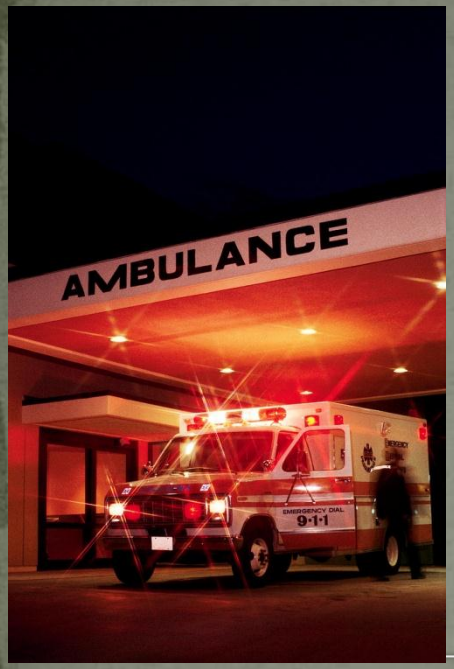

The Parkland ED Initiative "24/7/365" The Role of Process Change for Improved Quality Care

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Parkland's History & Future

- Originally built in 1894
- Replaced with a Brick building in 1913
- Moved to current location in 1954
- Primary training facility for UT Southwestern
- Emergency Medicine Residency started in 1997
- Has undergone many renovations and additions over the last 70 years
  - New Parkland Hospital to open in Fall 2014
    - 1.9 million square feet
    - 865 Beds
    - $1.27 billion project

The ED of the past

- Overall length of stay of over 10 hours
- LWBS rate >20% with a treated volume of 72,000/year
- Very low patient satisfaction (in the low teens)
- Boarding patients in the ED everyday without meeting a reasonable standard for inpatient care

Tradition

- “We’ve been here for 100 years, but we have 400 years of traditions”
- “We always do it this way(The Parkland Way)”
- “We don’t run an ED, we run an Observation Unit”
- “I love my job, I just don’t love my job here”
- The work environment did not foster a superior quality, patient centered, healing experience(even though the caregivers wished to provide this service)

The Challenges & The Goals

- The challenges:
  - Changing the culture throughout the institution to support the new ED goals(going from silos to service model)
  - Maintaining high quality resident education
  - Reducing staffing turnover
  - Procedural changes only, no construction $$$
- The Goals:
  - develop a process that would improve our performance to at least the median for academic medical centers
  - 24/7/365
  - 24 minute door to physician goal
  - 7% left without being seen
  - 365 minute turn around time – door to door

The Team

- John Haupert, COO, Sponsor
- Brad Simmons, Sr VP, Surgical Services
- Josh Floren, Sr VP, Medicine Services
- John Wood, Assoc. CNO, VP Operational Excellence
- Tom Tierney, RN, Project Lead, Operational Excellence
- Brent Treichler, MD, Chief of Emergency Services
- Kathleen Doherty, RN, Acting Nursing Director, ED
- Jennifer Hay, RN, Unit Manager, ED
- Jennifer Sharpe, RN, Nursing Director, ED
- Representatives from Lab, Radiology, Urgent Care, ED

The Process

- Defined “Stages of Care” for the patients
  - Pre arrival, arrival, triage, evaluation, admit /discharge
- Mapped Current State of all Workflows for Stages of Care
- Deconstructed workflows
  - Only “value added” steps were kept
- Engaged Front line staff
  - Elicited pain points
  - Set goals and educated staff on new plan
- Engaged support services
  - Set goals and deliverables for Labs/Rads/Consult services

Capacity Management

- Preload reduction
  - Triaged ESI 4 & 5 to an Urgent Care Center
  - Encouraged direct admission to hospital from clinics
- Afterload reduction
  - Streamlined admission process
  - ED Observation Unit-Nov 2009
  - Implemented “Today care” at outlying clinics for same day appointments
  - Streamlined specialty clinic follow up

ED Team

- Divided the ED into 4 PODS and an Admit Hold area
  - Independent PODS promoted teamwork & accountability
- Each Pod fully independent and functional
  - 12 beds
  - 1 attending
  - 1 upper level EM resident
  - 3 nurses
    - 1 POD lead nurse and 2 team nurses
  - 1 tech
  - 1 registration specialist
- Implemented a Quick Triage Process
- Implemented Strategic Work up & Testing (SWAT) beds

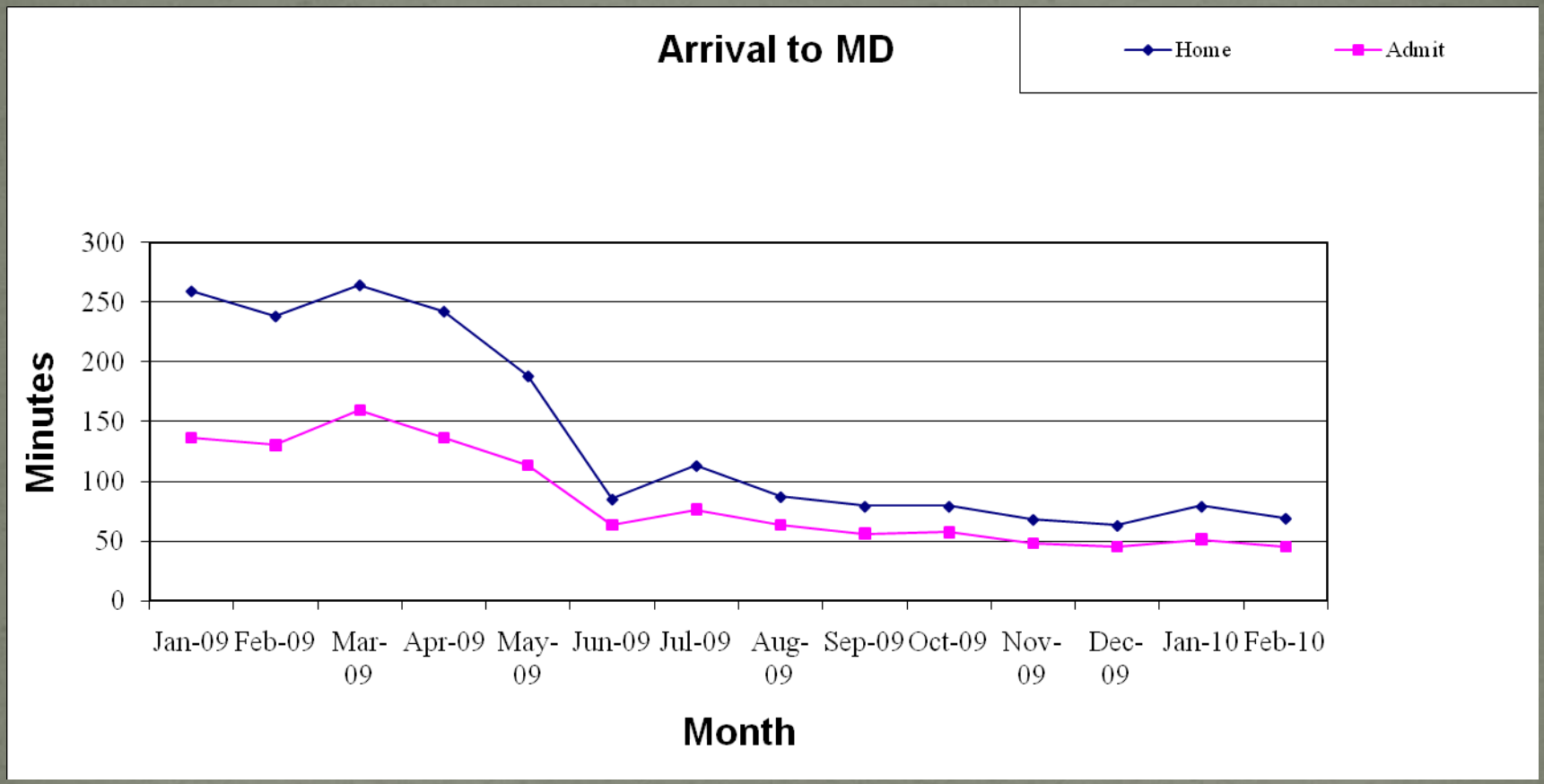
Rollout 2009

- Initial Pilot: 4 days in April, 1 POD Open (April 17th-April 20th)
  - Door-to-Doctor: 43 minutes (2 hours for entire ED)
  - LWOBS: 0.5% (12.9% for entire ED)
  - LOS: 4 hrs 32 minutes (7 hrs 46 minutes for entire ED)

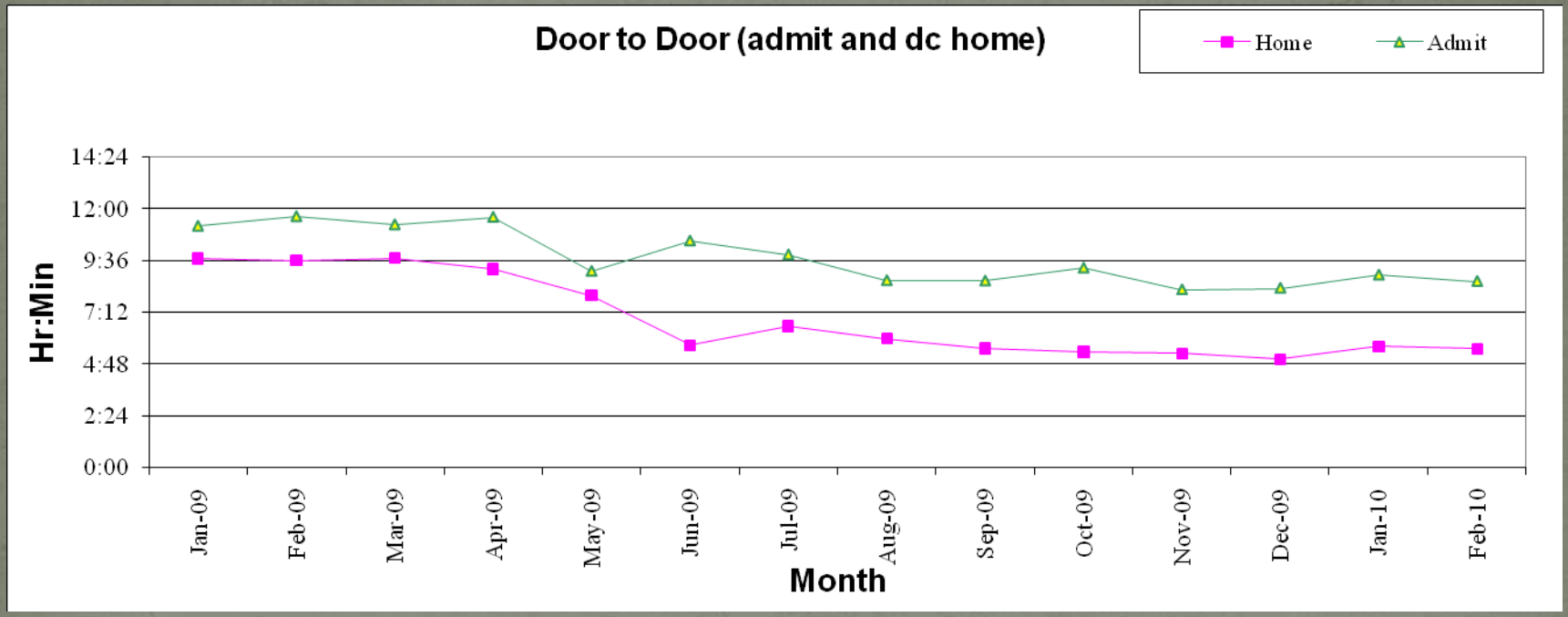
- Second Pilot & Full Staff Training: 10 Days in May, 1 POD Open (May 22nd-May 31st)
  - Door-to-Doctor: 59 minutes (2 hrs 6 minutes for entire ED)
  - LWOBS: 1.5% (13.9% for entire ED)
  - LOS: 4 hrs 55 minutes (7 hrs 18 minutes for entire ED)

- Go-Live: June 1 2009

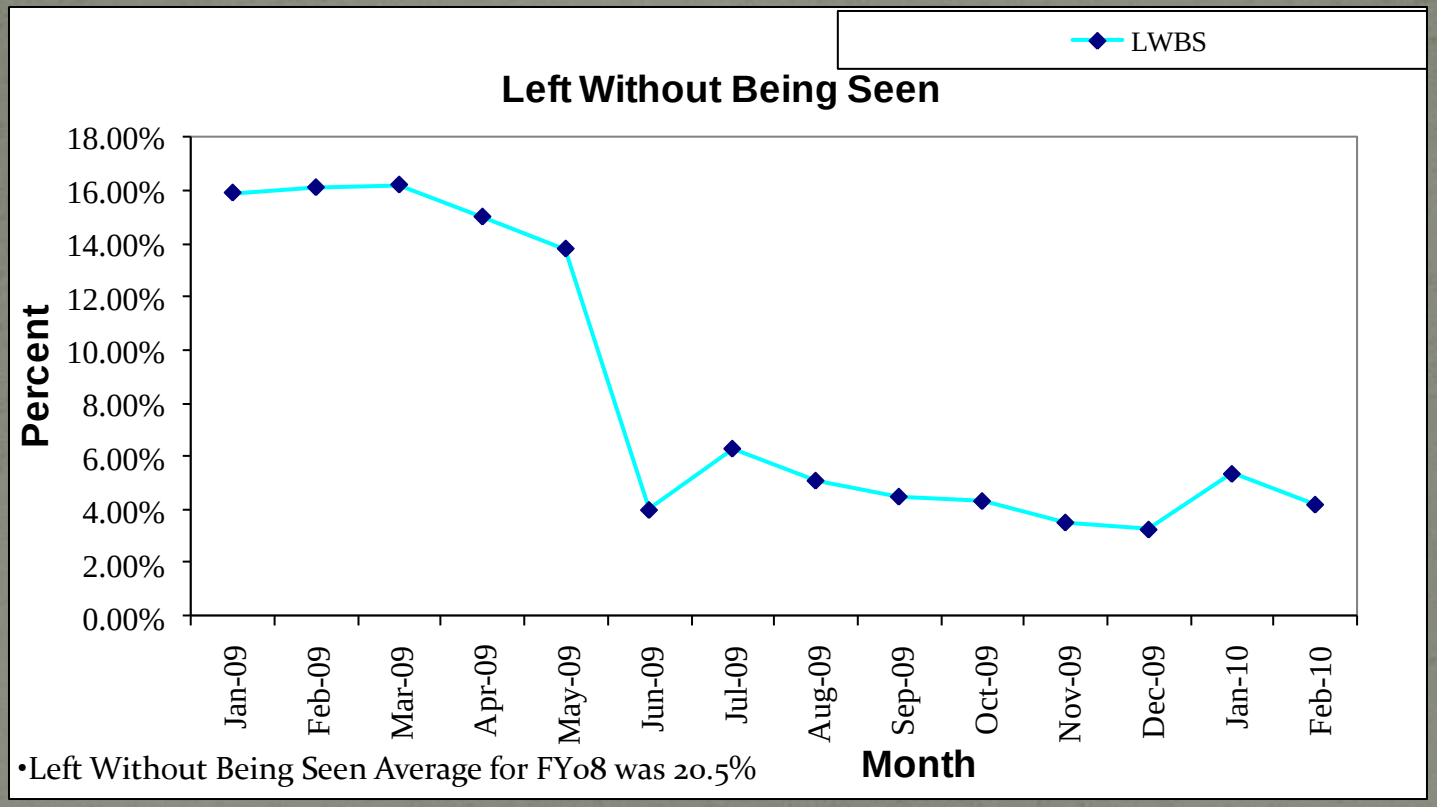
Results


Arrival to MD
Home
Admit
Minutes
300
250
200
150
100
50
0
Jan-09
Feb-09
Mar-09
Apr-09
May-09
Jun-09
Jul-09
Aug-09
Sep-09
Oct-09
Nov-09
Dec-09
Jan-10
Feb-10
Month

Results

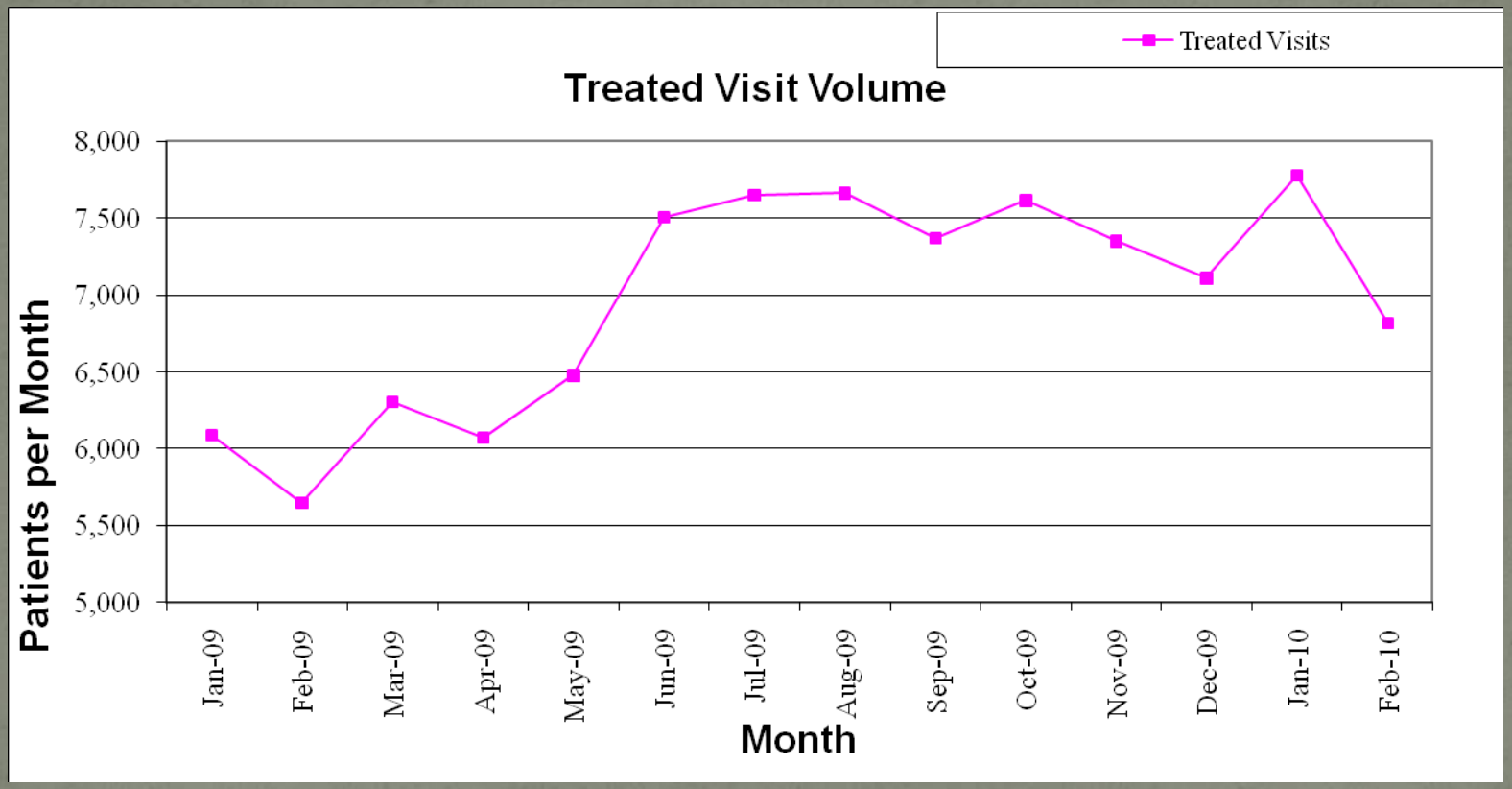

Door to Door (admit and dc home)
Home
Admit
Hr:Min
14:24
12:00
9:36
7:12
4:48
2:24
0:00
Jan-09
Feb-09
Mar-09
Apr-09
May-09
Jun-09
Jul-09
Aug-09
Sep-09
Oct-09
Nov-09
Dec-09
Jan-10
Feb-10
Month

Results



•Left Without Being Seen Average for FY08 was 20.5%

Results


Treated Visits
Treated Visit Volume
8,000
7,500
7,000
6,500
6,000
5,500
5,000
Patients per Month
Jan-09
Feb-09
Mar-09
Apr-09
May-09
Jun-09
Jul-09
Aug-09
Sep-09
Oct-09
Nov-09
Dec-09
Jan-10
Feb-10
Month

Results

- Patient Satisfaction consistently mid 80's-low90's
- Improved Educational opportunities

I now get to spend more one on one teaching time with my Faculty",

-Dr. Eric L.

- Increased nursing satisfaction with reduced turnover

I know everything that happens with my patients, I am right in the middle of the plan of care", Stephanie B. RNIII

"I have time to do the little things I never had time for before", Katie B. RNII

Lessons Learned

- There are significant downstream/upstream effects for any change in the ED
- Capacity management is a hospital issue not just an ED issue
  - Capacity management is located in the leadership chapter for The Joint Commission(TJC)
  - It was believed the LWOBS patients were low acuity yet the admission rate did not change
- Increased demand for inpatient beds, and OR time
- No good deed goes unpunished-Build it & they will come
  - Annualized volume since Jan 2010 is 110,000 patients
- Back to the drawing board-change is the constant