time measure is time at door to time with
physician or extender
• Use the Best Measure of Performance:
fractiles, not simple average
• Capture all those “Left Before they were
Supposed To”
• Capture Time at Door to Time of
Disposition Decision
Building a Best Practice

• Assign Measures appropriate to the new greeting process
• Implement the process for an appropriate time or group of patients and get feedback (Rapid Cycle Testing)
• Obtain and analyze results

Building a Best Practice

• Assign controls appropriate to the wide implementation
• Meet with Front End Design Team to apply to larger group of Hospital front doors. Adds new options
• Start ED process improvement again
• Use Change to Meet Goals of Satisfying Customers and Staff
Intake System Design

- Kiosk Sign In
- Patient Care Area
- Physician Evaluation
- Work Up
- Kiosk for Disposition

Building Surge Capacity
- Exterior to the ED
- Within the Walls

The ED Wraparound

- Community Disaster Supplies
- Own the Parking Lot
- Welcome EMS
- Decom Space

Control the Road
Intake System Design

References on Time to Provider


References on Time to Provider


Boudreaux E, O’Hea L. Patient satisfaction
References on Time to Provider

- Fottler MD, Ford RC. Managing patient...