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A DIFFERENT KIND OF EMERGENCY ROOM

Part 1

Abstract

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A Different Kind of Emergency Room – Part 1

As you drive by the main roads in any large city, you see billboards touting 10-minute ER wait times at the local hospital. All of us that have been involved in healthcare note this with a “grain of salt.” Wait times are often much longer, ranging from an hour to six hours in some cases. How they measure these times, i.e., the starting point to the endpoint, can clearly be misleading.

This does not change the reality that ER care is a critical part of our healthcare system and is often the entry point of any hospital or delivery system. Surprisingly, emergency rooms have not changed their general processes for many years and often create one of the greatest wastes in medicine: patient waiting time.

When you enter most ER's, they typically function the same way. ER's are designed with a “fishbowl” type of concept with patient rooms around the outside and the care process, nursing stations, etc. in a centralized area. While there are several different iterations of this, including pods, etc. the concepts are basically the same. A patient comes in, gets registered, triaged, often then has a protocol started based on their symptomatology, and then ultimately sees the physician later in the process. The patient is initially taken to a room after triage, and there waits in the room while all the diagnostics and testing are done. The obvious exception is when they are taken to x-ray; however, they are generally brought back to the same room. This classic process is dependent on many variables that can individually or as a group slow down the process dramatically.

The first variable is the fact that the patient's diagnostics and therapeutics are dependent on room availability. While this can sometimes take a more generous definition, i.e., a stretcher in the hall,

there are still constraints around putting patients in assigned rooms where all the diagnostics are being undertaken.

The other typical limiting factors are on the diagnostics side, and this includes the process in which blood is drawn and resulted, radiology turnaround times, and others. Particularly complicating is the situation where specific blood tests need to be done and resulted before a radiologist test can be safely administered. The best example of this is a pregnancy test, although there are others.

Often in this nurse triage model, the protocol must be redone later in the process, or additional testing must be done, adding further to the waiting time. This also does not satisfy the patient's primary need, which is to see the physician. Often the patient will not see the physician in these models for several hours after they have been in the emergency room. Point-of-care testing is of some help to some of these processes; however, it is costly.

Of course, there are many iterations of this model, but they all follow an underlying theme.

Additionally, many ERs have sought to resolve some of the flow problems by adding a fast track system. This can be helpful; however, it can add some of its own additional burdens to the process by adding a second set of processes to the programs. Fast tracks only treat very low acuity patients.

A New Paradigm – Lean Care Tracks / Physician First

Thinking about the ER process differently may offer up some potential solutions to some of the old ways of thinking. Thinking of an ER model that works under a lean philosophy helps eliminate some of these bottlenecks by looking at the process very differently. Additionally, lean thinking requires

continued improvement, letting one work on various aspects of an ER continually looking for faster throughput times.

One of these new models, Lean Care Tracks, has emphasized a non-room dependent process. The patient is not assigned to a room but moved through the system. Many patients can comfortably be seen and evaluated and wait for results in a lounge chair setting in a room that offers some privacy but allows more patients to be evaluated at the same time. In these models, the patient moves through the system in parallel, getting registration, triage, and often sees the doctor almost immediately. At this point, the protocols and lab testing and diagnostics are then ordered. This process can significantly speed up the diagnostics and reduce the overall wait times. These “physicians first” models have proven to be very effective.

In these models, the patient enters the emergency room and is triaged and pre-registered all in parallel, with a physician entering the process almost immediately. This can be much more efficient than some of the other models where the patient is examined by the physician late in the process. The critical piece of this new model is parallel processing, the lack of linkage to room availability. There is an increase in physician productivity with early intervention by the physician and patient movement rather than staff movement. In several pilots, these models have been highly successful at having higher throughput, better patient satisfaction, and lower “left without being seen” in the emergency room.

There are many iterations of these types of systems, but thinking differently about patient flow can eliminate some of the frustration for both the patient and the physician and provide better care, with better outcomes and a better patient experience.



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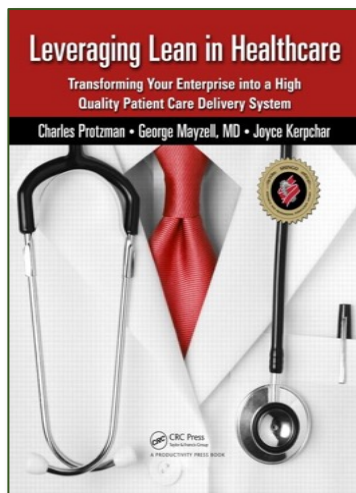
For more details check out the “Leveraging Lean in Healthcare,” Winner of a 2013 Shingo Research and Professional Publication Award

YOU CAN PURCHASE THE BOOK HERE:

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This practical guide for healthcare executives, managers, and frontline workers provide the means to transform your enterprise into a High-Quality Patient Care Business Delivery System. Designed for continuous reference, its self-contained chapters are divided into three primary sections:

- Defines what Lean is and includes some interesting history about Lean not found elsewhere.
- Describes and explains the application of each Lean tool and concept organized in their typical order of use.
- Explains how to implement Lean in various healthcare processes—providing examples, case studies, and valuable lessons learned



This book will help to take you out of your comfort zone and provide you with new ways to extend value to your customers. It drives home the importance of the Lean Six Sigma journey. The pursuit of continuous improvement is a journey with no end. Consequently, the opportunities are endless as to what you and your organization can accomplish.

Forty percent of the authors' profits from this book will be donated to help the homeless through two Baltimore charities.

Praise for the book:

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– Brigit Zamora, BSN, RN, CPAN, CAPA, Administrative Nurse Manager, Florida Hospital, Orlando