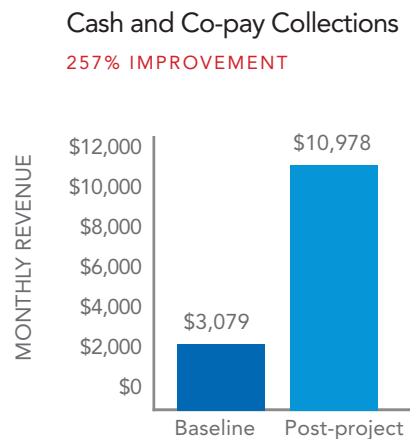
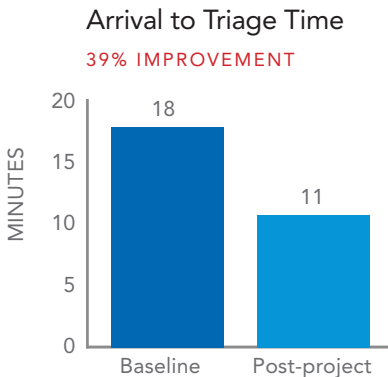


Triage Redesign To Meet Customer Service Needs

CASE STUDY



BACKGROUND

A 101 bed community hospital in the Pacific Northwest was struggling with higher than desired arrival to triage times and poor community perception of the ED resulting in decreasing patient satisfaction scores. The emergency department sees over 23,000 patients a year in a 15 bed department. Blue Jay Consulting, LLC, was asked to provide performance improvement consulting services to address these concerns. The scope of work also included professional development and mentoring of a new director, charge nurses, as well as the RN clinical team lead, a position newly created during the Blue Jay engagement.

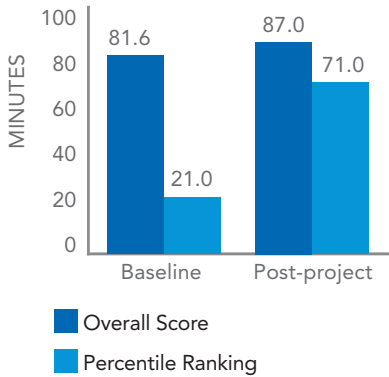
APPROACH

Blue Jay Consulting performed an in-depth assessment of the department to identify process barriers and improvement opportunities. Utilizing the assessment findings, an implementation plan was developed and specific project deliverables were defined. Initially, overall goals were established and the leadership and reporting structures were put in place. Staff and physicians were involved in discussions regarding identification, prioritization and creation of sustainable initiatives and strategies to improve operations. Based on the assessment findings and staff feedback, priority was placed on redesigning the triage and front-end processes. Multi-disciplinary workgroups were integrated into existing workgroups to identify process limitations and barriers and to help strategize solutions. Re-education and reinforcement of ESI 5-level triage standards took place for all staff. An in-depth review of all current triage policies and protocols also took place, and applicable revisions to the entire intake process, which also included development of nurse initiated order sets, were made. Focused customer service efforts on the front-end were implemented, including regular waiting room rounding and an enhanced nurse presence at reception. In addition, registration processes were enhanced to include bedside registration, bedside cash/co-pay collection and implementation of a quick registration process.

Communication in the department was greatly enhanced through the use of daily shift huddles, department bulletin boards, regular staff meetings and the development of the workgroups. Leadership rounded daily in the department, increasing visibility and communication with staff. A core group of charge nurses was defined, and regular meetings took place to discuss the scope of the role and expectations, as well as ongoing professional development and mentoring of those functioning in the role. Communication was also enhanced through the use of newly developed scorecards and data analysis shared with staff. Department performance and trending was displayed on a regular basis, and staff was made aware of the specific targets for improvement and the effect their process redesign efforts had on overall operations.



Patient Satisfaction



The team was also tasked with addressing overall patient throughput barriers, including laboratory and radiology services, admission processes, communication and transport functions. Great emphasis was placed on encouraging inter-departmental participation in the workgroup meetings. This strategy greatly increased staff satisfaction and ensured all appropriate parties were privy to the process change discussion and best practices necessary to positively impact patient flow.

RESULTS

The arrival to triage time was reduced from 18 minutes to 11 minutes and arrival to bed time was reduced to an average of 16 minutes. The left without being seen rate was decreased from 1.7% to 0.3%, generating over \$200,000 in additional revenue to the organization annually. In addition, monthly cash and copay collection rates improved from 6% in the baseline period to 79% upon project completion. This subsequently resulted in actual revenue collection improvements from approximately \$3,000 per month to over \$10,000 per month on average. Patient satisfaction scores improved significantly, both in overall scores for quality of care and in percentile ranking.

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