

The Parkland ED Initiative

“24/7/365”

The Role of Process Change for Improved Quality Care



Brent Treichler, M.D., FACEP

Assistant Professor, UT Southwestern

Department of Surgery, Division of Emergency Medicine

Chief of Emergency Services, Parkland Health and Hospital
System

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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

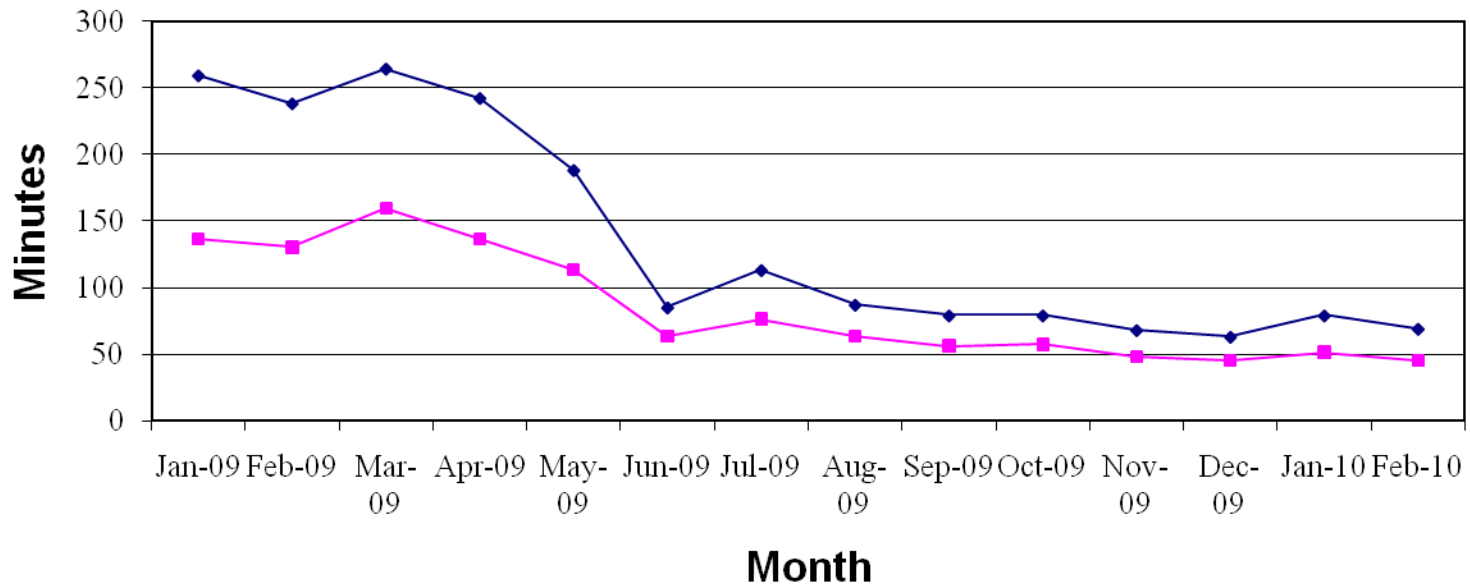
Rollout 2009

- 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

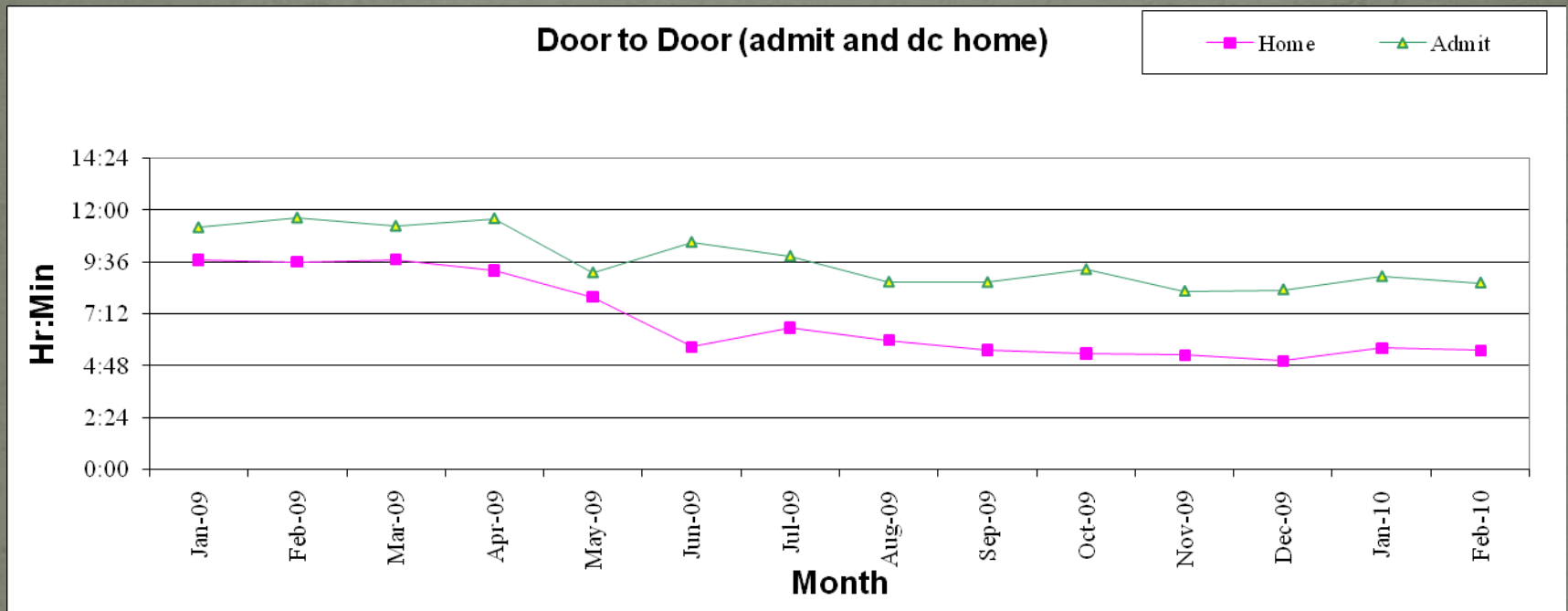
Results

Arrival to MD

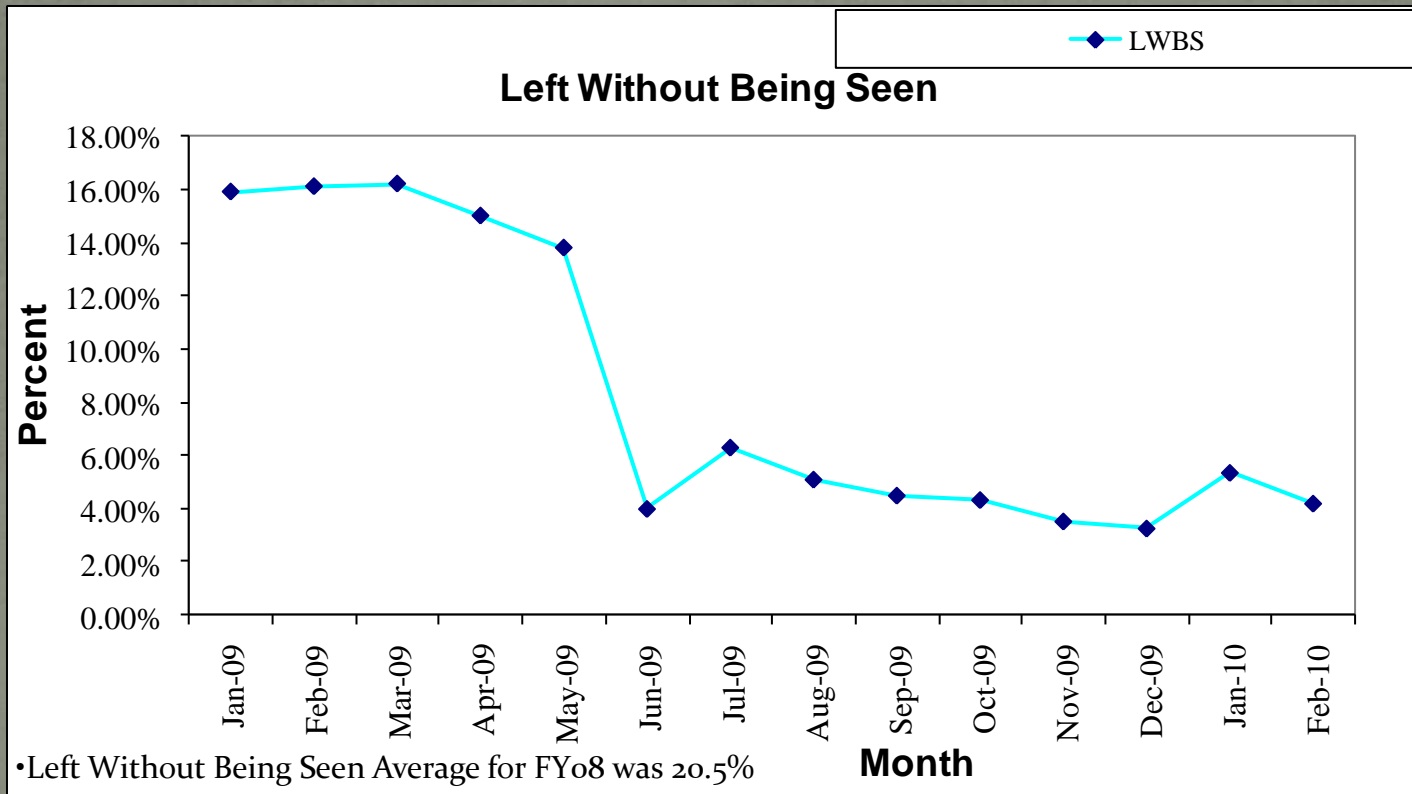
Home Admit



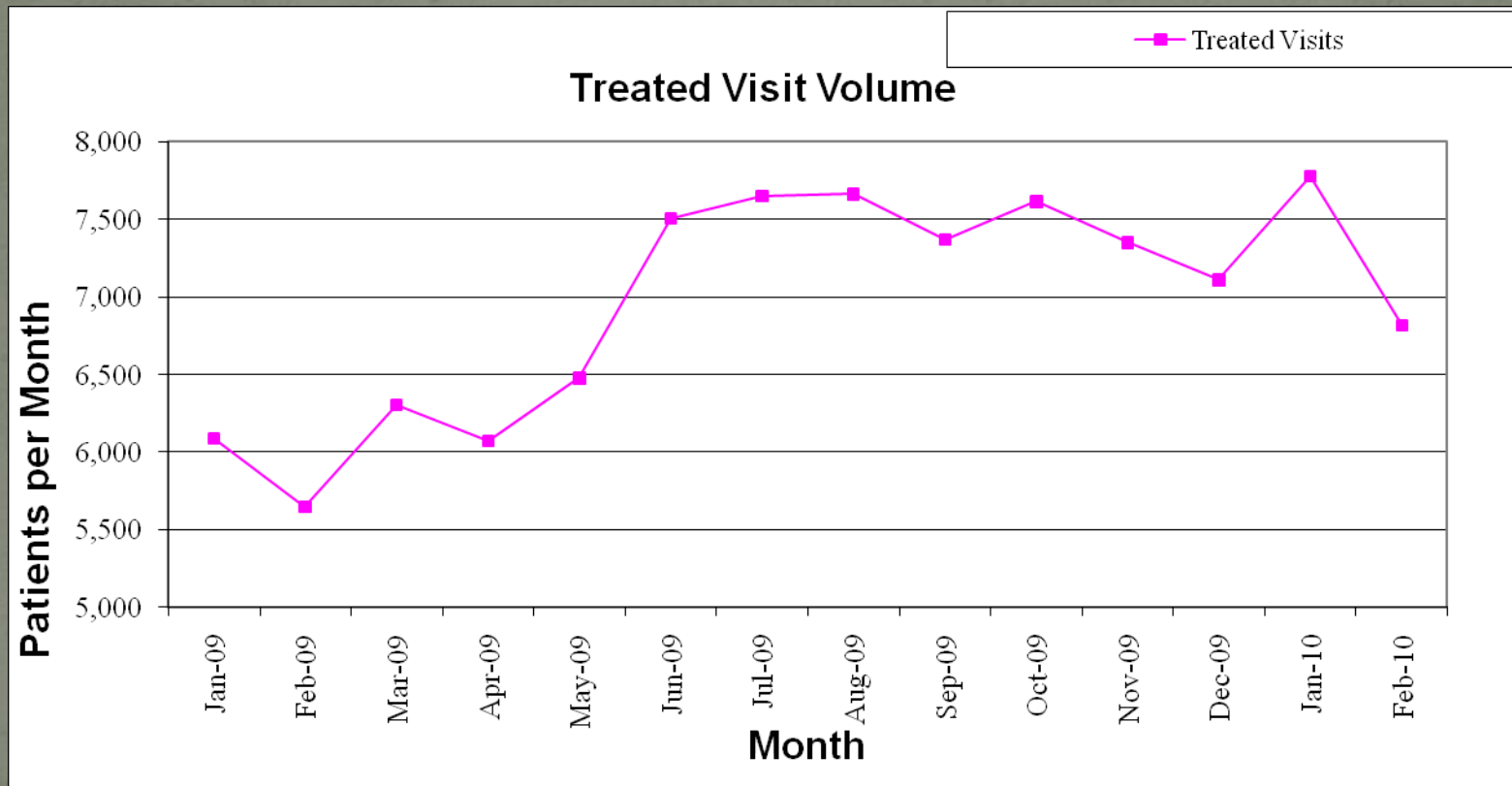
Results



Results



Results



Results

- Patient Satisfaction consistently mid 80's-low 90'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 LW OBS 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