

January 2007
Member Highlight

Atlantic General Hospital

Located in Berlin, MD, Atlantic General Hospital is a 62-bed community hospital providing health care to the residents and visitors of Worcester, Wicomico, Somerset and Sussex Counties since May 1993. Because of its location on the lower Eastern Shore of Delmarva, it serves communities in Delaware, Maryland and Virginia. The hospital is located eight miles from Ocean City, MD, the second largest city in the state 5 months of the year. Greater than 80% of all hospital admissions come through the Emergency Department. In addition to its hospital, the Atlantic General Health System includes a regional network of clinics and related medical services.

In 2003, an expansion of Atlantic General Hospital's Emergency Department brought the number of available beds to nineteen, eight of these being cardiac beds. Through the implementation of a fast track for less serious cases and technologies such as an automated medication dispenser and a patient tracking system, the Emergency Department has been able to streamline procedures to efficiently treat approximately 27,000 patients a year.

The Challenge

Noting a rise in patients leaving the Emergency Department (ED) without treatment and an



inability to sustain high performance measures during peak volume periods, the Department examined the process timeframes, such as arrival to triage, triage to treatment and arrival to physician. While the data showed that the department was able to meet target times for most areas, they were inconsistent. To address process improvements in the Emergency Department, a Service Guarantee program was implemented.

The Solution

The Service Guarantee made a commitment to the community, offering a 30 Minute Promise

that within 30 minutes of entering the facility, a patient care protocol would be initiated and/or the patient would be placed in the treatment area. The goal was to decrease LWOTS and improve LOS while maintaining or improving patient satisfaction. As a result, the hospital expects to increase its visits per year and will focus on throughput and process improvement throughout the organization.

To implement the Service Guarantee, the following improvement strategies were implemented. The triage process was redesigned from a traditional triage, where every patient has to complete every step sequentially through a full assessment in the triage room to include quick assessment prior to the treatment room. The new process is more of a team approach with the focus on patient flow and early implementation of care. Patient protocols were revised and expanded to include traditional protocols, however adding such items as pain management. The

professional who triages the patient is responsible for implementing an appropriate protocol based on the chief complaint and nursing assessment. This process improvement prevents two major bottlenecks: patients waiting to be triaged and those waiting for the order process.

The Results

A hospital-wide process improvement team meets regularly to identify issues which are potentially detrimental to achieving the established Service Guarantee. Solutions to these issues are then worked on by specific sub-committees. One solution involved the ED physician consulting with the hospitalist who then provides a quick set of minimal orders for patients who are being admitted. The hospitalist then provides more comprehensive orders upstairs outside the ED, minimizing time in the ED for admitted patients. Having achieved faster turnaround time for admitted patients, the expectation to have a physician physically see the patient on the floor increased.

Another solution was to update the hospital's patient tracking system to track the data for these turnaround times, alerting staff when they are not meeting their time frames. In addition to a clinical leader in the ED, who is overseeing the process on a daily basis, a team meets monthly to update, assess and plan. The team continues to monitor greater than 30 minute waits, LOS (time to discharge and time to admission), LWOT, AMA, and patient satisfaction. The team's goal is to meet the 30 Minute Promise 90% of the time. In November

2006, the hospital achieved its goal, with only 3.64% not meeting the guarantee and in December 2006, with only 2.08% not meeting the established service guarantee.

Lessons learned from the project have included the need for communication during the early stages of the project. Staff found it challenging to balance the implementation of the project and a strategic marketing campaign to get appropriate physician and staff buy in. An unexpected gain from the project was the effect that the increase in performance has had on adding safety improvement for the patient.

As the processes are streamlined regarding the 30 Minute Promise, the hospital expects to see saving through improved efficiencies, increased throughput and reduction of errors. For each process step reduced, the hospital feels it is reducing the potential for system failure, thus reducing costs. The cost/savings will be measured beginning February 1, 2007 when this project will officially begin its implementation and monitoring post implementation period.

If you have any questions for Atlantic General Hospital, contact Colleen Wareing, RN, MS, CNAA, Vice President of Patient Care at cwareing@atlanticgeneral.org or 410-641-9603.

If you have any questions about the Maryland Patient Safety Center Emergency Department Collaborative, contact ZeAmma Walker at walkerz@dfmc.org or (410) 712-7426.