Title: Roadmap to a safer, more compassionate and more efficient ED

Owner/Date: Mercer 10/12/15

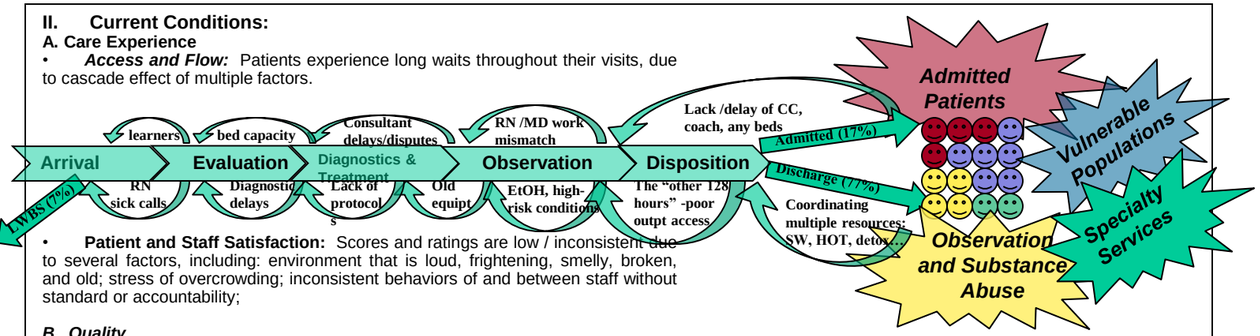
V1.11	Draft	MPM	

I.Background: The Emergency Department is the front-door of SFGH for over 60,000 patients per year (including the majority of admitted patients) It is both the only level-one trauma center and a key component of the safety-net within the county. It has attracted a workforce of talented clinicians and staff who believe deeply in the dual missions of the institution, and yet struggle daily to provide world-class care, meeting this standard only some of the time. Patients *and* staff experience unnecessary suffering during their care and work, due to the effects of overcrowding, broken patient flow, and safety work-arounds. Hastily implemented, stop-gap measures (e.g.,PIT), without true, institution-wide change have lead to only partial successes. If this situation persists, patients and staff will chose to seek care and work elsewhere.
Overall situation: As we move to Bldg 25, we have an opportunity to implement changes that will improve safety and experience for patients and staff.

II. Current Conditions:

A. Care Experience

- ***Access and Flow:*** Patients experience long waits throughout their visits, due to cascade effect of multiple factors.



- **Patient and Staff Satisfaction:** Scores and ratings are low / inconsistent due to several factors, including: environment that is loud, frightening, smelly, broken, and old; stress of overcrowding; inconsistent behaviors of and between staff without standard or accountability;

B. Quality

- Flow problems directly contribute to safety and quality
- Staff and clinicians excel at high-intensity resuscitations that have operational support (Trauma, Stroke, STEMI)
- Continued struggle with sepsis bundle reflects current state of ED flow ESI 3s&4s
- Individually actionable items to improve quality and experience not transparent or operational to staff
- Putting out regulatory "fires" necessarily detracts from ongoing PI initiatives
- Anticipated ↑in Pediatric volume (10-20%) requires dept-wide ↑ competency

C. Safety

- Flow problems directly contribute to safety challenges/lapses
- High-risk patient population (Drug/EtOH, TBI, Psych, Trauma)
- Largest number of violent behavior UOs
- No central monitoring—hallway patients => false sense of security
- Inappropriate over-processing (policy creation that is not reality-checked or achievable creates environment focused on blame)

D. Developing People

- Leadership Churn for last 5+ years
- Historically hierarchical structure has rewarded tenure, not ideas. "Been there, tried that" mentality block PDCA attempt
- Role ambiguity and lack of accountability → inconsistent
- Providers and nurses are *frequently not working at highest scope of training due to administrative and support needs*

E. Financial Stewardship

- Observation beds under-utilized due to remote location, lack of protocols/oversight and sick-call understaffing
- Cath lab "over-activated" >> wasting hospital-wide resources

Problem Statement (Vision Statement?): ED patients and staff are experiencing many forms of suffering throughout all stages of care. The SFGH ED strives to provide consistently high-quality, compassionate, and efficient care to every patient, every time.

III. Goals & Targets:

- Decrease LOS for D/C patients from 250 minutes to less than 220 minutes by June 2016; to < 135min by June 2018
- Decrease LOS for Admitted patients to less than 450 minutes by June 2016; to < 360min by June 2018
- Decrease LWBS from 8% to 5% by June 2016; to <2% by January 2018
- Improve Patient Satisfaction scores (7 categories) to > 70% by June 2016 and to >90% by June2018
- Improve Sepsis Bundle compliance from … to … by (See PI plan)
- Decrease Patient injuries to 0 by June 2016
- Reduce Staff injuries to 0 by June 2016
- Develop People Targets … Faculty? Nursing managers and director? Charge nurses?
- Increase utilization of CDU/Obs status by ???

IV. Analysis:

- **Broken and old equipment >> safety work-arounds and flow-disrupters**
- **Small physical space >> lack of privacy**
- **Inconsistent RN staffing due to sick call/leave**
- **Delays in consultant/assisting services for both admitted and discharged patients without consistent service attending-level accountability**
- **Admitted/ to-be admitted patients occupy beds and staff**. (Due to lack of physical beds upstairs, no orders present from team, no team assigned/accepting responsibility; bed available but not cleaned, Delay in decision-making by attending/learner partnership
- **Delays in order execution**: (Due to delays in decision making, delays in nursing/pharmacy availability; iniability to initiate treatments for common complaints
- **Lack of robust and safe observation medicine** environment, protocols, staff, and partnerships.
- **Confusion about discharge plan** (diagnosis, instructions, medications, follow-up)
- **Delays in obtaining social services and coordinating resources for vulnerable populations**
- **Behaviorally-challenging and intoxicated patients spend a long time in the ED**. (Sobering takes time, outside resources through social work are limited)
- **Lack of clear role definition and accountability** of line staff to managers (nursing and physician)

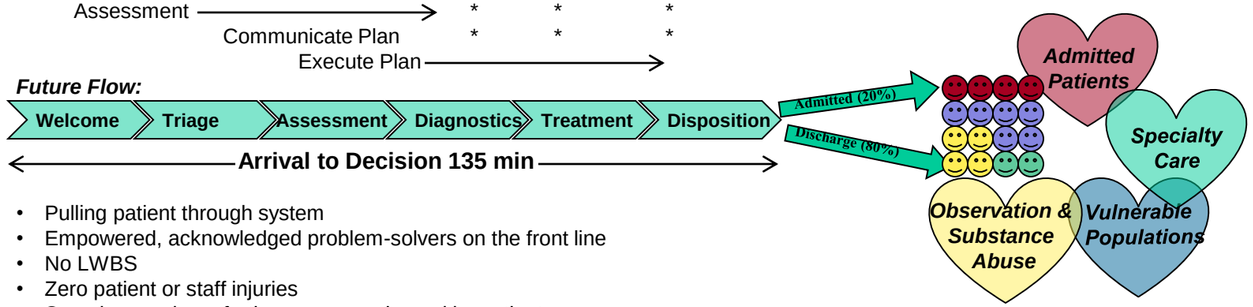
V. Proposed Countermeasures

1. Perform Value Stream Mapping and develop ED Flow A3 with local countermeasures
2. Implement Lean kaizen PDCA and daily management system within ED and high-impact areas of hospital
3. Work with interdisciplinary inpatient hospital flow team to identify strategies for more rapid ED departure (A3)
4. Work with interdisciplinary hospital flow team to improve consultation response times through "tap-in program", feedback to teams, and system for actionable accountability
5. Work with diagnostic imaging services to ensure timely, accurate (attending-level reads)
6. Develop People Development Plan, across ED disciplines, including: coaching, lean management system, frontline recognition (A3)
7. Expanded Provider in Triage areas and scope (A3)
8. Expand triage-based nursing protocols for treatment initiation
9. Re-design Clinical Decision Unit with more robust treatment protocols, interdisciplinary collaboration, dedicated medical director and NP staffing (A3)
10. Consult with specialty groups for high-risk and vulnerable populations to improve treatment and services (e.g., sobering, pediatrics, etc.)

VI. Future State

Patient perspective:
Check-in →
Comfort →
Assessment → * * *
Communicate Plan * * *
Execute Plan →

Future Flow:



- Pulling patient through system
- Empowered, acknowledged problem-solvers on the front line
- No LWBS
- Zero patient or staff injuries
- Seamless and comforting care experienced by patient
- Timely diagnostic results

VII. Plan and Follow-Up

#	Deliverable	Timeline	Responsible	Check (PDCA)
1	Perform Value Stream Mapping and develop ED Flow A3 with local countermeasures	Oct 2015	Staconis (A3), VSM Team	In progress
2	Implement Lean kaizen PDCA and daily management system within ED and high-impact areas of hospital	Oct 15-April 16	KPO, Exec team, local teams	Planning
3-5	Hospital Flow and Diagnostic Services Kaizen, PDCA	Nov 15-April 16	Marks, Dentoni,	Planning
6	People development A3 including dept-wide, DMS, Recognition	Oct 15- Jan 16	TBD/ DMS: Marks, Bilinski	TBD/ DMS: In progress
7	Provider in Triage/Fast Track A3, Kaizen and PDCAs	Sep 15-Feb 16	Kanzaria,Staconis	In progress
3-8	ESI 3 A3, Kaizen and PDCA	Feb 16-May16	Mercer, Pitts	In progress
3-10	Map Kaizen work onto 3P planning	Jan 16- May16	Singh, Carr	In progress
9	Appoint CDU Director and A3	Mar 16- Jul 16	Singh	TBD
10	ESI 1/2/3+ A3 and integrated ED/Inpatient Kaizen	Mar16 - Dec 16	Mercer?, Ortiz? KPO?	TBD