Empowering Best Practices to Improve the Patient Experience

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Patient Experience Indicators

- Overall wait time
  - Actual
  - Perceived

- Information provided during the visit

- Overall perception of quality
  - Care versus caring
Psychology of Waiting

- Occupied time feels shorter than unoccupied time
- People want to get started
- Anxiety makes wait times seem longer
- Uncertain waits are longer than known, finite waits
- Unexplained waits are longer than explained waits
ED Throughput is . . .

. . . Hospital Throughput
ED Throughput

- Input
  - Triage and registration
  - Bedding

- Throughput
  - Split flow
  - Internal waiting rooms
  - Provider–nurse teams

- Output
  - Pull versus push environment
  - Utilization of bed huddles and a “bed czar”
Triage has become a place, not a process
Input Issues – Triage

- Triage has become nursing history:
  - Complete patient history
  - Medications and allergy history
  - Complete set of vital signs on all patients, including height, weight and pulse ox regardless of acuity or chief complaint
  - Review of exposures and immunizations
  - Required institutional or regulatory questions
Input Issues – Triage

What triage has lost:

- Rapid assessment of incoming patients and directing them to appropriate areas of care
- Focused history taking
- Focused assessments
- Critical thinking
- Reassessment
- Accountability
- Customer service
Best Practices – Input

- Two-tier triage
  - Rapid triage
  - Secondary triage
    - Only when beds not available
    - Should never delay patient getting to an ED bed
  - More detailed history and assessment
  - Vitals signs as appropriate
  - Time limited
Best Practices – Input

- Rapid triage
  - Interaction with registered nurse on arrival
  - Immediate recognition of acute illness
  - Gather enough information to make quick decisions about acuity level and appropriate area for care provision
  - Document as needed
  - This is time of triage start – the metric to measure
Quick registration on arrival
- Immediate identification
- ID band placed on patient – safety
- Enduring record of patient encounter
- Most successful when done by patient access personnel in conjunction with rapid triage process
- Use of self registration kiosks or registration from home
“Jim is not our strongest nurse and we don’t want to work with him in the back.”

“Let’s put him in triage today.”
Best Practices – Input

- Immediate bedding
  - What does it mean?
  - No triage at front when beds available
  - Potentially, no triage nurse when beds available
  - Quick registration only
“At some point, it’s just safer to keep patients in the waiting room.”

“Would you rather have a patient crash in a hallway bed or on the coke machine?”
Best Practices – Throughput

- Provider in triage
  - PA/NP or physician
  - Level 4 and Level 5 (Fast Track at Front)
  - Level 3 (Rapid Medical Screening)
  - Testing
  - Discharge
  - Support from ED
Best Practices – Throughput

- Split Flow
  - Divide patients into 2 groups – sick and less sick patients
  - Match care pathways to these groups
  - Match provider and nursing staffing patterns to revised volumes
Best Practices – Throughput

- Immediate bedding
- Immediate provider evaluation
- Universal rooms
- Full registration priorities change
- Vertical versus horizontal patient care
- “Real estate”
- Internal waiting rooms
Best Practices – Throughput

- Free charge nurse
  - Focus on “traffic control”
  - SWAT team member who starts patient care and turns over patients to primary nurse
  - Focus on discharge and freeing up beds
  - Keeps assignments flowing
Best Practices – Throughput

- Team approach to care
  - Each physician paired with a team of nurses, technicians and unit secretary
  - Maintains consistency in communication
  - Reduces the number of interactions
  - Provides safer patient care
Getting the patient up or out!
Best Practices – Output

- Making discharge a priority for the provider and the nurse
- Appropriate staffing and resources to turn ED beds over
- Registration stop at time of discharge for co-pay collection and verification of information
Emergency department throughput is truly hospital throughput
Changing the Culture
Best Practices – Output

- Generic admission orders
- Bridge orders
- Limit time holds for consultants and hospitalists
Best Practices – Output

- Create expectations of pull culture on nursing units
- Streamline report – SBAR
- Examine use of fax report
- Establish time frames for patient transfer expectations and keep them
- Examine transport options
Best Practices – Output

- Observation unit
- Hall beds in the ED but not on the nursing units
- OR smoothing
- Out by noon
- Discharge lounge
- Admitting/discharge SWAT team
Best Practices – Output

- Creation of the “bed czar” concept
  - Dedicated nursing resource to determine bed placement
  - Takes unit nursing out of the equation of assigning beds
  - Birddogs units to accomplish timely transfers
  - Serves as arbitrator for disagreements
  - Must be a “traveler”
How to be successful?
Success Strategies

- Get an executive sponsor
- Create teams/workgroups with specific charter and expectations
- Involve all stakeholders
- Be transparent with communications
- Utilize the change model
  - Study, plan, trial, tweak, revise, implement, embed
Success Strategies

- Develop daily dashboards to measure progress and share throughout
- Hold teams and all staff accountable
- Provide incentives for success
- Embed new behaviors into expected practice
- Be willing to lose staff unwilling to change
- Celebrate and share successes
Discussion

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