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Revitalization of an Emergency Department

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Revitalization of an Emergency Department

Nationally, from 1992 to 2002, emergency department (ED) visits increased 23%; while the number of hospital EDs decreased by 15%.[1] These are just two of many factors that have contributed to the widespread and well-publicized problems of ED overcrowding and ambulance diversion. Emergency Departments throughout the country are working to improve patient flow processes to increase capacity, improve quality of care, and manage high volume. At Lankenau Hospital, located just outside of Philadelphia, the ED is a crucial part of the local healthcare delivery system. Forty-five percent of Lankenau's admissions are processed through the ED. Many patients and family members get their first impression of the hospital through an emergency room encounter. Therefore, as Lankenau experienced the same crises faced by other EDs, it took major steps to ensure that its emergency services continued to support the hospital's mission to provide excellent and compassionate care.

Like other EDs, Lankenau's ability to deliver quality emergency care was jeopardized by overcrowding and an inadequate physical plant. In 1999, patient visits began to surge, rising about 60% during the previous five years. The outdated and undersized facility was inadequately staffed and poorly equipped to manage the growing volume. The situation was compounded by closure of neighboring hospitals and frequent ambulance diversion by nearby hospitals. Internal hospital factors, such as shortage of a nurses and a deficiency of intensive care and telemetry beds, aggravated ED overcrowding. Patient flow processes, which worked for lower volumes, were no longer effective. Several other factors also indicated a need for a change.

- Patient satisfaction with the ED was poor. Lankenau's overall facility peer group ranking (Press Ganey 1/1/01-6/30/02) averaged in the 27th percentile.

- Within the community, there was a perception that Lankenau's ED was uncomfortable and deficient. Main Line Health consumer-tracking surveys found that only 30% of the people in Lankenau's service area designated Lankenau as their first choice in emergency care.

- ED employee morale was poor. The medical staff was frustrated by ambulance diversions.

Recognizing that things needed to change, hospital leadership and the emergency medicine staff embarked on a comprehensive project to revitalize the ED in 2002. The goals were to improve patient satisfaction, raise the standard of quality, and expand and modernize the physical facility.

Strategies to improve patient satisfaction were aimed at reducing length of stay through improved processing, being proactive in addressing pain and comfort, keeping patients informed, and educating patients. Patient processing and flow improvements included bedside registration, a rapid admit nurse, and strategies to manage overcrowding and prevent ambulance diversion. ED providers and nursing staff were asked to come in early or leave later during high volume periods, and conduct ED rounds with the bed coordinator, nursing supervisor, and admitting residents. To assist in opening up bed for incoming patients, the ED created a Fast

Track unit for stable patients with less urgent problems, hallway slots, and a discharge lounge. Valuable inpatient flow improvements have been realized through constructive interactions with hospital administrative, nursing, and physician leadership. The organization has undergone a change in culture, with an increased awareness that ED overcrowding and ambulance diversion are managed by hospital strategies to facilitate patient throughput. New inpatient improvements include a medical short-stay unit, creation of a Hospitalist service, and expansion of bed coordinator services.

Quality improvement strategies focused on improving patient safety, by promoting teamwork and effective intra-staff communication, avoiding abbreviations in orders, strengthening the patient identification process, and ensuring staff awareness of high-risk situations. Additional ED-specific improvement in care processes included specially marked labels to designate ED lab specimens for priority processing, full-time ED security presence; expanded radiology technologist coverage, an ED transporter and inventory controller, a process to electronically retrieve old ECGs, a patient-information brochure; facilitated use of stress echo in chest pain management, and an admission process for patients. Finally, the new ED facility was designed with an emphasis on efficiency, patient comfort, and privacy. Building upgrades included increased capacity, universal function capability, on-site radiology facilities equipped with filmless technology, an improved patient tracking system, decontamination equipment, and ease of access with ambulatory and ambulance entrances.

These changes in Lankenau's ED resulted in very positive shifts in patient and staff satisfaction. Patient satisfaction scores (Press Ganey overall facility peer group ranking) averaged in the 93rd percentile across each quarter of 2004. Recent MLH consumer-tracking surveys demonstrated restored community confidence. The last two observation periods detected significant gains in patient preference for emergency care at Lankenau - the ED was the first choice of 46% of the people in its service area, an increase from 29% two years ago.

Recent MLH Employee Satisfaction surveys demonstrated growing ED staff morale, with scores much higher than the national norm. There were significant increases in positive responses to questions about performance, being treated with respect and courtesy, improvement in skills and knowledge, desire to remain at Lankenau, recommending Lankenau, and perceiving that improvements have been achieved.

There were 224 divert hours in 2003 and only 110 in 2004. This compares to 734 hours in 2001 and 550 in 2002, indicating that the ED process improvements and the hospital measures to increase acute care beds availability are working.

Commitment to excellence remains strong. Dedicated committees evaluate and further refine patient flow processes to guide the staff to improve performance. New efforts are working toward implementing standing nursing orders, creating a standardized physician order sheet, and improving disaster preparedness and decontamination readiness. Lankenau's ED has demonstrated that a team effort can successfully confront the challenges facing today's emergency services and achieve improvements in patient care and satisfaction.

References

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About the Author

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