



Summary of the Emergency Department Collaborative Workshop II June 9, 2006

The Maryland Patient Safety Center (MPSC) in partnership with the Maryland Chapter of the American College of Emergency Physicians and the Emergency Nurses Association is working with hospitals across the state to share promising strategies for making care in Maryland's Emergency Departments (ED) safe, timely, efficient, and patient centered.

Across the country, EDs have been on the frontlines of a dramatically changing healthcare landscape. As one of the biggest success stories of 20th century medicine, EDs provide lifesaving care to accident victims and the critically ill and act as a safety net for the minor illnesses and injuries of thousands of people who are not able to see their doctor or who lack insurance coverage. It is also common for ED staff to care for patients who are already admitted to the hospital but are waiting for a bed.

As the "canary in the coal mine" of the American healthcare infrastructure, EDs are feeling increasing pressure caused by our aging population, growing numbers of uninsured people, potential pandemics, shortages of healthcare professionals, and promising treatments for conditions like stroke that require rapid emergency treatments.

Meeting these challenges has become a joint effort for twenty-nine EDs in Maryland. Teams of hospital administrators, doctors, nurses, and support staff have come together as participants in the MPSC ED Collaborative. These teams are testing and fine-tuning a number of innovative strategies that help them to identify and quickly treat the sickest patients while making sure all patients coming to the ED benefit from safe, timely care.

As the first statewide ED patient safety collaborative in the nation, this initiative is breaking new ground in tackling seemingly insurmountable challenges. Some of the goals of this effort include:

- Building more coordinated ED teams;
- Getting treatment to seriously ill patients who need intravenous antibiotics quickly;
- Decreasing the number of patients who get ED-acquired bloodstream infections; and
- Making sure that getting better care to the very sick quickly does not result in longer stays and more inconvenience for the less critically ill.

On June 9, 2006, ED teams from twenty-eight hospitals gathered together for a workshop to share progress, celebrate successes, and, most importantly, collect new ideas to overcome challenges. The table below summarizes the stories shared by six of those facilities.

FOCUS AREA	IDEAS
<p>ED data abstraction and data management</p> <p><i>Union Hospital Baltimore, MD</i></p>	<ul style="list-style-type: none"> ◆ <i>Goal:</i> To improve quality of care for pneumonia and acute myocardial infarction (AMI) patients with the use of a novel ED tracking and data collection system called Azyxxi. ◆ <i>Description:</i> Azyxxi provides the ability to collect patient information from various systems in the hospital and to organize it for the doctor in various ways, including showing trends over time and displaying images such as MRI scans. The system also allows hospitals to internally track individual emergency care providers' compliance with pneumonia and AMI care measures. ◆ <i>Outcome:</i> Union Memorial has developed a culture of sharing data. Tracking physician-specific performance allows individual physicians to know how they perform relative to their peers, which is critical to changing behavior.
<p>Improvement of pneumonia care in the ED</p> <p><i>Franklin Square Hospital Center Baltimore, MD</i></p>	<ul style="list-style-type: none"> ◆ <i>Goal:</i> To reduce time to administration of antibiotics for pneumonia patients, especially those with intermediate acuity. ◆ <i>Description:</i> To shorten the diagnosis and administration time, a physician assistant was added in triage, which allowed for lab tests and x-rays to be ordered rapidly; in addition, flagging/color coding patient charts according to patient acuity also expedited care. ◆ <i>Outcome:</i> Starting the process of ordering key diagnostic tests while the patient is in triage saves valuable time. Sometimes this means that patients who are waiting for an ED bed to open up are already getting the expedited care they need.

FOCUS AREA	IDEAS
<p>Elimination of central line infections</p> <p><i>Union Hospital of Cecil County Elkton, MD</i></p>	<ul style="list-style-type: none"> ◆ <i>Goal:</i> To reduce central line infections in the ED. ◆ <i>Description:</i> The hospital set out to improve line placement by health care providers in the ED who are less comfortable with a subclavian introduction than a femoral insertion. Safety precautions include a central line cart with sterile apparatus, the use of chlorhexedrine instead of betadine, and the addition of an ultrasound machine in each unit. Moreover, both younger and newer staff will be updated and tested on the proper insertion protocol. ◆ <i>Outcome:</i> This initiative was completed in the intensive care unit and they have been free of infections for twelve months. Similar results are expected in the ED.
<p>Bed huddles improving handoffs and transitions</p> <p><i>Shore Health System Eastern Shore of MD</i></p>	<ul style="list-style-type: none"> ◆ <i>Goal:</i> To improve patient throughput in the ED and patient satisfaction by making sure inpatient hospital beds are being opened as efficiently as possible. ◆ <i>Description:</i> The discharge status of each patient in the hospital is discussed at bed meetings convening three times a day, every day (including holidays and weekends), and lasting approximately 10-12 minutes. Meetings are attended by the bed coordinator, ED manager, nursing managers, case management, PACU, staffing, interventional radiology, and others. Each member comes to the meeting with intended discharges, discharge appointment times, and other staffing issues. ◆ <i>Outcome:</i> Shore Health has seen a dramatic reduction in time to admit. Bed huddles have also led to an increase in teamwork and communication among other departments for real-time solutions to problems.
<p>Provider communication using white boards</p> <p><i>Fredrick Memorial Hospital Frederick, MD</i></p>	<ul style="list-style-type: none"> ◆ <i>Goal:</i> To improve patient satisfaction with provider communication. ◆ <i>Description:</i> Frederick Memorial has placed white boards in every ED room. MD/RN/Techs write their names on the board so that a patient can identify their care providers. Moreover, physicians also use the boards to draw diagrams for patient comprehension of specific illnesses. ◆ <i>Outcome:</i> Educational and informational tools create a comforting and participatory environment for patients, building stronger patient-physician relationships.

FOCUS AREA	IDEAS
<p>Quick registration practices to apply in the ED</p> <p><i>Carroll Hospital Center Westminster, MD</i></p>	<ul style="list-style-type: none"> ◆ <i>Goal:</i> To learn from other hospitals strategies for improving flow. ◆ <i>Description:</i> Peer-to-Peer site visits promote the sharing and learning of best practices among hospitals. One topic discussed at approximately 10 different sites was designing and implementing a quick registration procedure. Gathering this information from various hospitals across the state provided Carroll Hospital with the resources and tools needed to improve their registration process. ◆ <i>Benefits:</i> Communication among hospitals has allowed Carroll Hospital to learn from the challenges and successes of others.

This summary was written by Semhar Tewelde. If you would like to learn more about the strategies discussed, we encourage you to use the discussion forum on the portal to communicate with teams in the collaborative. If you have any questions, please contact:

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