# ED Processes & Improvements: Implementation Best Practices & Outcomes

December 12, 2024

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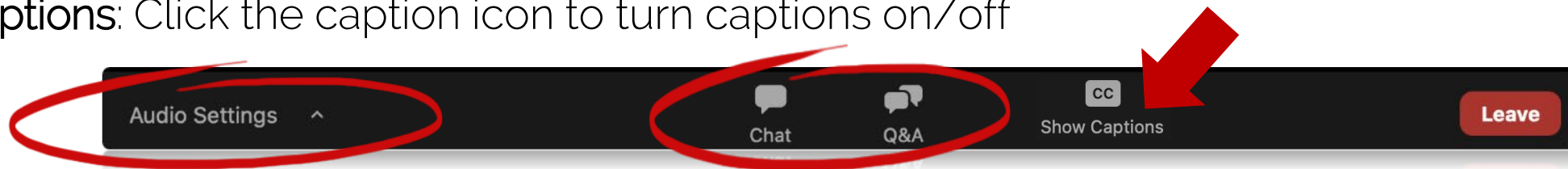
- Receive follow up email tomorrow with webinar slides, recording and link to survey.

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Speakers from Houston Methodist System

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ED Processes and Improvements: Implementation Best Practices & Outcomes

- Courtenay Bruce, JD, MA
- Ashleigh Kamencik-Wright, MBA, BSN, RN
- Natalie Zuniga-Georgy, MS
- Terrell Williams, MS, MPH

ELEVATE PX

Disclosures

I have no relevant financial relationships to disclose, and I do not intend to discuss off-label/investigative use of a commercial interest

drug/product/device.

Learning Objectives

- Upon completion, participants will know 2 concrete strategies that can be implemented in ~6 months that will likely result in improvement.

- Upon completion, participants will know how they can use Press Ganey and Epic tools to analyze information critical to success.

- Upon completion, participants will be able to describe post-discharge processes by using nurse/provider check ins (texting and virtually) that can assist in improving ED and HCAHP scores.

Houston Methodist: Who Are We?

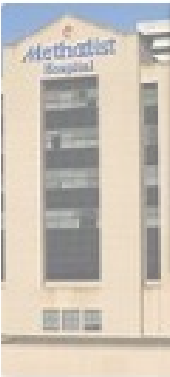#1 Hospital in Texas for Patient Care & Safety

On US News & World Report Honor Roll
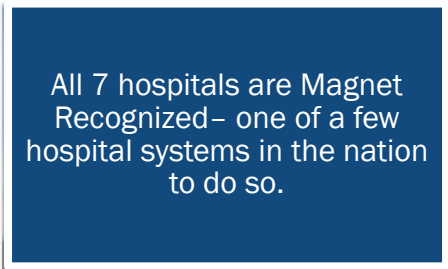
All 7 hospitals are 2023 Bernard A. Birnbaum, MD, Quality Leadership Award recipients for excellence in delivering high-quality health care from Vizient.

Nearly all hospitals are 5-star CMS rated.

All Houston Methodist hospitals received an "A" grade in Leapfrog — the only hospital system in the nation to do so.

All 7 hospitals are Magnet Recognized– one of a few hospital systems in the nation to do so.

All 7 hospitals in top 5-20% for overall score in HCAHPS

How many of you have struggled with ED patient experience scores?

How many of you, at some point, got so discouraged or frustrated that you decided to focus energy/actions on other areas of the hospital?

Why is it so hard to move? Increasing patient volumes, more complexity?

System ED Volumes

January 2024 – October 2024

Source: Epic Nursing Benchmark Dashboard

Source:

2023: The Year of the ED

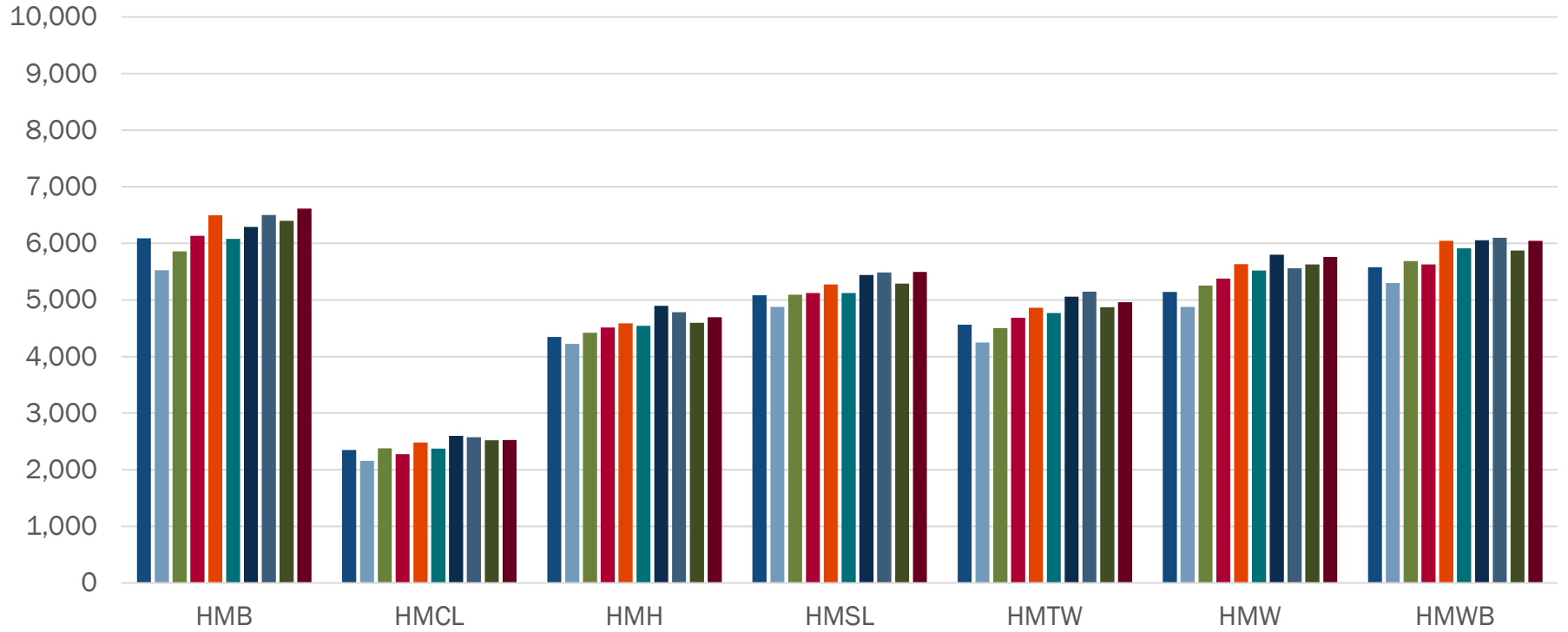## Developed standardized, transparent reports for each hospital

STRATEGY 1: Standardized reporting to **CEOs** on ED status, including sharing best practices and encouraging shared learnings across campuses.
Executive Level

STRATEGY 2: Standardized reporting for all EDs to include more timely, transparent patient experience data.
Department Leader Level

STRATEGY 3: Work with physicians & APPs to provide **1:1 coaching & individual reports** on their communication scores and share tips/strategies and best practices during every ED provider meeting.
Individual Provider Level

Developed a structure for process improvements & sharing best practices across hospitals

STRATEGY 4: Encouraged CEOs and others to develop a multidisciplinary subcommittee (consisting of LEAN experts, ED leaders, front line staff, and PX leaders, ancillary services, and others) that should focus on front-end wait time and process improvements.

STRATEGY 5: Those subcommittees would convene in a retreat to develop SMART goals. They would also be responsible for tracking action plans and progress according to established measures of effectiveness.

STRATEGY 6: Subcommittees would "cross pollinate" best practices in monthly meeting and retreats.

STRATEGY 7: Subcommittees would implement "tried and true" strategies piloted at one site to move across ALL hospitals and monitor effectiveness of interventions.

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STRATEGY 1:

Standardized reporting to CEOs on ED status, including sharing best practices and encouraging shared learnings across campuses.

System Main ED NPS Score

	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23
NPS	43.0	42.1	45.7	49.8	49.1	49.9	52.6	51.4	51.6	57.8	55.3	53.4

	HMB Main ED	HMCL Main ED	HMH Main ED	HMSL Main ED	HMTW Main ED	HMW Main ED	HMWB Main ED
23-Jan	37.6	51.4	17.4	55.8	55.7	46.5	24.7
23-Feb	43.0	55.1	22.6	49.6	49.7	42.9	28.9
23-Mar	58.5	55.9	25.9	56.8	58.0	47.7	50.5
23-Apr	45.4	58.1	38.6	54.9	64.2	49.9	37.5
23-May	43.5	69.7	42.9	57.2	54.6	49.2	50.3
23-Jun	45.4	58.9	37.9	54.5	60.7	52.7	36.4
23-Jul	45.8	72.7	35.5	57.4	63.3	55.2	40.5
23-Aug	43.7	60.4	38.9	53.2	68.4	56.2	37.5
23-Sep	41.6	59.1	28.8	58.6	69.8	55.1	41.4
23-Oct	49.3	65.4	36.0	64.0	70.8	57.5	52.5
23-Nov	47.4	65.8	61.1	52.1	70.2	57.2	43.4
23-Dec	42.5	71.4	33.0	59.7	68.3	57.2	38.0

Best Practices Example: As we shift to doing more provider assessments up-front, I'm seeing increased privacy concerns coming through the comments.

Strategies

- Try to get to a private room for assessments/questions.

- If you can't — at least acknowledge the privacy concerns and give the patients a choice:
    - Ex: "I'd like to get started on your assessment, so you can get out as soon as you can. But I recognize that it may be uncomfortable to have me ask questions in an open area. If you'd like to wait for a more private areas, we can do that. Just might take longer."

- We show empathy by acknowledging the concerns and giving them options.

STRATEGY 2:

Standardized reporting for all EDs to include more timely, transparent patient experience data.

HMH ED
PHYSICIAN
SCORES
2022 vs. 2023
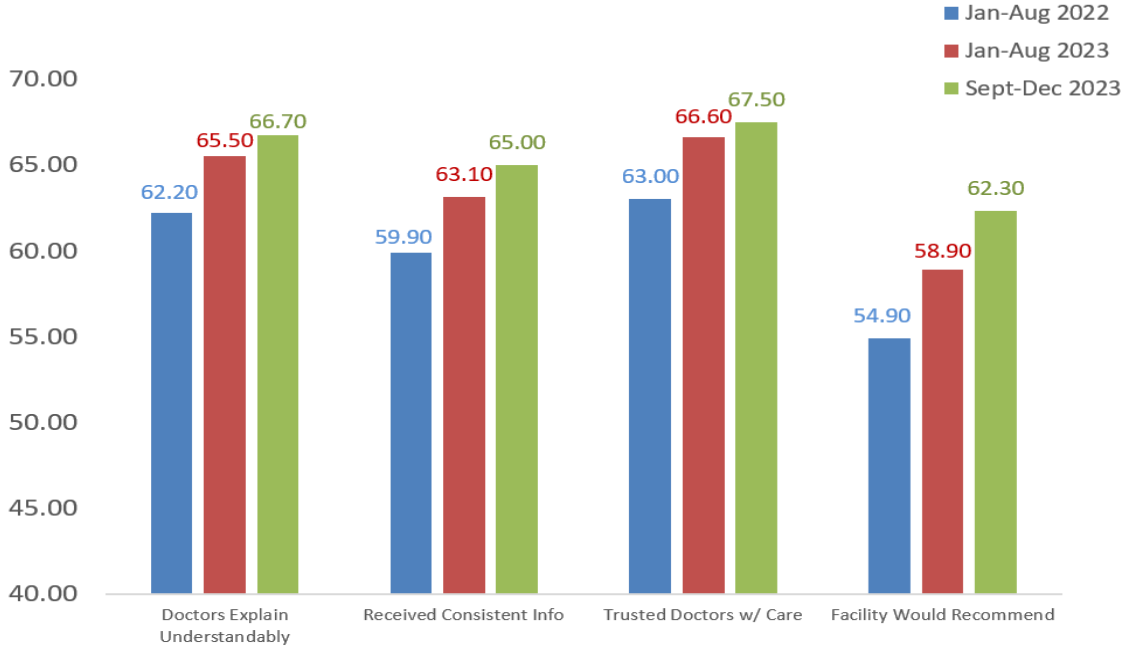
2023 score data through 12/9/2023.

STRATEGY 3:

Work with physicians & APPs to provide individual reports on their communication scores and share tips/strategies and best practices during every ED provider meeting.

Methodology for ED Provider Score Reports

1. **Data Collection:**
   - Identified key metrics to be showcased to physicians
   - Extracted patient feedback data from existing systems

2. **Data Analysis & Visualization:**
   - Utilized Excel for data cleaning, analysis, and visualization
   - Created a Power Point slide deck with individual physician and APP scores for each hospital

3. **Dissemination:**
   - Presented ED teams with their hospital's reports in every ED provider meeting
   - Shared individual provider and APP scores with ED leaders on a monthly or quarterly basis.

STRATEGY 3:

Work with physicians & APPs to provide individual reports on their communication scores and share tips/strategies and best practices during every ED provider meeting.

Data pulled on 1/8/2024 for October 1-December 31, 2023

2023 Goals	Doctors Explain Understandably	Received Consistent Info	Trusted Doctor's w/ Care	Facility Would Recommend (NPS)
Superior	70.00%	71.70%	73.80%	70.10%
Target	65.90%	64.20%	66.80%	61.30%
Threshold	57.10%	55.60%	59.10%	51.70%
Below Threshold	< 57.10%	< 55.60%	< 59.10%	< 51.70%

HMSL ED Provider Score	Doctors Explain Understandably	Received consistent info	Trusted doctors w/care	Facility Would Recommend
	66.60%	65.01%	66.87%	61.83%

Location	Role	Name	Total n-size	Doctors Explain Understandably	Received consistent info	Trusted doctors w/care	Facility Would Recommend
HMSL	MD	Shokraneh-Kenari, Keyon (1780181511	166	76.74%	69.23%	72.44%	72.29%
HMSL	MD	Werner, Jennifer (1306157334)	165	59.38%	59.87%	57.59%	52.73%
HMSL	MD	Martinez, Mathew (1245596337)	158	54.05%	62.59%	64.63%	62.66%
HMSL	MD	Gardner, Samuel (1801871538)	141	55.26%	61.54%	70.45%	65.25%
HMSL	MD	Egbers, Bradley (1093212896)	136	69.23%	68.55%	68.80%	59.56%
HMSL	MD	Rajkumar, John (1063677490)	131	57.69%	54.10%	55.74%	57.25%
HMSL	MD	Williams, Kevin (1669630067)	130	79.31%	64.80%	64.80%	66.92%
HMSL	MD	Guharoy, Rajeeb (1235128422)	124	56.00%	61.61%	67.26%	62.10%
HMSL	MD	Chaudhary, Hassan (1073755773)	118	66.67%	54.13%	56.36%	52.54%
HMSL	MD	Lim, Arthur (1326360223)	114	65.38%	61.17%	60.19%	39.47%
HMSL	MD	Rivenes, Scott (1225118623)	110	80.00%	73.27%	79.41%	71.82%
HMSL	MD	Baichoo, Shawn (1922008101)	109	57.69%	63.11%	68.27%	66.06%
HMSL	MD	Patel, Nayan (1124412267)	100	88.00%	68.48%	67.39%	58.00%
HMSL	MD	Mantena, Yogita (1659358794)	92	68.75%	77.38%	72.41%	66.30%
HMSL	MD	Castaneda, Carlos (1053368878)	88	52.94%	64.20%	66.67%	63.64%
HMSL	MD	Schemidt, Randy (1275569469)	64	70.00%	78.69%	83.61%	78.13%
HMSL	MD	Smith, Matthew (1770719049)	64	86.67%	76.67%	73.77%	68.75%
HMSL	MD	Nweze, Ngozi (1871869537)	58	70.00%	73.21%	73.21%	67.24%

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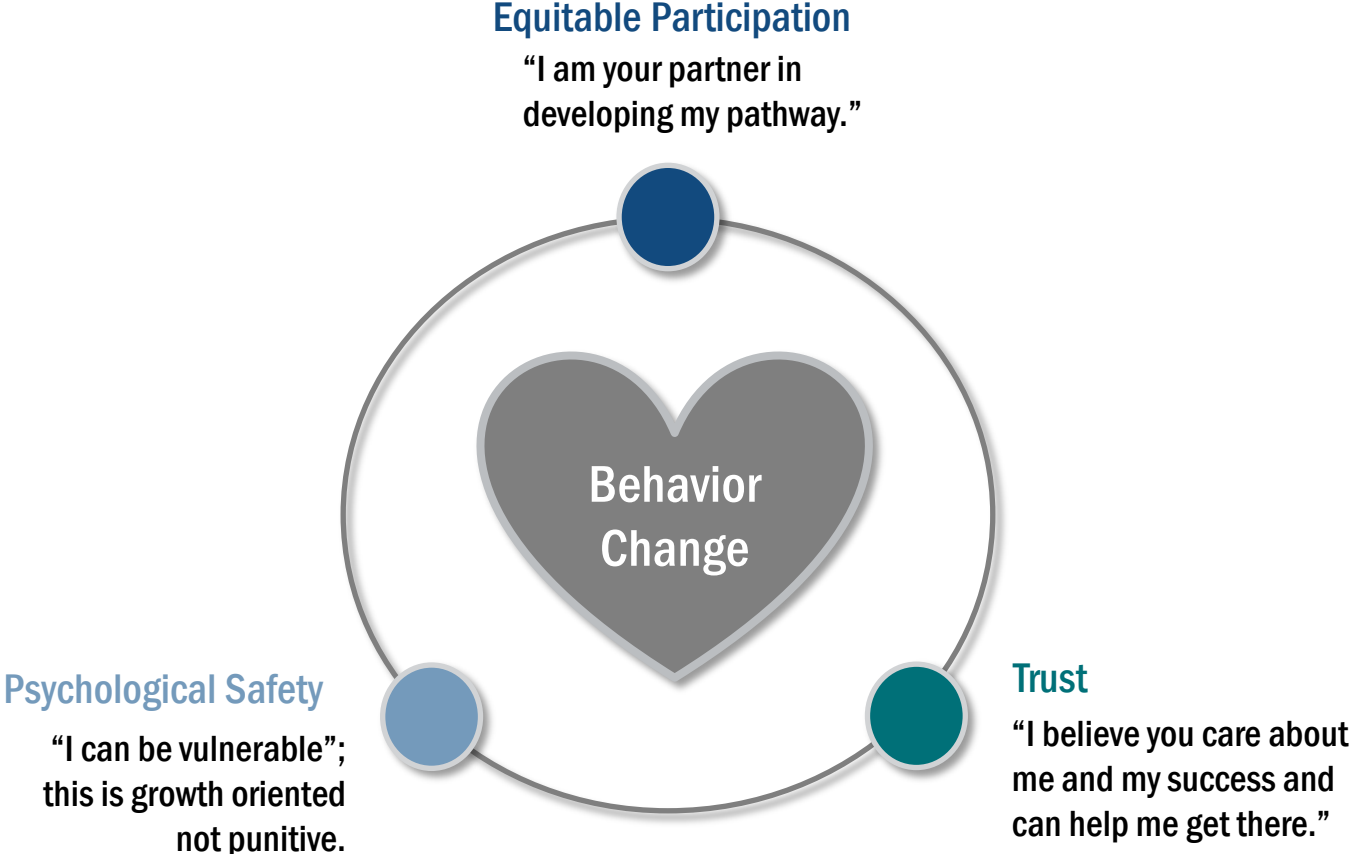| HMSL ED Provider Score	Doctors Explain Understandably	Received consistent info	Trusted doctors w/care	Facility Would Recommend
	66.60%	65.01%	66.87%	61.83%

Location	Role	Name	Total n-size	Doctors Explain Understandably	Received consistent info	Trusted doctors w/care	Facility Would Recommend
HMSL	NP	Marinas,Ryan B.	106	71.43%	65.35%	66.34%	55.66%
HMSL	NP	Stermole,Lindsey	79	61.54%	53.33%	61.84%	64.56%
HMSL	NP	Troiani,Makenzie	72	66.67%	58.21%	61.76%	44.44%
HMSL	NP	Sugay,Janelle	64	47.06%	61.67%	58.33%	60.94%
HMSL	NP	Jih,Samantha Y.	62	75.00%	68.42%	77.19%	72.58%
HMSL	NP	Ty,Bridgette F.	58	30.77%	42.31%	48.08%	44.83%
HMSL	NP	Kunicki,Travis E.	56	66.67%	58.49%	58.49%	42.86%
HMSL	NP	Oliver,Kathryn R.	40	87.50%	74.29%	77.14%	70.00%
HMSL	NP	Laase,Laura E.	33	66.67%	74.19%	74.19%	75.76%

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STRATEGY 3 *continued:*

Work 1:1 with physicians, nurses, & others to observe/validate

The Foundation for Effective Coaching

Equitable Participation

"I am your partner in developing my pathway."

Behavior Change

Psychological Safety

"I can be vulnerable"; this is growth oriented not punitive.

Trust

"I believe you care about me and my success and can help me get there."

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After the Encounter

Focus on the future with strategies to implement moving forward

Ask
- What went well…
- How do you think…
- What would you do differently?
- Avoid "why"; use "how" and "what" instead.

Respond
- Use active listening.
- Be inquisitive to gain deeper understanding.
- Validate and/or expand on self-reflection.

Teach & Share
- Converse about strengths and opportunities.
- Give recommendations for future performance.
- Ask for a commitment.
- Express gratitude.

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Additional Tips

- Identify **multiple** affirming behaviors to **everyone** shaping behavior.

- Base on **observation** and **facts**.

- Link to the patient **"because"**.

- Use the lightest touch possible to get results—**look back as little as possible** to avoid embarrassment and discomfort; keep focus future facing instead.

FEEDBACK
(Focuses on the past)

- Static & time consuming
- Requires knowledge of what has happened
- Tends to focus on negative feedback
- Can be taken personally
- Reinforces the feeling of failure
- Associated with judgment

FEEDFORWARD
(Focuses on the future)

- Creates momentum for change
- Solutions focused, faster, & more efficient
- Based on what can be achieved
- Cannot involve personal critique, since it hasn't happened yet
- Reinforces possibility of change
- Does not imply superiority of judgment

2023: The Year of the ED

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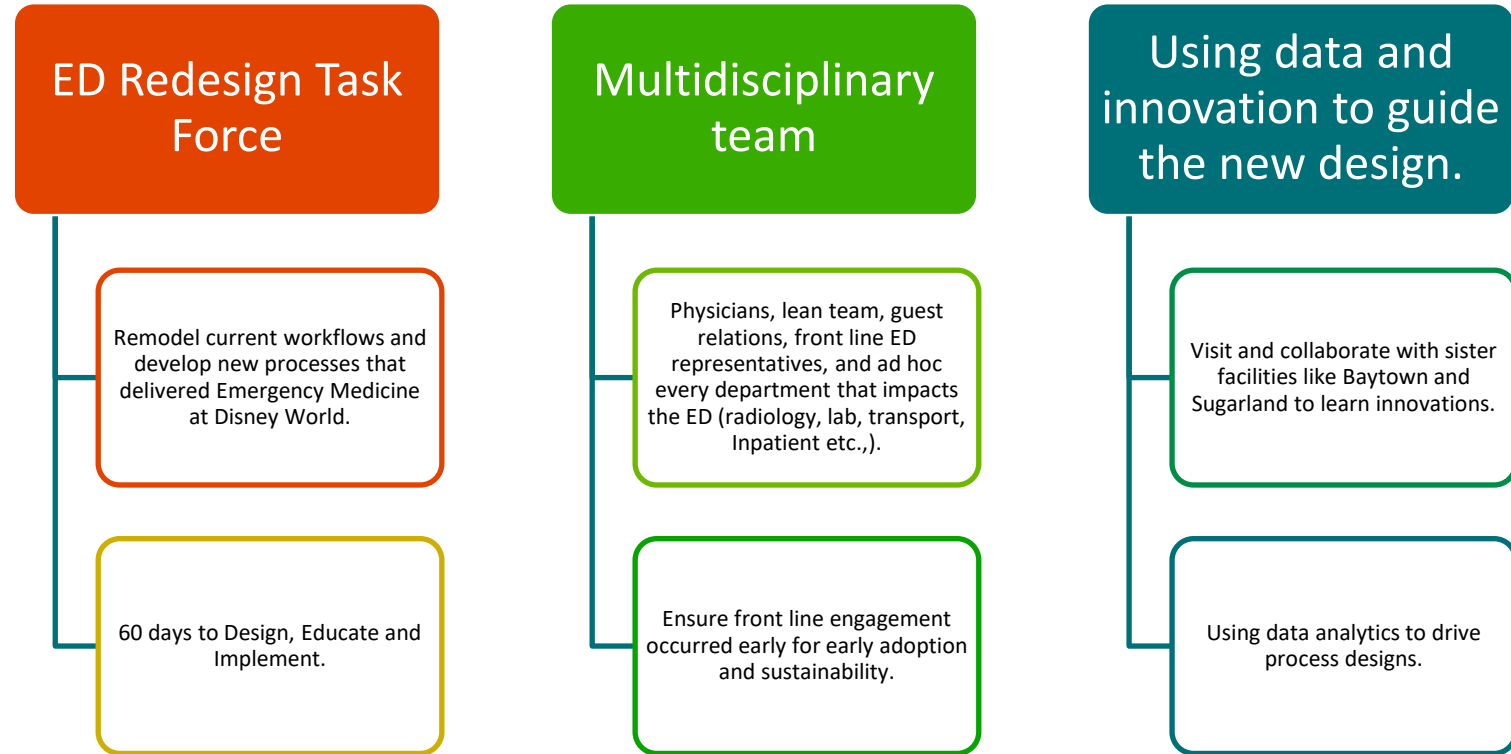
One Hospital's Kaizen Team

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All hospitals stuck to this Kaizen Framework

60 days to total change

ED Redesign Task Force

Remodel current workflows and develop new processes that delivered Emergency Medicine at Disney World.

60 days to Design, Educate and Implement.

Multidisciplinary team

Physicians, lean team, guest relations, front line ED representatives, and ad hoc every department that impacts the ED (radiology, lab, transport, Inpatient etc.,).

Ensure front line engagement occurred early for early adoption and sustainability.

Using data and innovation to guide the new design.

Visit and collaborate with sister facilities like Baytown and Sugarland to learn innovations.

Using data analytics to drive process designs.

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Common Lean Changes Across Most EDs

Within 10 minutes of patient arrival, every patient is seen by a physician:
Meaningful Encounter

Split the ED into three phase of care
- Patients with LOS < 3HRS
- Patients with LOS > 3 HRS
- Patients Critical and/or admitted

Added recliner space and hallway capacity

Total Space Count: 78 spaces

The Final 30 Days

Goal: Testing, Educating, Empowering, Engaging and Refining.

STRATEGY 5:

The subcommittees would also be responsible for tracking action plans and progress according to established measures of effectiveness.

EDL: ED Leaders
EXL: Exec Leaders
ANCL: Ancillary Services Leadership

Source:

US Acute Care Solutions

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Metric	Reviewed daily	Reviewed monthly	Metric	Reviewed daily	Reviewed monthly
Arrival to Room	EDL	EDL	LOS overall	EDL EXL	EDL EXL
Room to Provider	EDL	EDL	LOS--Discharge	EDL EXL	EDL EXL
Arrival to Provider	EDL EXL	EDL EXL	LOS Admit	EDL EXL	EDL EXL
Provider to decision overall	EDL	EDL EXL	LOS vertical care	EDL	EDL EXL
Provider to Decision-Discharge	EDL	EDL	LOS behavioral health	EDL	EDL EXL
Provider to decision-Admit	EDL EXL	EDL EXL	LAB TAT (ordered to drawn, drawn to receive, receive to resulted)	EDL, ANCL	EDL, ANCL, EXL
Decision to Admit orders	EDL	EDL	X-ray/CT TAT (ordered to started, started to completed, completed to read)	EDL, ANCL	EDL, ANCL, EXL
Admit orders to Bed assigned	EDL	EDL	% discharged, admitted, Obs, transferred, LWBS, AMA, Eloped)	EDL	EDL, EXL
Bed assigned to patient leave ED	EDL EXL	EDL EXL			

System ED SMART Goals

	Staffing – MD/RN	Lab & CT Turnaround Time	ED Patient Wait Times	Patient Experience
S	**Specific:** Increase staffing levels in the ED by x% within the next 6 months so all locations are fully staffed.	**Specific:** Reduce the average turnaround time for lab and CT results in the ED by x% within the next 6 months.	**Specific:** Reduce patient wait times in the ED by 40% within the next 6 months.	**Specific:** Increase patient satisfaction in the ED by 50% within the next 6 months.
M	**Measurable:** Use current staffing levels as a benchmark and track progress.	**Measurable:** Use the current average turnaround time for lab and CT results in the ED as a benchmark to track progress.	**Measurable:** Use the average wait times for patients in the ED as a benchmark and track progress.	**Measurable:** Use patient satisfaction surveys to measure baseline satisfaction levels and track progress.
A	**Achievable:** Identify the specific areas where additional staffing is needed, such as nursing, physician, or ancillary support staff, and develop a plan to recruit and dire additional staff members. Investigate vMD and increasing ancillary support to 24/7 in the ED.	**Achievable:** Identify source for accurate and transparent ED and lab data, understand collect to receive time, request a dedicated analyzer for STAT lab in the ED and start with discharged patients (include all tests analyzed in the ECCs). Decrease overutilization of CT, implement a dedicated transporter in the ED for CT patients based on peak times.	**Achievable:** Assign a dedicated triage nurse to assess and prioritize patients based on the severity of their condition, and assign additional resources as needed to expedite care. Consider boarding patients in the hallway – creates concerns on the inpatient side.	**Achievable:** Identify the specific areas of patient dissatisfaction, such as communication, wait times, or overall care experience, and develop solutions to address these issues. Meet with Business Practices and Legal to move forward with free-text text messages to patients who are automatically enrolled upon arrival. Increase patient experience rounding.
R	**Relevant:** Improving staffing levels will help to improve patient care and outcomes, reduce wait times, and improve the overall environment of the ED.	**Relevant:** Improving turnaround times will help to expedite patient care and reduce the time patients spend in the ED.	**Relevant:** Decreasing wait times will improve patient satisfaction and reduce the risk of adverse events, such as patients leaving before receiving treatment or becoming more critically ill while waiting.	**Relevant:** Improving patient satisfaction will lead to better patient outcomes and help to retain patients in the hospital system.
T	**Time-bound:** Set a deadline of 6 months to achieve the x% increase in staffing levels.	**Time-bound:** Set a deadline of 6 months to achieve the x% reduction in turnaround times.	**Time-bound:** Set a deadline of 6 months to achieve the 40% reduction in wait times. Decrease ED LOS to 3 hours from 5 hours.	**Time-bound:** Set a deadline of 6 months to achieve the 50% increase in patient satisfaction.

Retreat Prioritization Activities

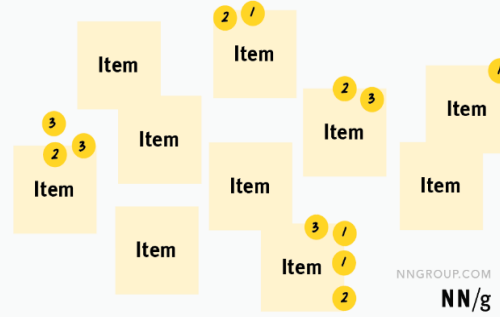Subcommittees would "cross pollinate" best practices in monthly meeting and retreats.
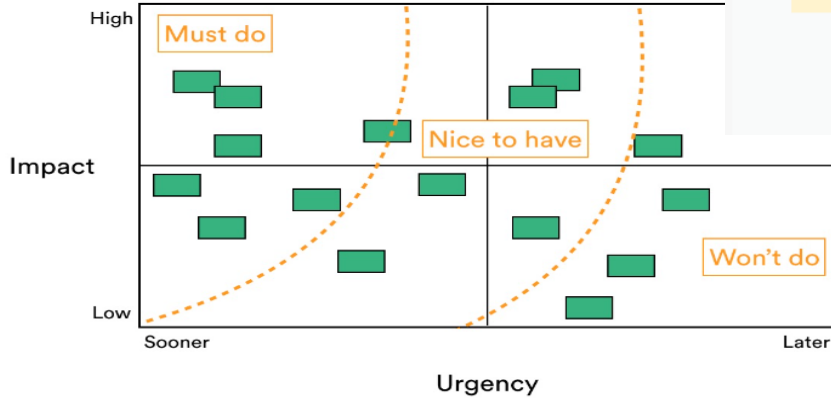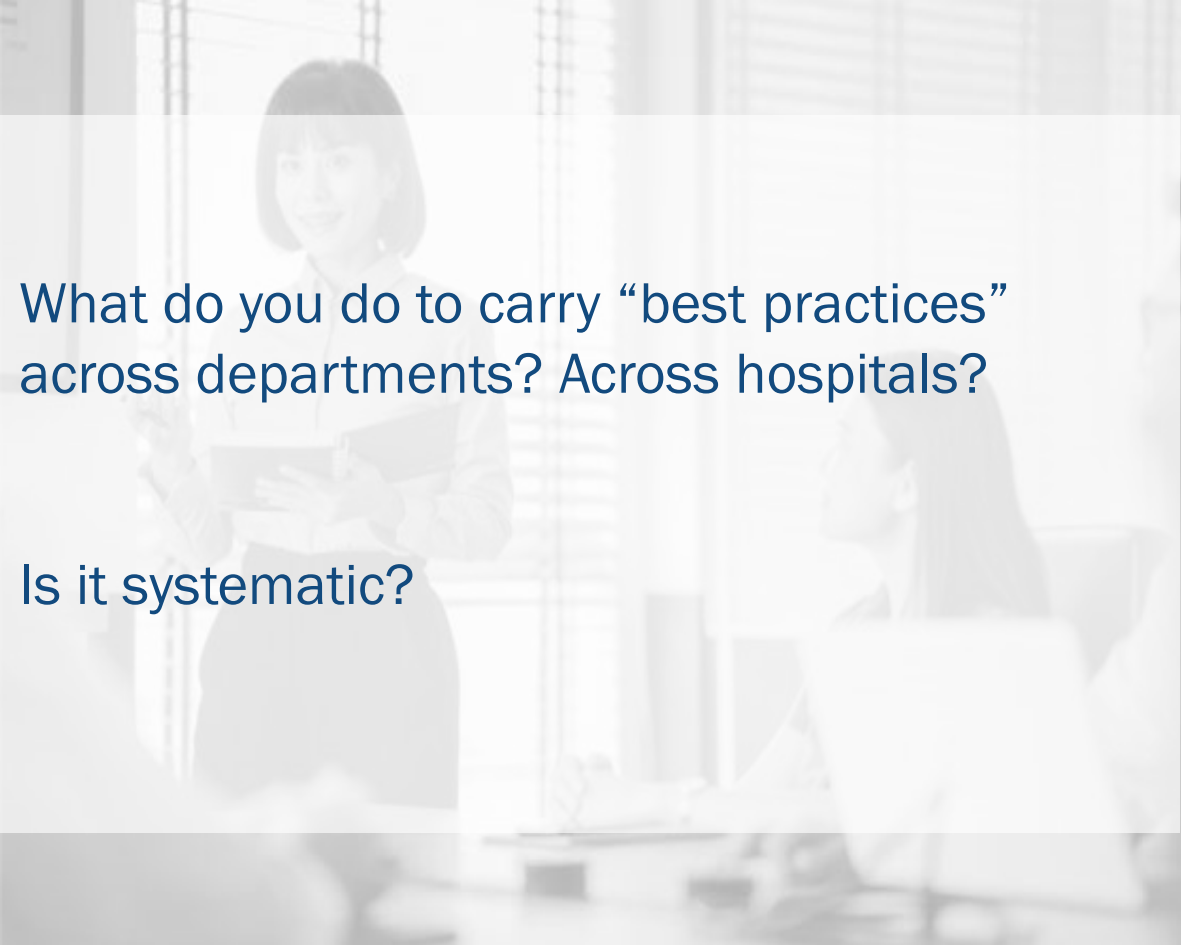
What do you do to carry "best practices" across departments? Across hospitals?

Is it systematic?

STRATEGY 7:

Subcommittees would implement "tried and true" strategies piloted at one site to move across ALL hospitals and monitor effectiveness of interventions.

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Best Practices Shared Learnings

One "system" person watches trends in data and proactively reaches out to hospital to identify changes, strips bias	Hospitals are given a template for reporting best practices	System rep identifies the hospital to report for system meetings (one hospital per meeting)	Hospital reports best practices during meeting
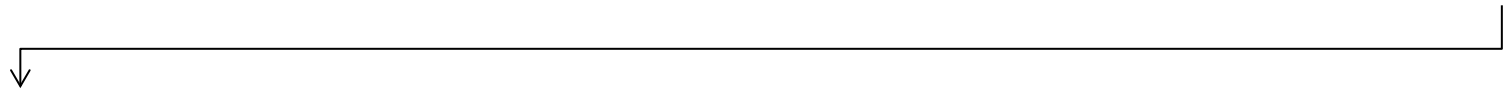
Hospitals are encouraged to go on-site to watch the other hospital's best practice in action	System person sets "deadlines" for when new best practice should be implemented, if consistently performing well in hospital	System person checks in 1:1 with hospital for accountability to see barriers/movements on best practice	

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Outcomes

- System ED patient experience scores were 43% in January 2023 and increased to 76.4% in June 2024

- Average 30% reduction in left-without-being-seen

- Average 50 minute reduction in ED DC LOS

- Maintained 120 min ED boarder hours across all sites; 70 min less than the national median.

Left Without Being Seen

This metric is the percentage of ED patients who left without being seen.

	2023	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sept-24	Oct - 2024
HMB Main ED	2.14%	2.32%	2.50%	2.03%	2.18%	3.25%	2.62%	4.75%	3.17%	2.85%	2.09%
HMCL Main ED	0.50%	1.02%	0.56%	0.42%	0.48%	0.52%	0.63%	1.92%	1.52%	1.31%	0.99%
HMH Main ED	3.04%	1.38%	1.94%	1.70%	1.06%	1.35%	1.43%	2.23%	1.94%	1.46%	1.60%
HMSL Main ED	1.67%	1.02%	0.86%	0.84%	1.01%	0.68%	0.80%	2.92%	1.28%	0.95%	0.84%
HMTW Main ED	0.72%	0.35%	0.54%	0.18%	0.58%	0.60%	0.67%	1.19%	0.64%	0.64%	0.34%
HMW Main ED	1.96%	1.54%	1.07%	0.27%	0.61%	0.73%	0.72%	1.21%	1.01%	0.83%	1.25%
HMWB Main ED	1.05%	0.56%	0.53%	0.63%	0.71%	0.73%	1.15%	2.15%	0.87%	0.75%	0.61%

Superior: <1.5%
Target: 2%
Threshold: >2%
Below Threshold: >2.5%

Source: Epic Nursing Benchmark Dashboard

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Doc to ED Discharge Decision

This metric is the median provider first seen to disposition time for discharged patients. It excludes patients who expired in the ED and negative times.
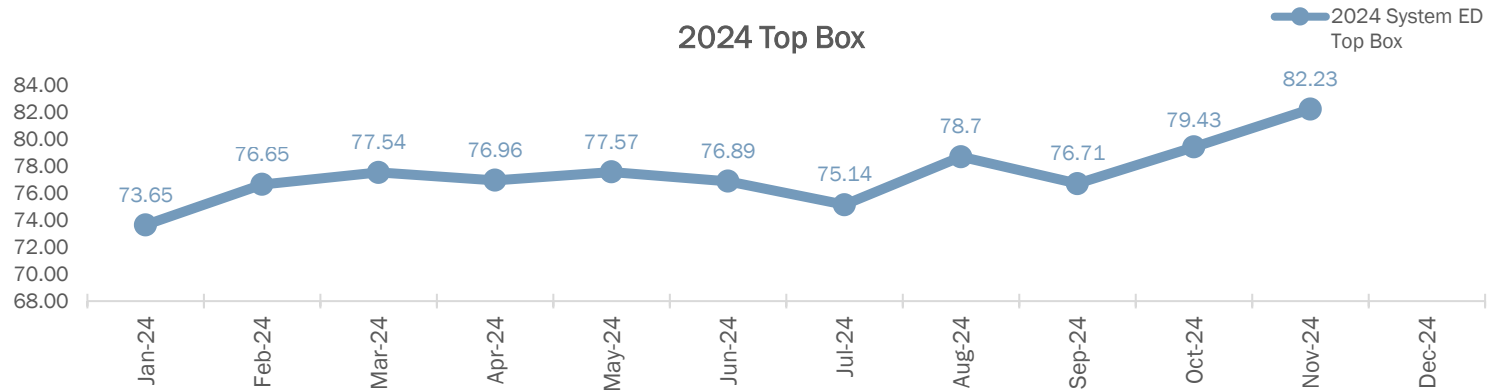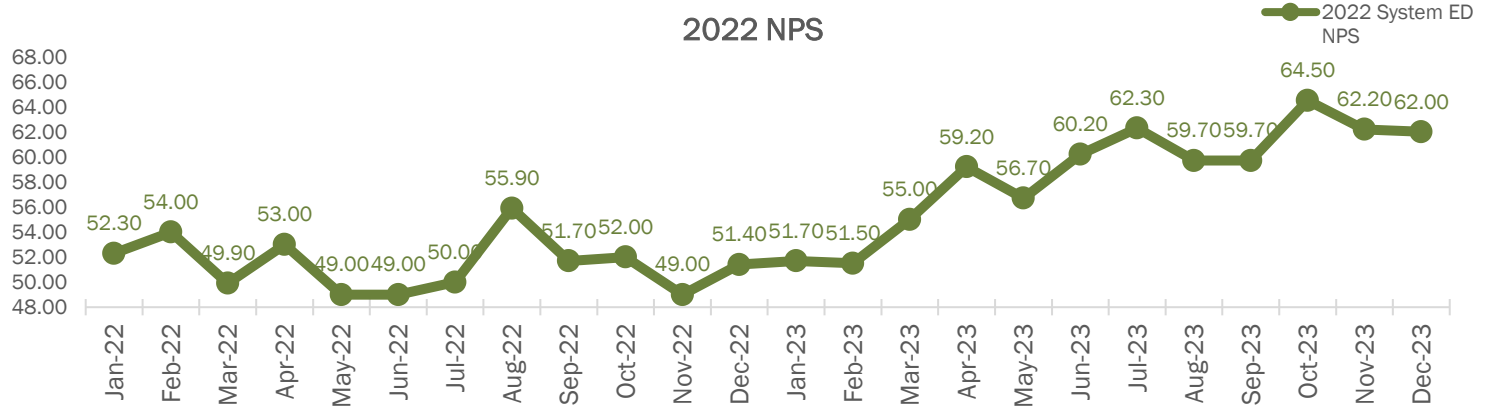
	2023	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sept-24	Oct-24
HMB Main ED	112	124	122	120	123	133	127	132	136	126	123
HMCL Main ED	119	121	129	123	128	1202	122	126	136	136	136
HMH Main ED	136	158	161	156	150	159	162	153	152	159	154
HMSL Main ED	122	132	134	125	131	127	127	126	130	126	128
HMTW Main ED	166	167	172	169	179	180	188	196	178	197	188
HMW Main ED	154	135	130	126	136	132	132	130	124	124	119
HMWB Main ED	181	164	167	168	172	161	174	183	168	168	160

Superior: <120 min
Target: 140 min
Threshold: 180 min
Below Threshold: >180 min

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Source: Epic Nursing Benchmark Dashboard

SYSTEM ED TREND

2022-2023 scores based on NPS
January 1-November 11, 2024, scores based on PG Top Box for Likelihood to Recommend

2022 NPS

● 2022 System ED NPS

Values: 52.30, 54.00, 49.90, 53.00, 49.00, 49.00, 50.00, 55.90, 51.70, 52.00, 49.00, 51.40, 51.70, 51.50, 55.00, 59.20, 56.70, 60.20, 62.30, 59.70, 59.70, 64.50, 62.20, 62.00

Months: Jan-22, Feb-22, Mar-22, Apr-22, May-22, Jun-22, Jul-22, Aug-22, Sep-22, Oct-22, Nov-22, Dec-22, Jan-23, Feb-23, Mar-23, Apr-23, May-23, Jun-23, Jul-23, Aug-23, Sep-23, Oct-23, Nov-23, Dec-23

2024 Top Box

● 2024 System ED Top Box

Values: 73.65, 76.65, 77.54, 76.96, 77.57, 76.89, 75.14, 78.7, 76.71, 79.43, 82.23

Months: Jan-24, Feb-24, Mar-24, Apr-24, May-24, Jun-24, Jul-24, Aug-24, Sep-24, Oct-24, Nov-24, Dec-24

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# HM System Emergency Department 2024 Performance Trend

2024 PG Fusion Emergency Department Top Box Scores for "Likely to recommend" for Jan–Oct 2024 as of 12.04.24. Benchmarking based off 2025 anticipated goals.

YTD 2024: **77.02**
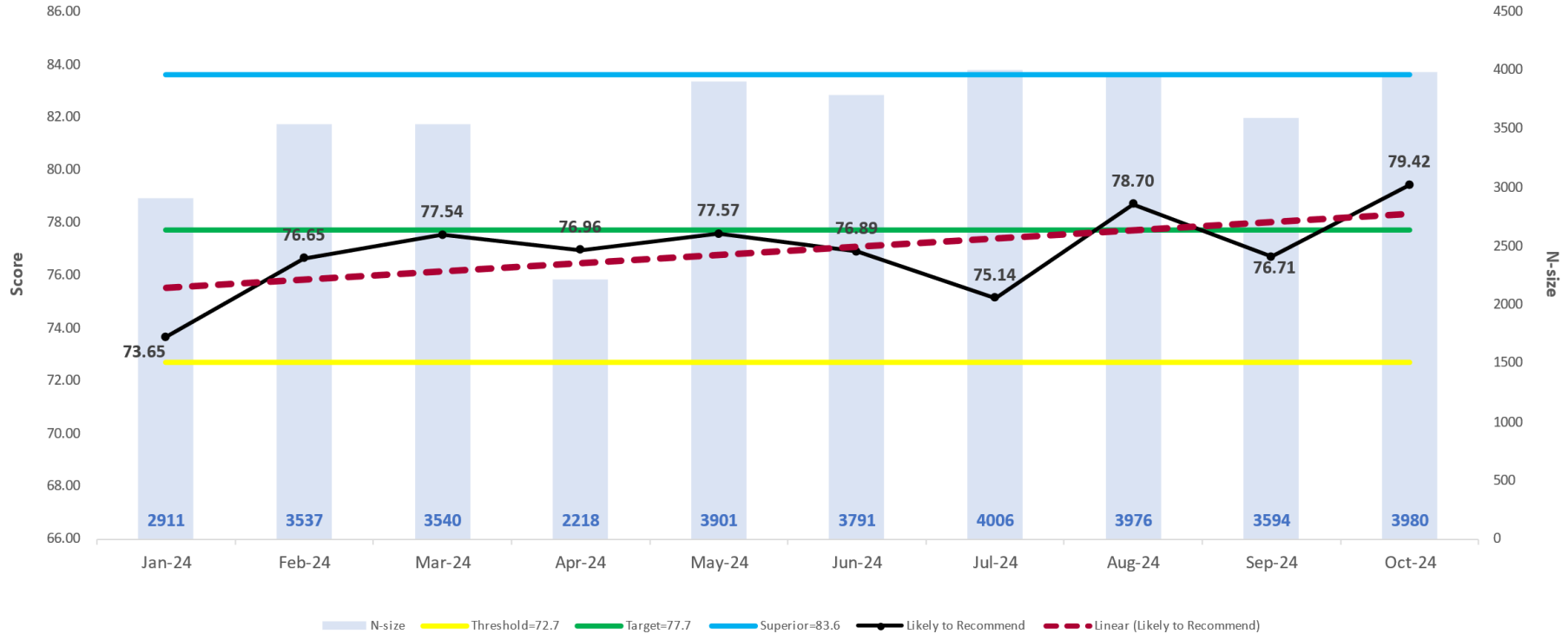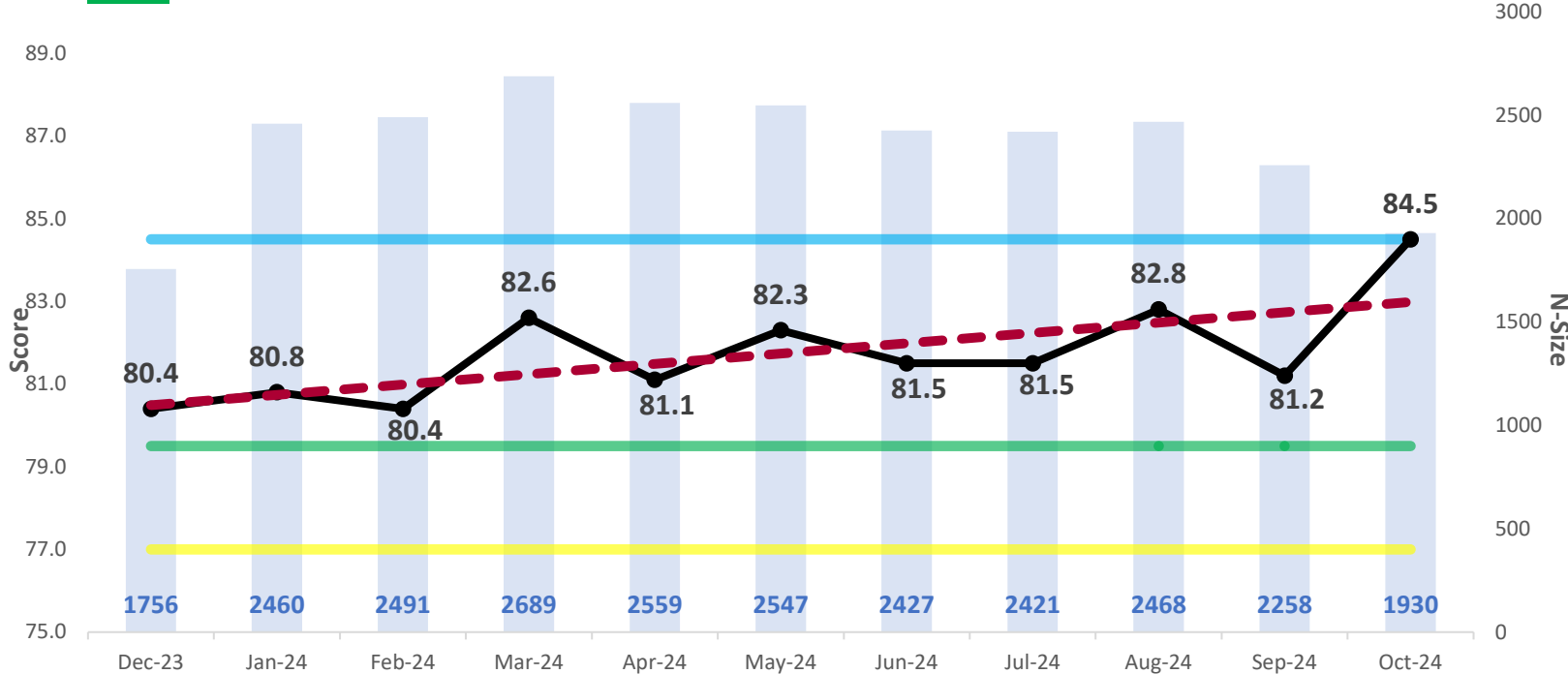
HM System Inpatient Trend (YOY)

HM HCAHPS Tableau ; Inpatient and Observation "0-10 Overall Hospital Rating" Top Box Scores (Fiscal Year Dec-Nov) as of 12.3.2024
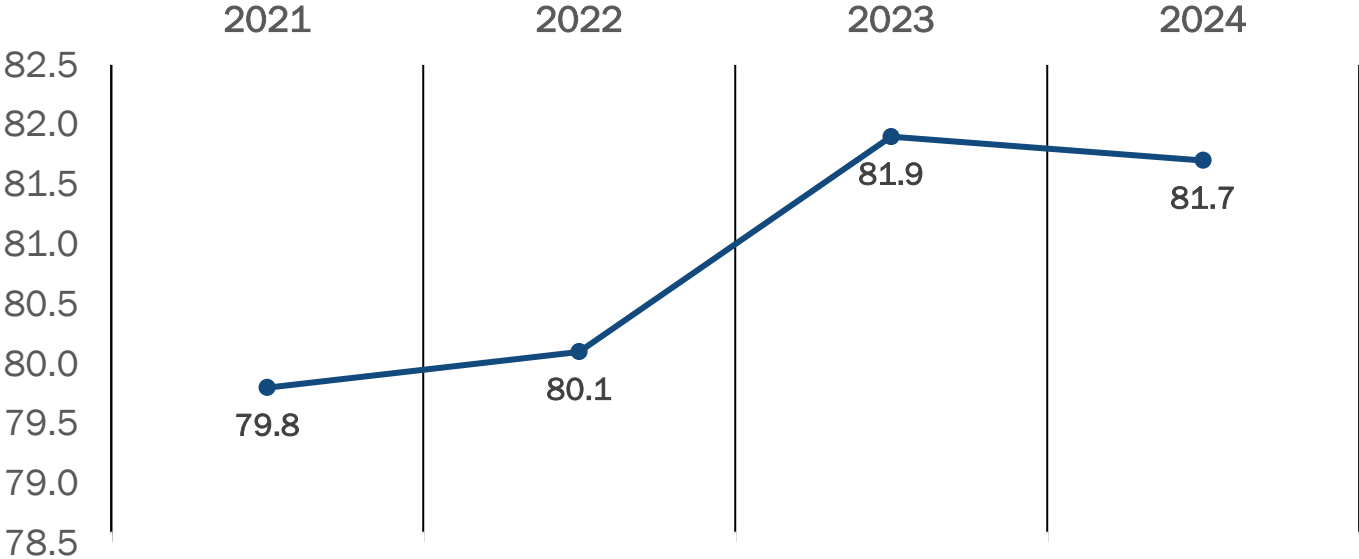
HM System Inpatient 2024 Performance Trend

HM HCAHPS Tableau ; Inpatient and Observation "0-10 Overall Hospital Rating" Top Box Scores (Fiscal YTD: Dec 2023 to Oct 2024) as of 12.3.2024
.

YTD 2024: **81.7**

	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24
Score	80.4	80.8	80.4	82.6	81.1	82.3	81.5	81.5	82.8	81.2	84.5
N-Size	1756	2460	2491	2689	2559	2547	2427	2421	2468	2258	1930

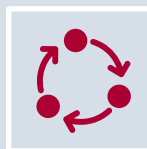N-Size   Threshold=77.0   Target=79.5

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3 Takeaways

Improving the ED domain requires a multidisciplinary, collaborative approach using multifaceted strategies

Personalized, data-driven scorecards are one way to provide the specific nuance and details that Teams need to drive their own improvement, but that must be coupled with 0process changes

Real change takes time, but you really should start seeing movement after pilots implemented. here's a balance between process changes and just chaos and continuous disruption.

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