



PHILIPS



Improving ED Operational Efficiency at
Connecticut Children's Medical Center

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innovation  you

Today's speakers



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About Connecticut Children's Medical Center

- Connecticut Children's Medical Center is the only free-standing hospital in the state dedicated exclusively to the care of children
- 187-bed, nationally recognized, not-for-profit facility with a medical staff of 1,000+ providing comprehensive care in 30+ pediatric specialties and subspecialties
- 38-bed ED supporting 61,000 annual visits
- Level I Pediatric Trauma Center
- Teaching affiliations with UConn and Quinnipiac University and a research partner of Jackson Laboratory
- Top 50 in cardiology and heart surgery, diabetes and endocrinology, neonatology and urology
- National leader in community-based prevention and wellness programs





Background



- Experienced a year-over-year ED volume increase
- ED had experienced a safety event
- Had a community perception of long wait times
- Looked to improve overall patient satisfaction
- Wanted to create sustainable efficient, consistent, and effective processes

Challenge and Solution



Connecticut Children's looked for additional resources to help:

- Increase operational efficiency and patient throughput
- Fill an ED leadership vacancy

Philips delivered:

- Karen Webb as Interim ED Manager, providing day-to-day operational and staff management as well as performance improvement recommendations
- Comprehensive assessment of ED operations, team-based approach to PI
- Identification and implementation of new processes to improve communications, staff development, daily rounds, patient flow, and management reporting

Triage/Front-end Process Improvement

- Created quick registration processes
- Hardwired rapid triage protocols
- Implemented direct bedding
- Dedicated an RN to triage 24/7, minimum 2 staff
- Revised EPIC triage templates
- Triage was aligned with Emergency Services Index (ESI) guidelines
- Provided training and established inter-rater reliability including validation



Charge Nurse Development



- Charge Nurse Core Group created to improve communication, increase throughput, and demonstrate accountability
- Customized charge nurse training curriculum
- Standardized data and analytics processes and implemented digital visual metrics board to aid decision making for charge nurses about surge procedures
- Implemented shift hand-off processes
- Provide coaching and methodologies to assist with resource management, change management, managing crucial conversations, and conflict intervention

Embedding Education and Communication



- Developed education courses for clinical staff
- Implemented staff assignment board
- Implemented daily huddles for providers and pre-surge
- Improved staff and leadership communications with a focus on patient flow and staff-led improvement recommendations
- Increased peer-to-peer accountability standards
- Enhanced trust and professional relationships between staff and leadership

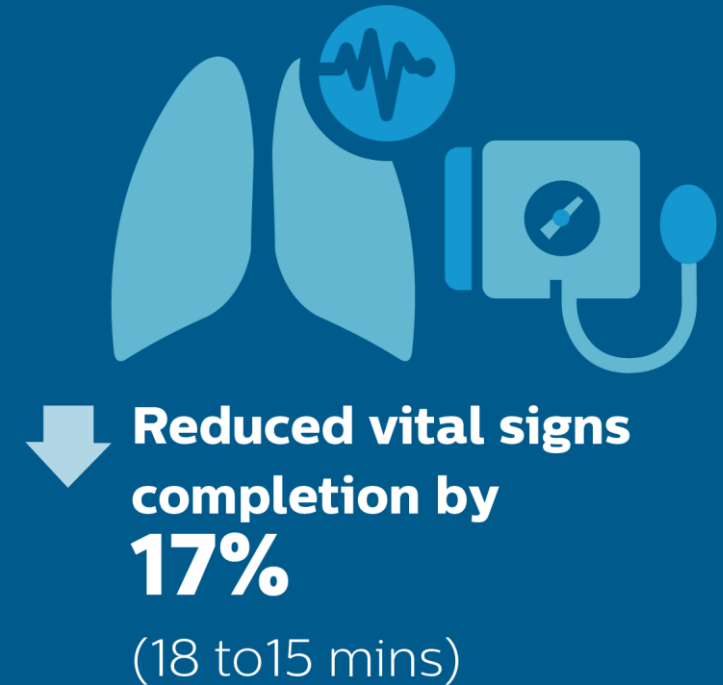
Throughput and Patient Experience

- Assessed lab and radiology processes to identify and eliminate barriers
- Implemented bedside suture carts
- Developed rounding processes to enhance the inpatient experience
- Received input from staff about Vital Signs process issues



New Vital Signs Processes

- Vital Signs were taking too long or not completed due to patient discomfort
- Adopted AAP guidelines for blood pressure measurement in non-acute patients
- Implemented new processes - the VS issue dissipated
- Nurses retained the autonomy to obtain a BP if outside the established parameters



Further innovation to support increased volume

- Responded to an abrupt increase in patient volume that caused the left without being seen (LWBS) rate to also increase
- Collaborated with stakeholders to identify an alternate care area
- Applied continual improvement principles to alternate care area to support performance optimization and a safe environment
- Created minor patient care area and added 11 patient care rooms



Results achieved



- Improved ED performance
- Vital Signs presented at ENA poster session
- Lantern award
- Magnet contributions



↓ **Reduced arrival-to-triage by 80.5%**
(10.99 to 2.14 mins)



↓ **Reduced LWBS by 55.8%**
(2.04% to 0.90%)



↓ **Reduced arrival-to-provider by 52.7%**
(69.2 to 32.8 mins)



Reduced length of stay by 16.1% (184 to 154.5 mins)

Reduced vital signs completion by 16.7% (18 to 15 mins)

\$380,000+
in additional annual collectable revenue generated from reduced LWBS

