



Benchmarks and Best Practices in the Emergency Department

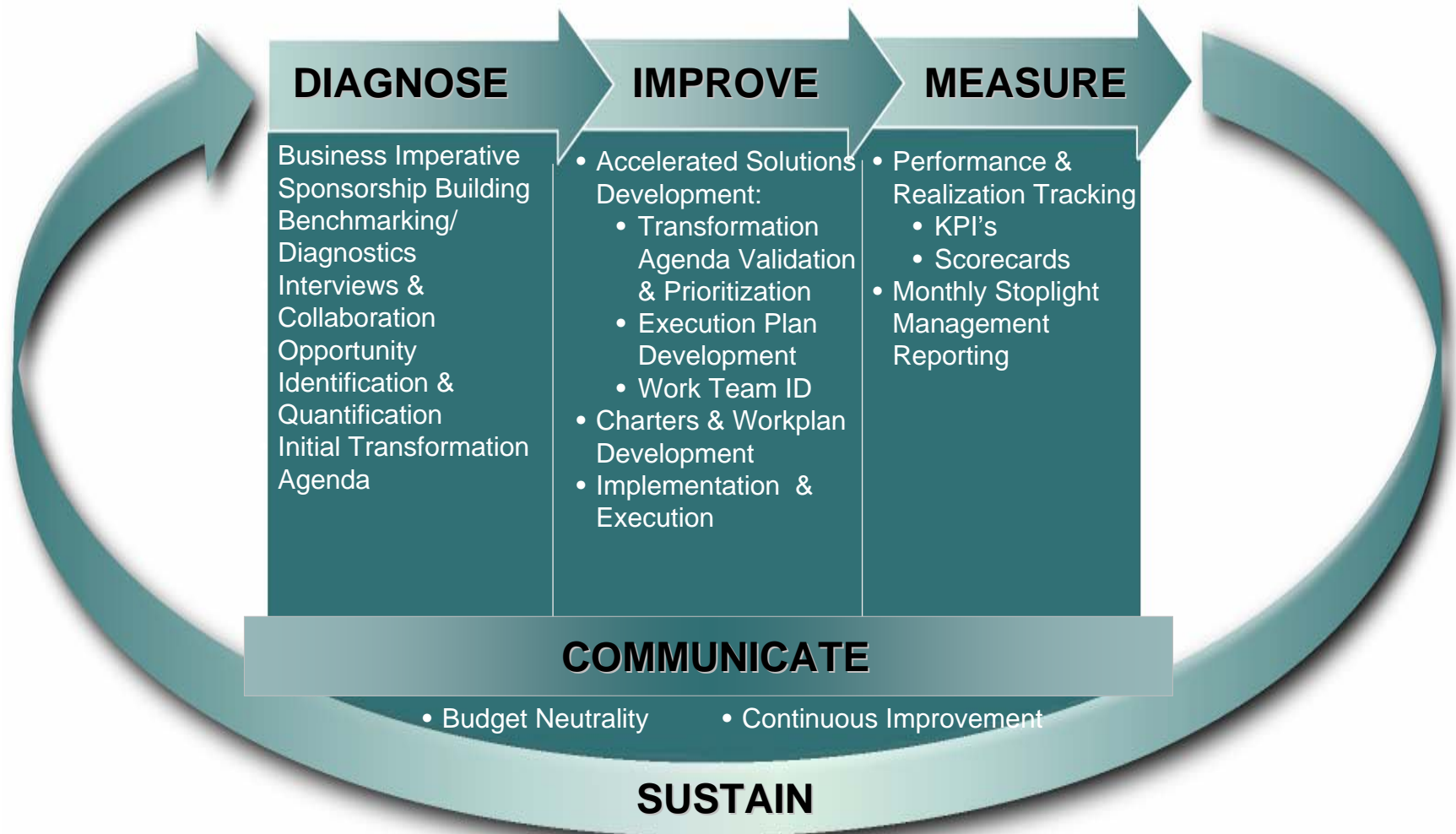
Jeanne McGrayne
Premier Consulting Solutions

Agenda

- How we use benchmarks to improve and sustain performance
- Introduction to tools available
- Share common ED benchmarks
- Discuss best practices that consistently return improved outcomes

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Improving Clinical, Operational & Financial Performance

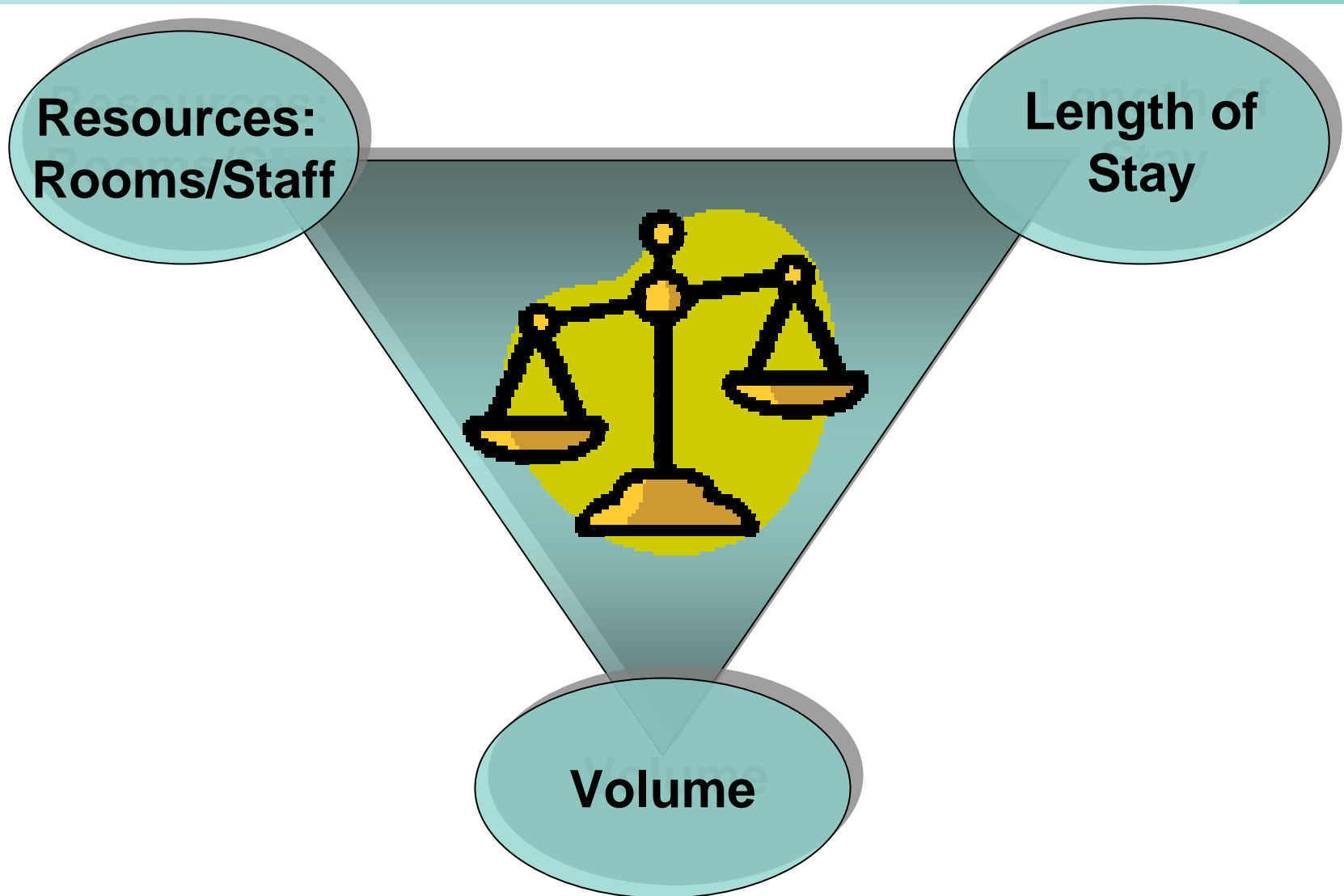


Trends and Issues in Emergency Care



- It's all about the Economy
 - Patients
 - Staff
 - Physicians
 - Payers
- Increasing regulatory pressure
- What does it mean for ED Operations?

Finding Balance in ED Operations



Why Benchmark?

- To set goals
- To find peer organizations
- To discover better performing organizations
- To identify practices which result in better outcomes

Key Data Sources for Benchmarking ED Performance

- Premier Emergency Department Benchmarking Database
 - 90+ hospitals
 - Free (Except time required to complete the ED Survey)
 - Excel based
- Operations Advisor™
 - 600+ hospitals
 - Labor and supply outcomes
- Clinical Advisor™
 - Physician performance
 - Clinical performance
 - Financial performance
 - Compliance

Emergency Department Patient Flow Processes

Door to Doctor

Arrival Patterns

EMS volume

Triage Staffing and
Processes

Registration

Patient Placement

“Fast Track” assignment

ED Capacity =

Rooms/Staff X LOS

Doctor to Disposition

Information System
Functionality

RN/MD/

Staffing/Ratios/Skill mix

RN/MD Room Assignment

Diagnostic Testing
Support

Protocol Use

Team work

Disposition to Discharge/Admit

Consultant/Hospitalist
Response

Incentives

Cash Collections

Consultant/Hospitalist
Practice

IP Bed Availability

IP Nurse Staffing

Emergency Department Patient Flow Data



Door to Doctor

- Volumes
- Acuity/Admission %
- Arrival Patterns
- Payer Mix
- Left Without Being Seen/Diversion
- EMS TAT
- Door to Triage
- Triage Times
- Triage to Bed
- ED Visits per Bed

Doctor to Disposition

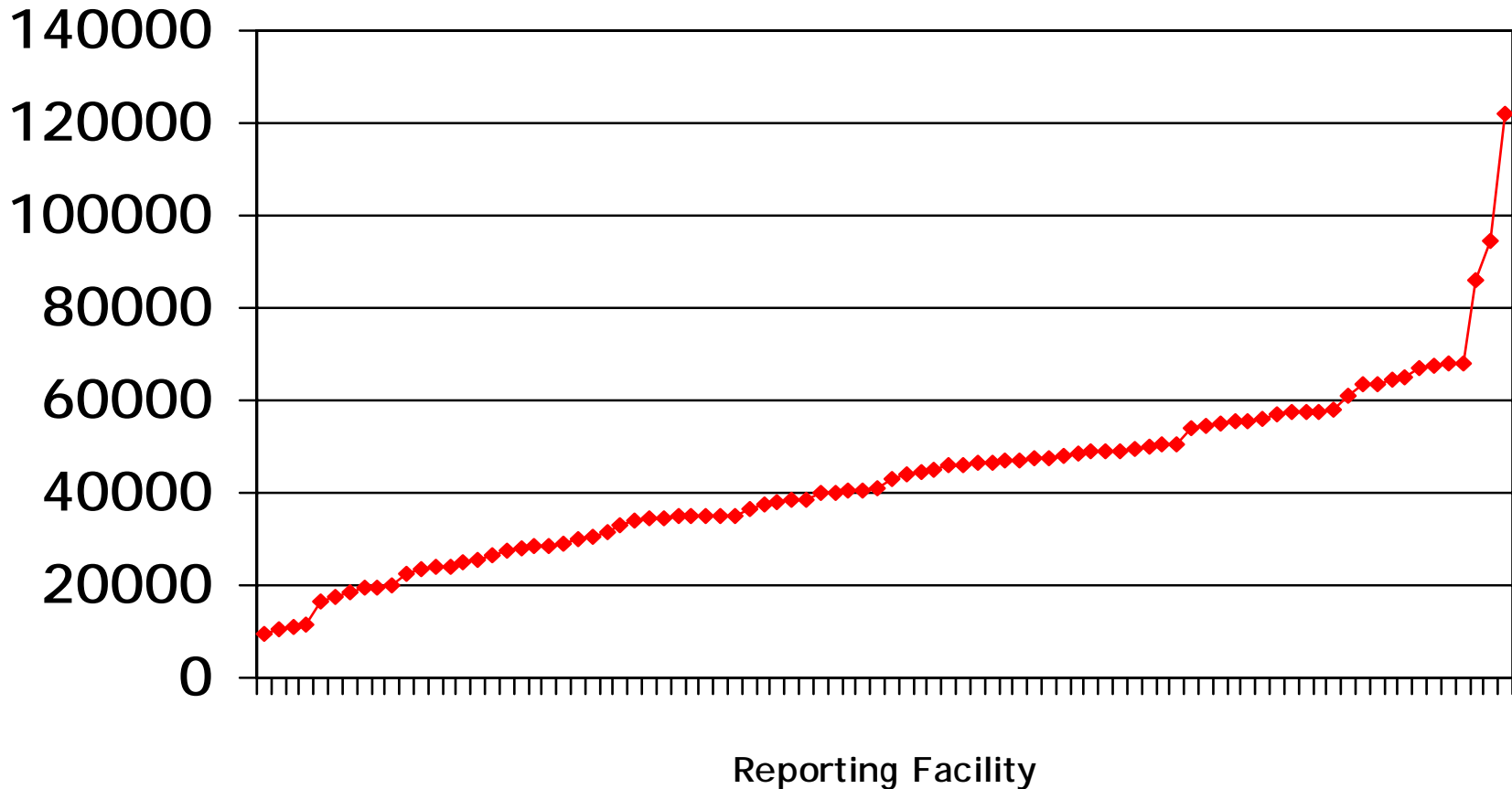
- Bed to MD in Room
- MD to Order Entry
- Order Entry to Result
- ED Worked Hours/Visit
- Patients per Provider (MD/PA/NP)
- Staffed Hour
- Utilization Statistics
- Consultant/Hospitalist
- Response times
- Quality Indicators

Disposition to Discharge/Admit

- Discharge Order to Patient D/C
- Admit Order to IP
- Bed Assigned
- IP Bed Assigned to IP Bed Ready
- Bed Ready to Patient in IP Bed

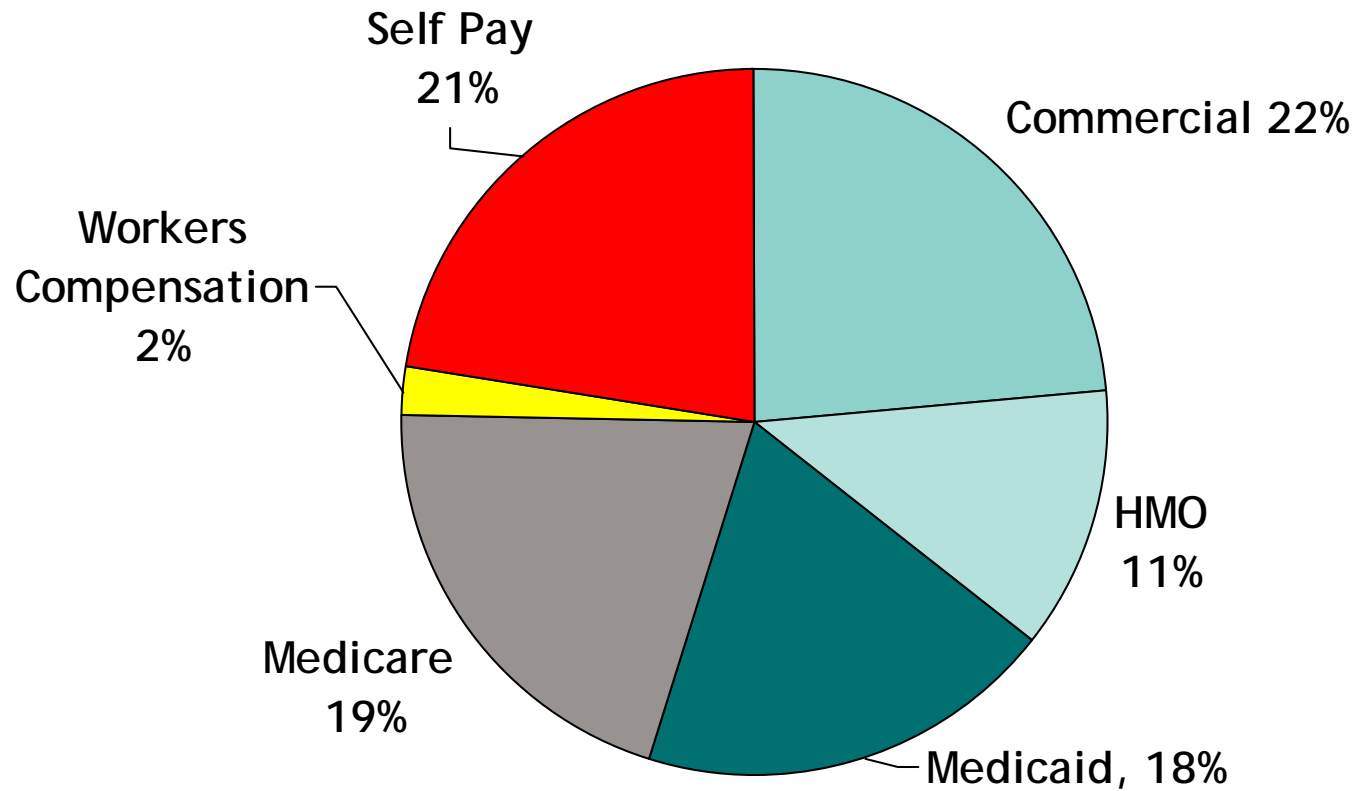
Annual Volumes for Emergency Departments in Premier Database

ED Annual Volumes
for Those Reporting to ED Database



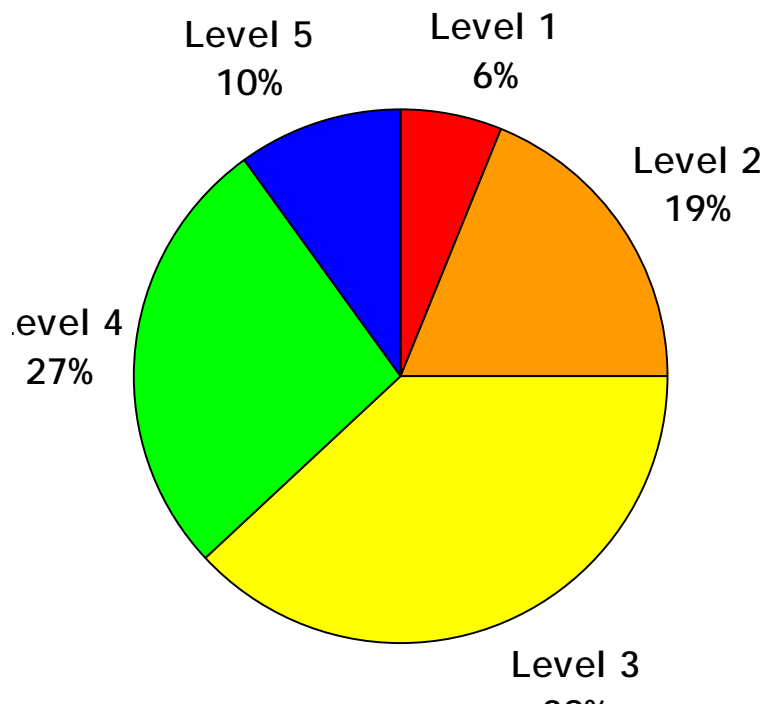
Payer Mix

ED Payer Mix

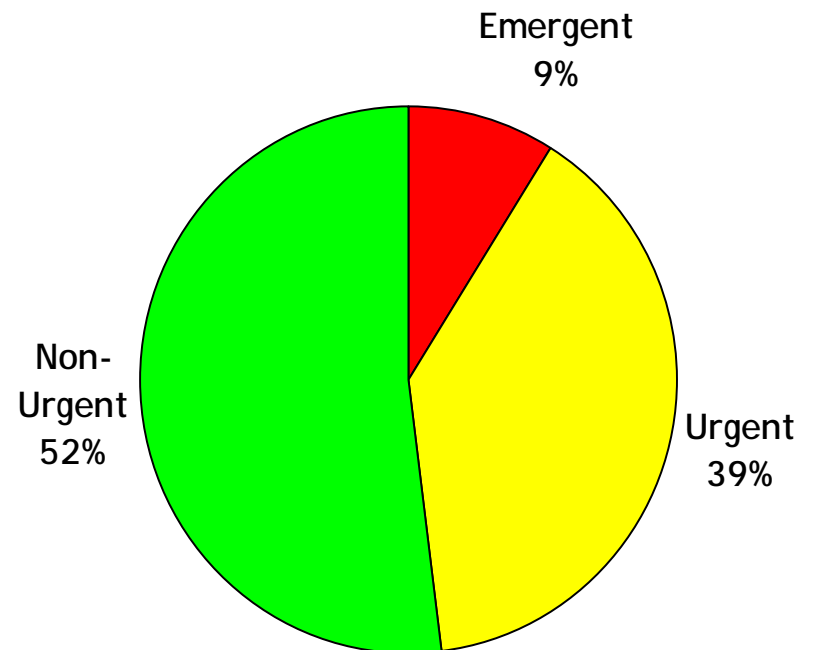


Triage Acuity

Triage Acuity - 5 Level System

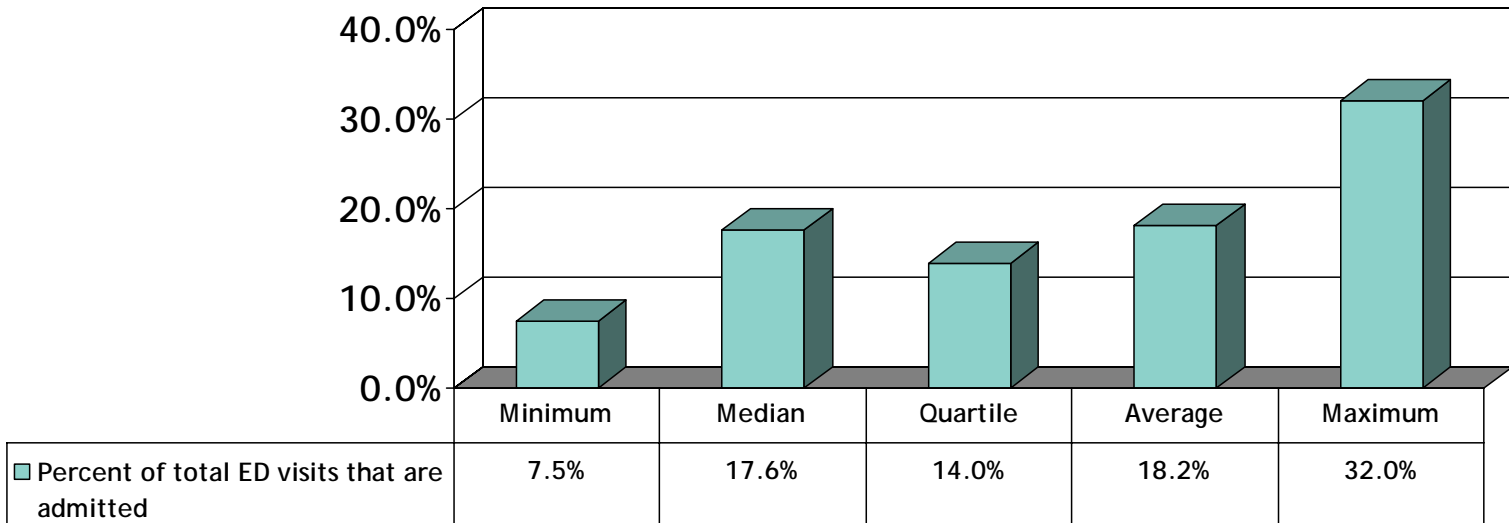


Triage Acuity - 3 Level System

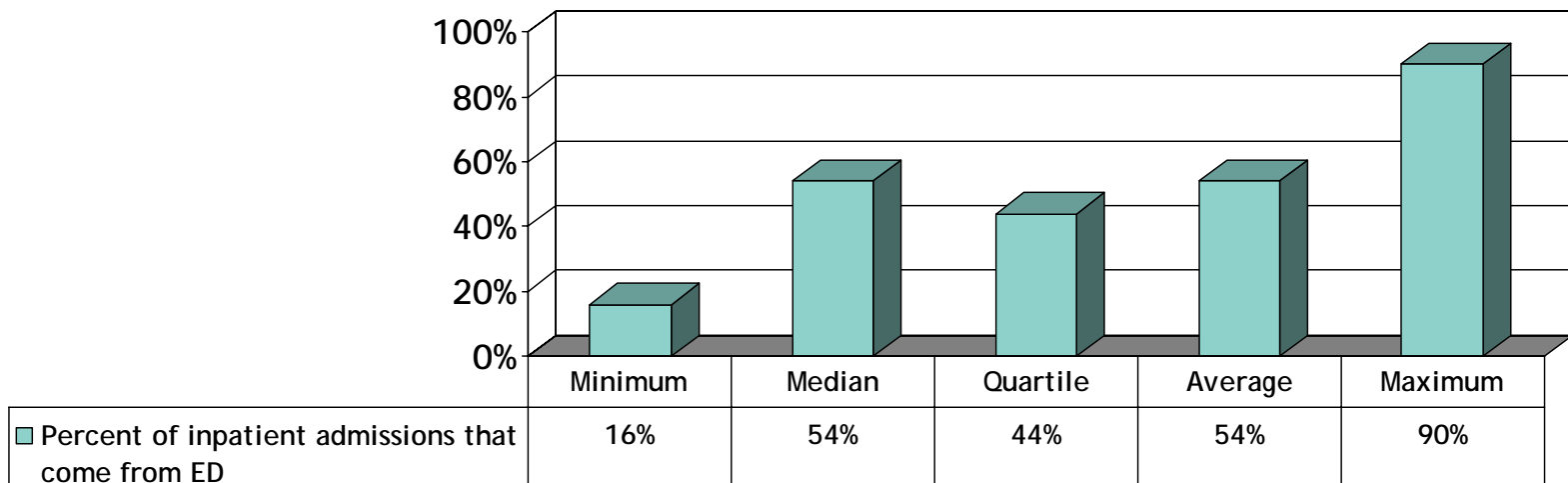


ED Admission Activity

Percent of ED Patients who are Admitted

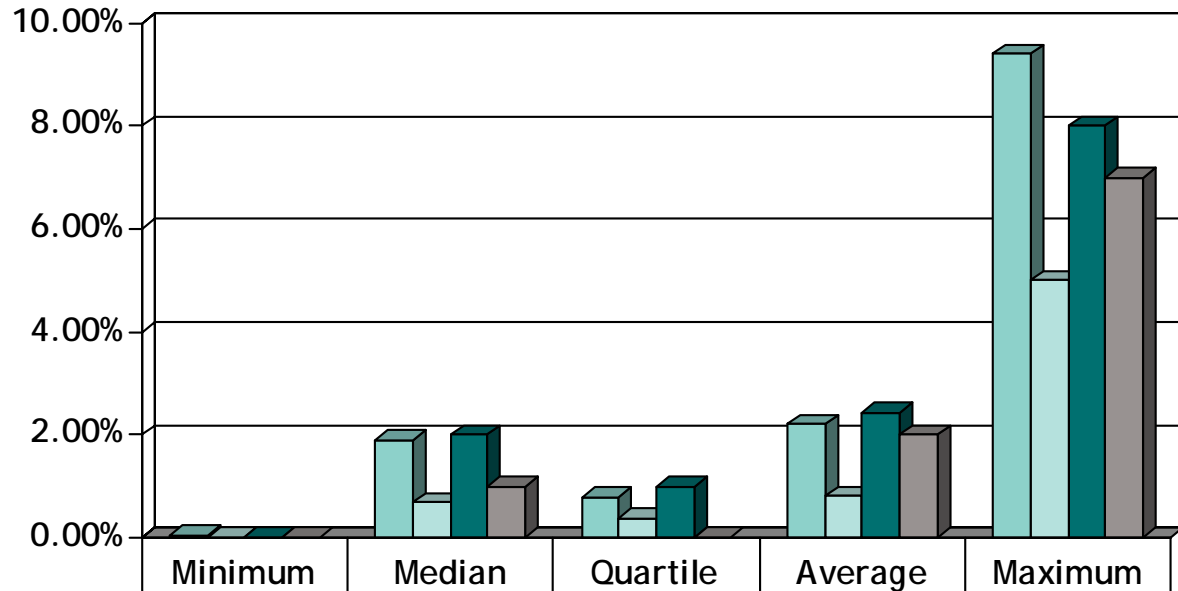


Percent of Inpatient Admissions Originating in ED



ED Quality Indicators

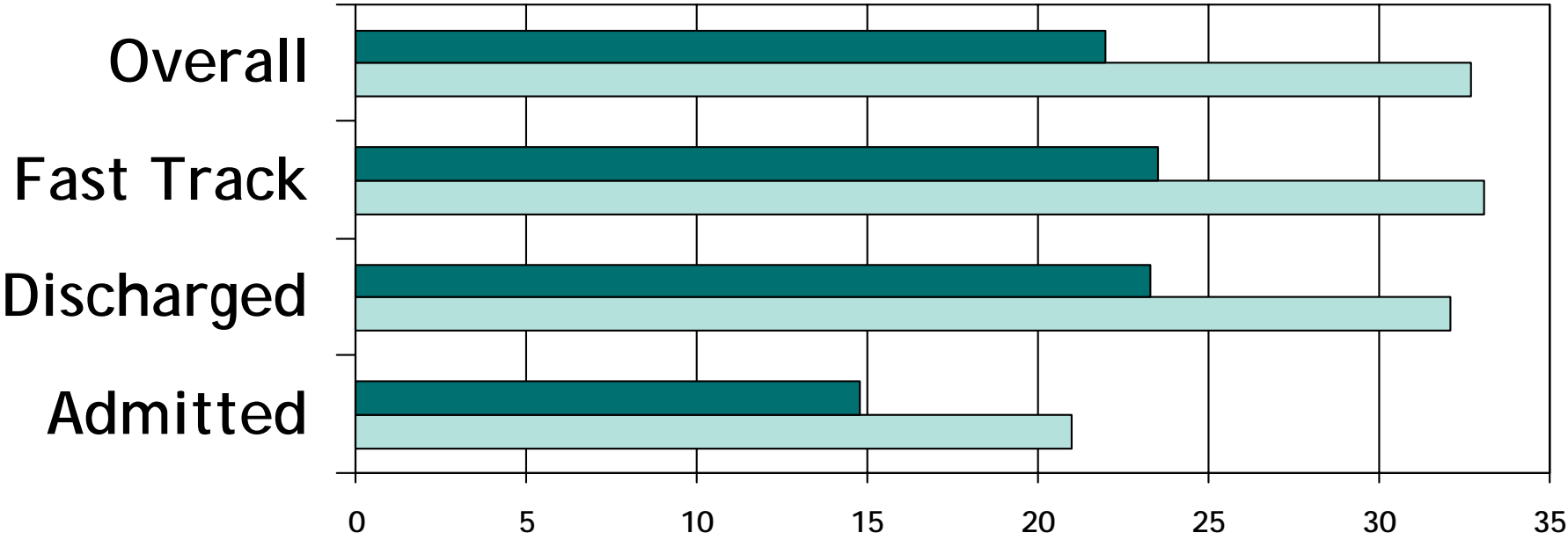
ED Quality Indicators



	Minimum	Median	Quartile	Average	Maximum
Left Without Being Seen Rate (LWBS)	0.05%	1.90%	0.80%	2.20%	9.40%
AMA	0.00%	0.69%	0.37%	0.81%	5.00%
48 Hour Returns	0.01%	2.00%	1.00%	2.43%	8.00%
72 Hour Returns	0.00%	1.00%	0.00%	2.00%	7.00%

Door to Bed Time

Door to Bed

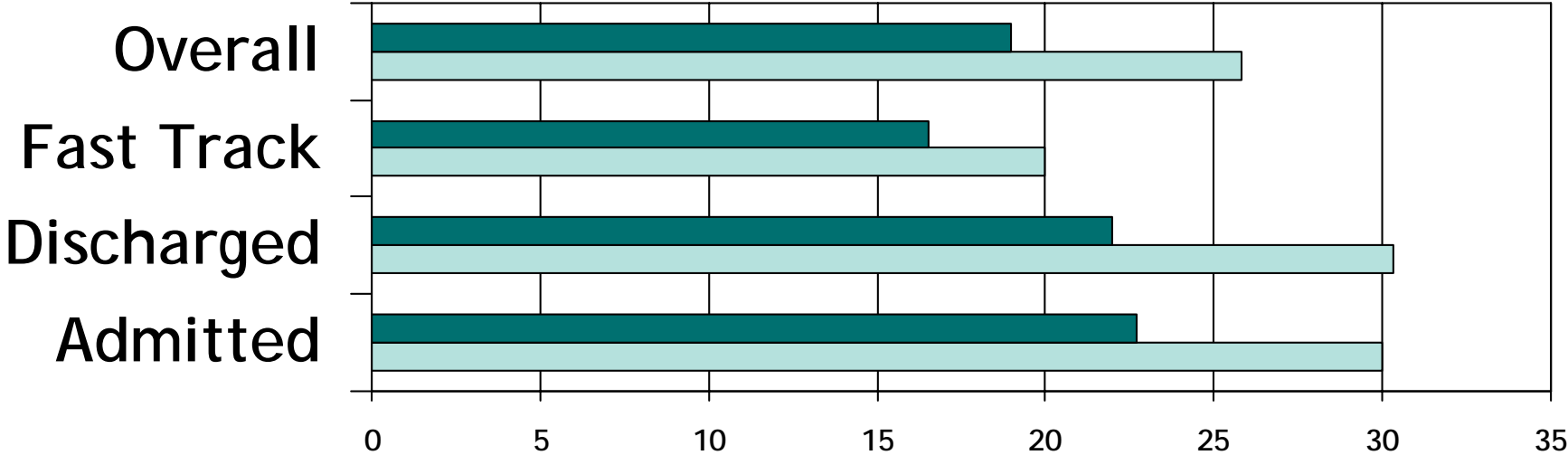


	Admitted	Discharged	Fast Track	Overall
■ Quartile	14.8	23.3	23.5	22
□ Median	21	32.1	33.1	32.7

Minutes

Bed to Doctor Benchmarks

Bed to Doctor

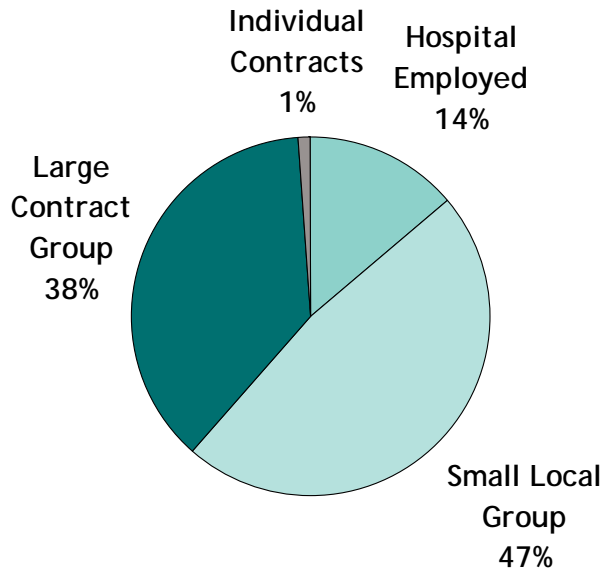


	Admitted	Discharged	Fast Track	Overall
■ Quartile	22.7	22	16.5	19
■ Median	30	30.3	20	25.8

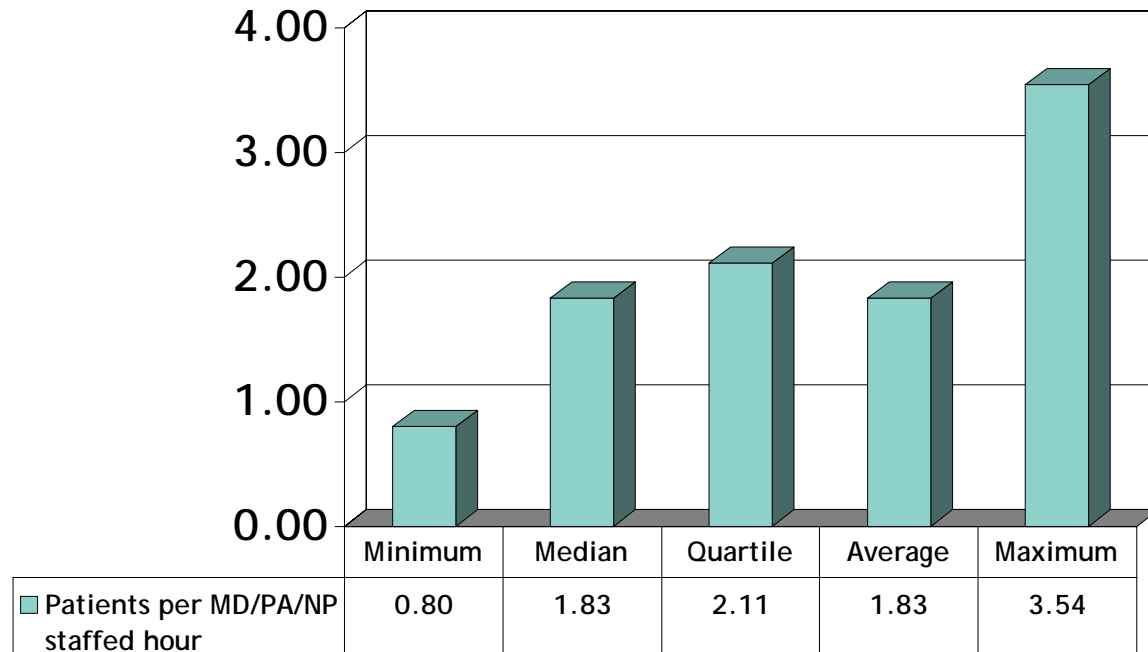
Minutes

Bed to Doctor Benchmarks

ED Provider Relationship



Patients per Provider staffed hour

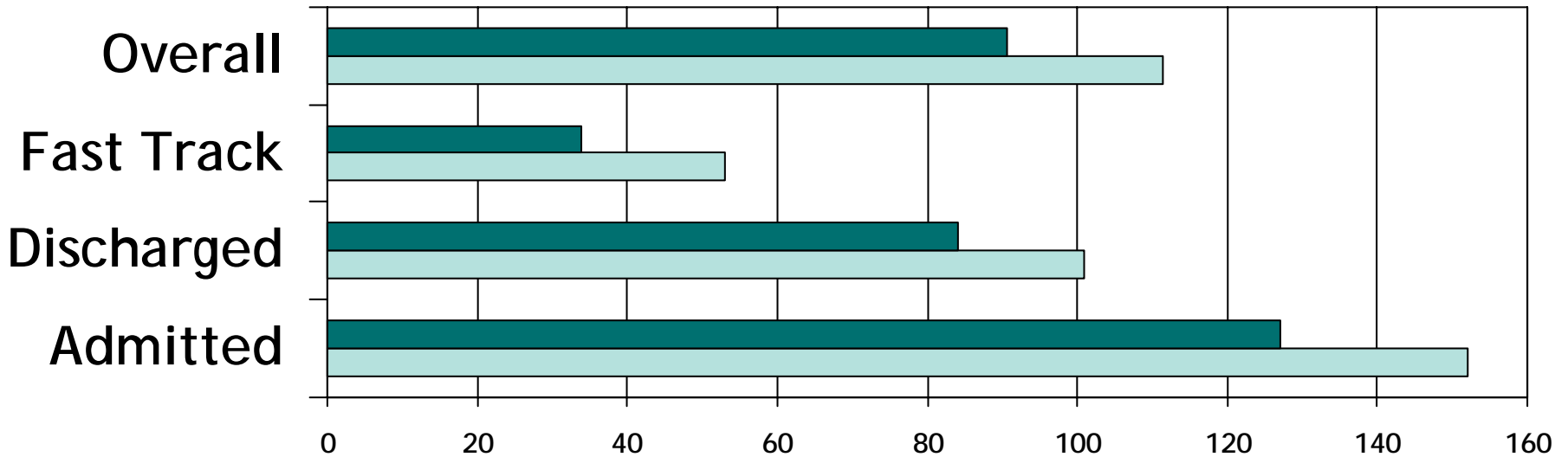


Average Physician to Extender Ratio: 2.5 : 1

Average time the ED Medical Director involved in Administrative activities: 36%

Doctor to Disposition Benchmarks

Doctor to Disposition

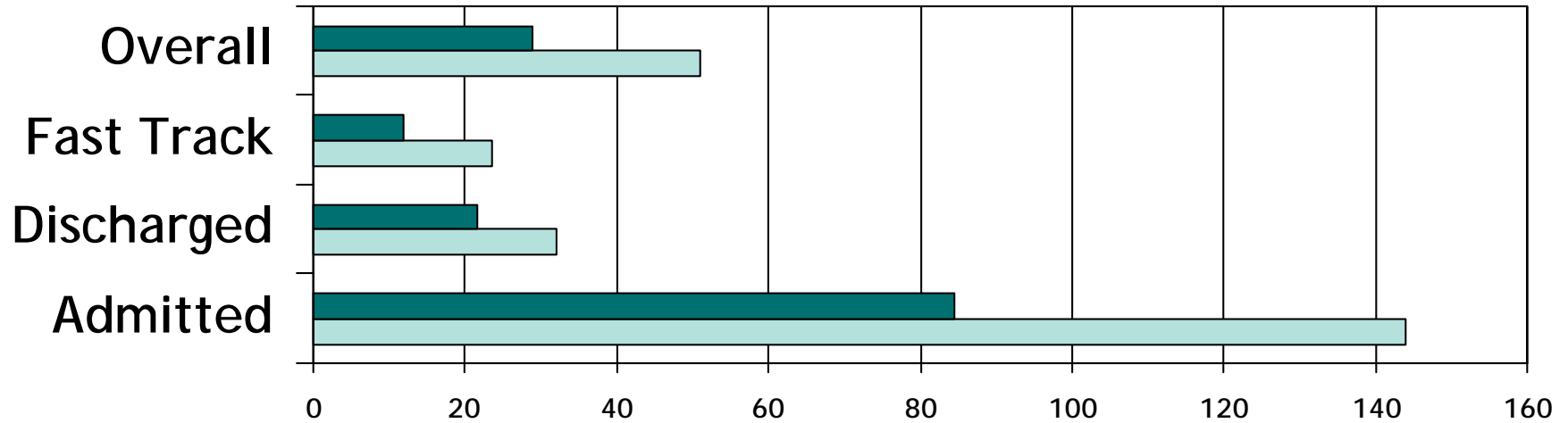


	Admitted	Discharged	Fast Track	Overall
■ Quartile	127	84.2	33.8	90.7
■ Median	152	101	53	111.4

Minutes

Disposition to Depart Benchmarks

Disposition to Depart

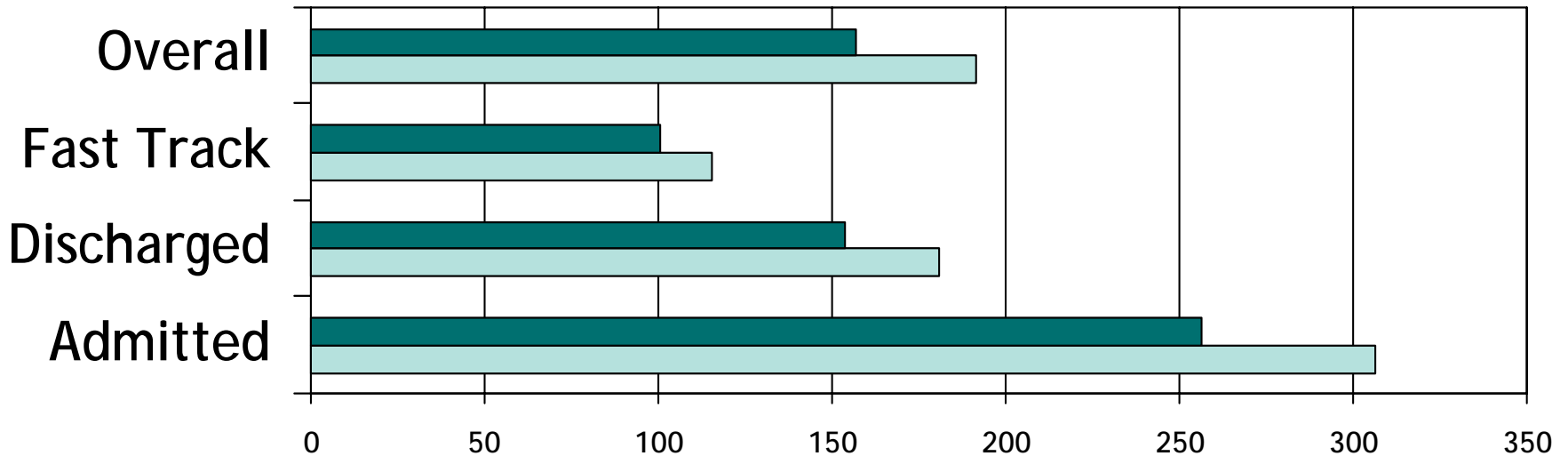


	Admitted	Discharged	Fast Track	Overall
■ Quartile	84.4	21.7	11.9	29
■ Median	144	32	23.5	51

Minutes

Overall Length of Stay Benchmarks

Length of Stay from Arrival to Depart



	Admitted	Discharged	Fast Track	Overall
■ Quartile	256.5	153.9	100.4	157
■ Median	306.5	181	115.5	191.5

Minutes

Operations Advisor™ - Comparative labor and expense



Department Detail Percentile

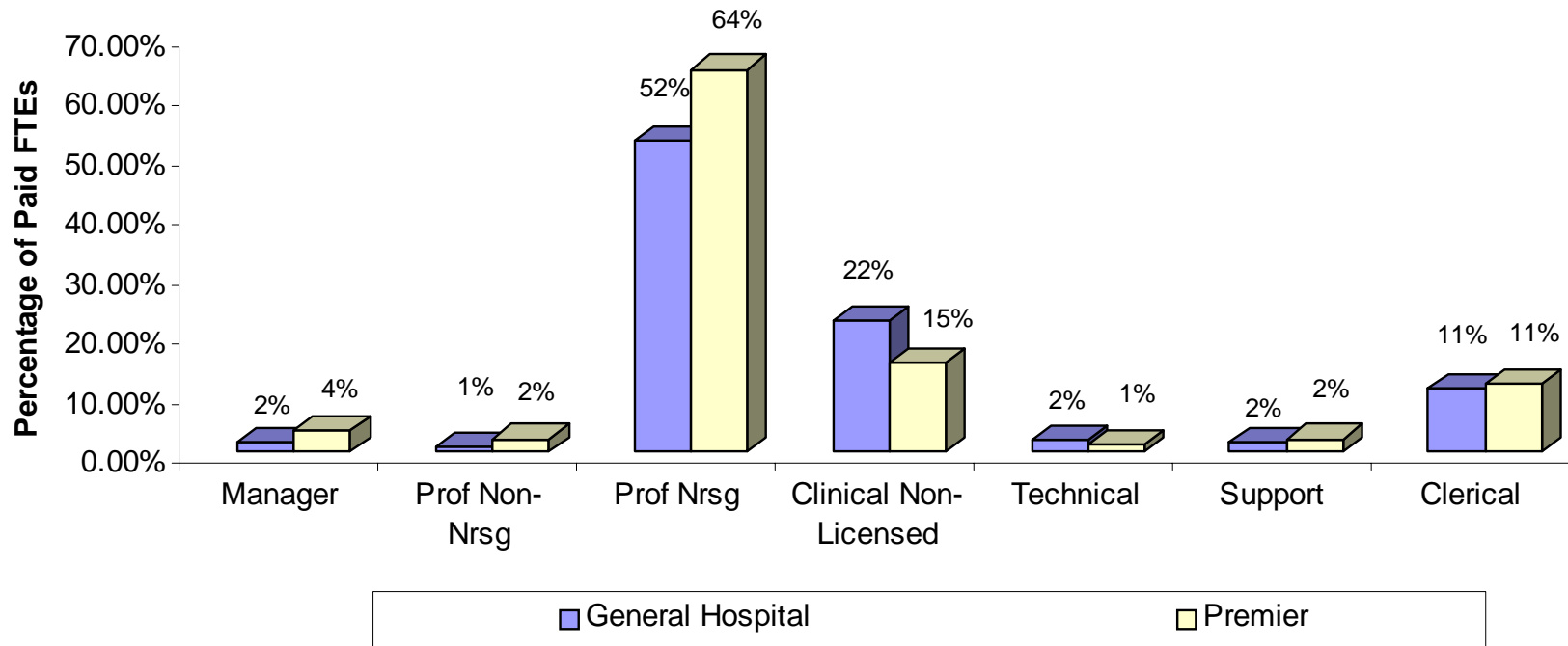
Period: 2008 Quarter 2 Annualized
 Dept: Emergency Department
 Volume: Emergency Department Visits

Facility: 2073
 Date: November 14, 2008

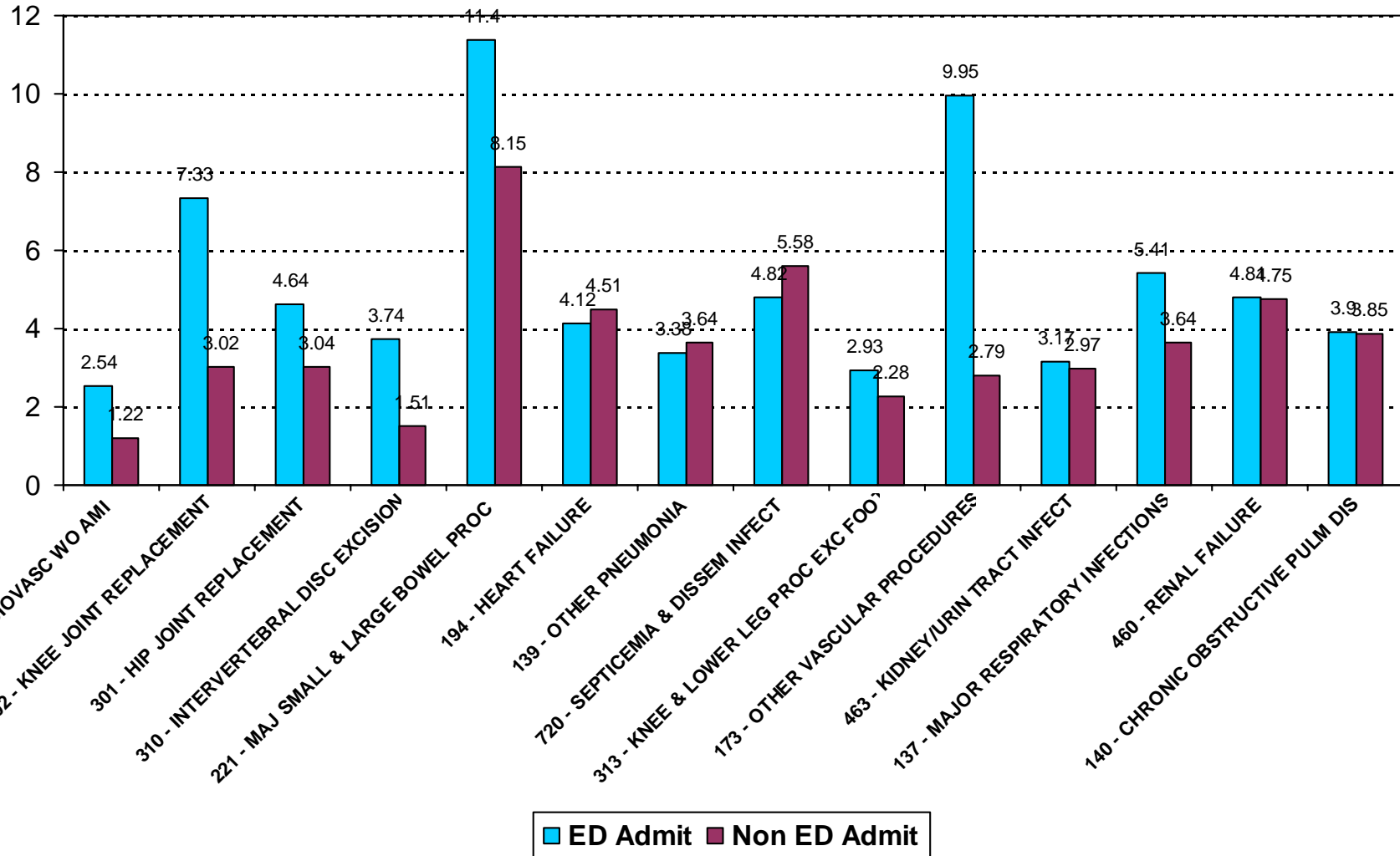
DEMOGRAPHICS		LABOR					EXPENSE			
Facility	Average Monthly Volume	Worked FTEs	Total Worked Hrs/Unit	Total Paid Hrs/Unit	Benefit %	Overtime %	Labor Exp/Unit	Supply Exp/Unit	Other Exp/Unit	Total Exp/Unit
Summary										
2073	4,143	95.43	4.00	4.64	13.69%	7.07%	\$123.68	\$22.58	\$3.01	\$149.27
Peer 25th	3,382	57.24	2.63	2.86	7.27%	4.43%	\$77.93	\$11.29	\$4.78	\$104.13
Peer 50th	3,774	66.99	2.97	3.22	7.93%	5.46%	\$85.93	\$13.79	\$6.63	\$120.67
Detail										
2083	3,745	50.51	2.34	2.64	11.27%	4.68%	\$64.59	\$10.91	\$131.98	\$207.48
362	3,030	44.11	2.53	2.69	5.80%	9.54%	\$73.34	\$13.13	\$39.04	\$125.51
1771	4,765	70.78	2.58	2.81	8.03%	5.64%	\$80.61	\$19.86	\$2.11	\$102.58
56	4,860	78.01	2.79	3.02	7.76%	9.09%	\$77.04	\$12.45	\$3.75	\$93.24
144	4,754	79.43	2.90	3.16	8.05%	4.35%	\$82.66	\$8.00	\$6.41	\$97.06
2014	3,220	56.15	3.03	3.29	7.83%	5.45%	\$89.20	\$19.78	\$6.85	\$115.83
2074	3,588	64.76	3.14	3.54	11.29%	4.15%	\$93.49	\$10.79	\$4.50	\$108.77
77	3,803	69.21	3.16	3.40	7.11%	5.46%	\$110.73	\$23.07	\$5.65	\$139.44
2051	3,313	60.51	3.17	3.48	8.74%	4.00%	\$116.06	\$26.11	\$13.17	\$155.35
2073	4,143	95.43	4.00	4.64	13.69%	7.07%	\$123.68	\$22.58	\$3.01	\$149.27
200	4,852	117.23	4.20	4.41	4.69%	7.05%	\$119.67	\$14.46	\$37.45	\$171.57
Peer 25th	3,382	57.24	2.63	2.86	7.27%	4.43%	\$77.93	\$11.29	\$4.78	\$104.13
Peer 50th	3,774	66.99	2.97	3.22	7.93%	5.46%	\$85.93	\$13.79	\$6.63	\$120.67
Regional 25th	1,076	19.42	2.60	2.80	7.61%	3.30%	\$70.23	\$8.46	\$4.79	\$90.91
Regional 50th	2,399	37.13	2.84	3.18	8.72%	4.58%	\$83.74	\$9.75	\$22.54	\$124.58
National 25th	1,750	23.29	2.28	2.52	7.01%	3.48%	\$66.52	\$7.83	\$2.27	\$82.73
National 50th	2,786	40.69	2.60	2.83	8.39%	5.17%	\$80.35	\$10.60	\$5.46	\$102.31

Operations Advisor™ Skill Mix Comparative

Emergency Department



Clinical Advisor™ LOS by Admit Source Top APR-DRGs



“Door to Doctor” Best Practices

- Quick Registration
- Brief triage assessment (but not too brief)
- Triage Nurse assigns room
- Active Use of Acuity/Status Column
- ED Tech escorts patient to room
- Beds are made available
- “Fast Track” criteria flexible
- Staff “Pull” patients when triage times excessive
- ED patient tracking system
- Aligned ED Physician Incentives

“Doctor to Disposition” Best Practices

- “Free” Charge Nurse able to focus on moving patients out of ED
- Nurses pre-assigned to rooms
- Physicians pre-assigned to rooms
- Teamwork!!
- Reduced Variation (room set up, practice, protocols)
- Protocols so that expected care is anticipated
- Rapid laboratory turnaround times
- Appropriate amount of point of care testing
- Dedicated ED radiology staff and rapid 2D interpretations

“Disposition to Discharge” Best Practices

- Measuring and monitoring disposition order to time of discharge by nurse.
- Discharge planning begins on admission
- Case Management/Social workers staffed in ED
- Smooth collections process
- Automated discharge instructions initiated by the physician and reviewed by the RN with the patient

Reduce Process Variability Through Accountability and Communication

- Sharing data leads to self correcting performance and reduces variability.

RN Discharge Times

[Redacted]																								McGrayne	[Redacted]											
14	20	17		18	25	19		12	12		15	22	18	16	13	16	15	15	12	-	23	14	16		15	12	17	21	19	16	12	18	22	1		
18	17	20		25	25	18		16	19		24	19	23	17	21	15	17	14	16	-	29	18	14	18	18	19	22	22	15	16	18	18	2			
16	19	19		22	25	19		14	16		19	21	21	17	18	16	16	15	14	-	28	16	15	17	14	19	20	20	16	14	18	20	1			
17	19	21	23	22	23	22	21	14	17	28	18	17	16	16	22	12	19	19	14	14	13	16	15	19	12	19	18	18	14	18	23	18	1			
16	18	20	24	22	24	25	22	18	16	30	26	19	23	21	18	14	21	19	17	17	20	20	22	20	16	21	24	25	16	19	24	25	1			
15	19	20	24	22	24	24	22	16	16	20	22	18	20	19	18	14	20	19	16	16	16	16	19	20	15	20	21	22	16	18	23	21	1			

In-Patient Throughput Processes

**Decision to Admit
to Orders Written**

**Order Written to
Bed Assignment**

**Bed Assignment
to Time in Bed**

**Consultant/Hospitalist
Availability and
Response
Pathways/Order Sets
Trust between
Admitting MD and ED
Physicians**

**Responsibility/Authority for
Bed Control
Bed Tracking
Hospital Capacity =
Rooms/Staff X LOS
Critical Care/Telemetry Use
Diagnostic Testing
Support/Availability
Case Management
MD Rounding Patterns
Surgical Scheduling
Discharge Practices
Housekeeping Support**

**Report and
Communication
Shift Change Practices
Transportation
RN Staffing/Ratios
Discharge Unit**

Disposition to Admit Best Practices

- Aligned Physician Incentives; Hospitalist contract
- Bed Tracking systems/Transparency
- Surgical Schedule “Smoothing”
- Private Rooms; Telemetry/Oxymetry Availability
- Bed Control under Case Management
- “No refusal” Policy
- Bed Management Assigns Bed, Independent of Nurse Staffing
- Housekeeping and Transport Services dedicated to Bed Management
- Receiving Nurse has time limit from bed assignment in which to call ED for Report (Pull)
- Fax Report; Bedside Report

Questions?



PREMIER

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