



The Waiting Game

by JENNIFER GARCIA

A visit to the emergency room is always fraught with uncertainty on many fronts except one, there is almost certainly going to be a long wait. Among New Orleans emergency departments (EDs) however, new technology, more effective use of personnel, and streamlined triage systems are decreasing wait times and increasing patient satisfaction. >>



Emergency visits have increased at twice the rate of the U.S. population with 136 million visits to the ED in 2009 according to the American College of Emergency Physicians.¹ Faced with an aging population and an increase in the prevalence of chronic illnesses, these numbers are likely going to increase, underscoring the importance of reliable and efficient emergency departments.

According to the 2011 Press Ganey Pulse Report, New Orleans area emergency departments were ranked among the top 10 metropolitan areas in patient satisfaction.² This is in large part due to ramped up efforts to decrease delays by embracing new technologies and management plans that will ultimately make a trip to the ED a less stressful one.

Barriers to flow

The causes of delays in the ED can be numerous and may vary between facilities and even from day to day. Efficiency in the emergency room is directly impacted by the performance of other departments and one common problem is scarcity of inpatient beds due to high hospital census rates. Over half of all hospital admissions come through the ED, so fewer available beds means more waiting.³ “Patients can’t really believe that there’s not a bed upstairs. Or it might be the wrong kind of bed. You can’t go to a Med/Surg unit if you need telemetry,” says Cheryl Carter RN, Director of the Emergency Department at East Jefferson General Hospital (EJGH).

Kerry K. Milton, Senior Vice President/Chief Nursing Officer at St. Tammany Parish Hospital (STPH), agrees that the type of bed a

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patient requires can also affect throughput. “Behavioral health or psychiatric diagnoses are the ones that are more difficult to find placement for. We’re not a psychiatric facility and so when one of those patients does require additional treatment at one of those facilities it takes a while to find a location to send that patient.”

Other factors that may contribute to delays are patients waiting for test results or diagnostics prior to discharge as well as limited access to specialists for consultation during off-hours.

Streamlining the process

Significant delays in the ED can have the biggest impact on quality of care as well as

patient satisfaction, so trying to decrease wait times is a top priority for ED managers. According to Joseph Guarisco, MD, System Chair of Emergency Services, Ochsner Health System, standard registration is about an 8 minute process and triage another 10 minutes. “If you come to our emergency department you’re going to get registered in about 10 seconds and triaged in about a minute so, within 2 minutes, you should be past the traditional bottlenecks and truly able to see a provider,” says Guarisco.

To ensure that those with the most urgent problems are seen first at STPH, everyone is evaluated by an RN as soon as they come in the door. “Getting to a physician in under 30 minutes would be the goal and triage should be as immediate as the patient enters the building,” says Milton.

The ED at West Jefferson Medical Center (WJMC) sees roughly 4500 patients a month according to Angela Greener, Chief



Administrative Officer. Bedside registration and computerized patient tracking helps improve efficiency. “We have an emergency room electronic medical record that tracks the patient from the time the patient presents to the door and to every stage of their care through the emergency room. That emergency room record is then fed into our hospital electronic medical record,” says Greener.

At EJGH, says Carter, a hospital-wide system called teletracking is used to give transparency to which beds are open and which beds are coming open. Additionally, the house supervisor, otherwise known as the “bed expediter”, oversees patient movement to make sure rooms are turned over quickly.

By September of this year, new software will be in place at all New Orleans Ochsner facilities to track patient flow, says Guarisco. “It allows people on the floor to see how many

people are in the ED and the wait times as well as how many beds are available.”

Patients who are awaiting test results before they can be discharged can also disrupt throughput in the ED. To help alleviate some of this congestion, hospitals are turning to specialized waiting areas. If a patient does not require a bed, these areas provide an ideal space to await test results while still being monitored by the nursing staff. These areas can also be used for other purposes such as for patients who simply need to finish receiving an intravenous dose of antibiotics or need to be monitored for any ill effects following an injection.

At WJMC, “We have a lounge area where patients can comfortably wait for test results prior to discharge from the emergency room,” says Greener. In addition to an overall ED expansion, STPH is currently developing a results pending space “so those patients that have



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seen a physician and have had appropriate diagnostics and testing done, and those who can sit comfortably in an upright position, have an area to wait for results,” adds Milton.

Flexible staffing—leveraging talent and performance

While it is impossible to plan for every eventuality, hospitals can gather information about what the busiest times are historically and plan accordingly. “Most people don’t realize that ED visits and ED demand are extremely predictable,” says Ochsner’s Guarisco. Being prepared for increased demand and staffing appropriately is one the keys to decreasing patient wait times in the ED.

For most EDs, late afternoon and early evening tend to be the busiest times of day due to decreased access to primary care physicians. An ability to staff the ED appropriately

during these times, as well as flexibility in calling upon resources from other parts of the hospital, is crucial to minimizing delays and making sure patients are well cared for.

At STPH, says Milton, if wait times to see a doctor go beyond 30 minutes, the house supervisor is called to help direct flow and additional ICU personnel are called on to help with patient care.

The ED at EJGH has a nurse who is available to be deployed to the waiting area during busy times. “We work with nurse-driven or physician-driven protocols, so there is set testing to do for certain complaints so that if we don’t have a room, we can begin the work up,” says Carter.

Hospitals have found that having a physician or advanced healthcare provider as part of

the triage team helps get patients evaluated quickly. “We have a unique staffing model that’s involved in our qTrack system. We use mid-levels and physician extenders to try and filter that care that doesn’t require a board certified emergency physician,” says Dr. Guarisco. “This allows for a lot more staffing and resources at the front end of the ED to immediately address concerns and immediately get to that question—does the patient have an emergency or not?”

People are watching

With the proliferation of smart phones and smart phone applications, finding out the wait time in the local ED is now easier than ever. Many local hospitals post their ED wait times in real time on their website and have even created smart phone apps. While there are those who believe this kind of advertising is marketing to those patients who don’t really need to be there, others feel that it has helped workflow and ultimately led to better patient care.

“Sometimes things are less than urgent, and patients are usually really good at knowing when they don’t have an emergency, but they need something done. We’re hoping that wait times on the web allow patients to look at the wait times and divert themselves to a facility that has a little more capacity and maybe a shorter wait time,” says Ochsner’s Guarisco.

Real time internet data like this helps the ED staff as well as the patients. “When I’m at home or on call, I click on it to get a sense and I can tell honestly how busy we’re getting based on the time,” says Milton.

While not yet available in the New Orleans area, some hospitals around the country are using services which allow patients to send a text to local emergency departments to instantly receive the current wait times, hours of operation, and direct contact information.⁴

Keeping patients informed

According to the most recent Pulse Report from Press Ganey, being kept informed of delays and setting appropriate expectations is closely linked to patient satisfaction within the ED. “That’s one of the big issues I think—patients not knowing. It’s like going to a restaurant and not knowing when your table might be ready,” says Guarisco.



CLOCKWISE FROM TOP LEFT Cheryl Carter, RN, Director of the Emergency Department, EJGH; Kerry Milton, Senior Vice President/Chief Nursing Officer, STPH; Angela Greener, Chief Administrator, WJMC; and Joseph Guarisco, MD, System Chair of Emergency Services, Ochsner Health System.

Information lessens anxiety and patients are less likely to bristle about wait times if they are kept informed of where they are in the process. At STPH, white communication boards are used in each room to keep patients abreast of wait times for diagnostics and lab tests, says Milton. The name of the patient’s RN and/or physician are also written here so the patient is aware of who their contact person is. Within the ED at EJGH, “We’re working on a patient portal so patients will have more transparency at their fingertips eventually,” says Carter.

Keeping patients involved and wait times short also means there will be fewer people that leave without being treated (LWBT). “We strive to see every patient, but there are always going to be those patients who are not acutely ill and feel like it’s not worth waiting to see a physician. We make every effort to

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assist them to follow up with a clinic or primary care physician where applicable,” says Greener.

The national benchmark for LWBT is 2% or less and local emergency departments are hitting and, in some instances, surpassing this mark. At STPH for example, the LWBT percentage was 1.9 for the first 2 months of 2012, while at some local Ochsner facilities the average is 0.5-0.7%. “To drive patient satisfaction you need to have under 2% and that’s our goal as an organization,” adds Dr. Guarisco.

What the future holds

The idea that people should not be expected to wait for prolonged periods of time in the ED is so important that newly constructed emergency facilities may not even have a waiting room at all. The goal is to have patients evaluated immediately upon arrival and either treated and discharged or admitted to a room or internal waiting area.

Another big change will be the pay for performance initiative mandated by Congress and which will be overseen by the Centers for Medicare & Medicaid Services (CMS). Under the program, set to begin in 2013, acute care hospitals will be given value-based incentive payments based on how well they perform on specific quality measures or how well their performance improves during a defined time period.⁵ Recognizing that how long a patient has to wait to receive care can play a critical role in patient outcomes, 5 of the 300 performance measures involve wait times in emergency departments. “So whether hospitals around the country want to or not, they’re going to have to pay attention to this,” adds Guarisco.

Conclusion

As ED management continues to evolve, a patient’s experience in the ED may be vastly different than what has been the traditional “hurry up and wait” scenario. Everything from registration to triage to where a patient is initially evaluated is being scrutinized in an effort to improve throughput. “I think it’s a culture shift for the public to understand that you’re not always going to be put into a traditional emergency room to be seen. There are other areas you can be seen in,” says Carter. The overriding goal however, is to make sure everyone sees a provider as quickly as possible. “Making people wait is not the humane thing to do and as an industry we need to get to patients faster,” says Guarisco. With a new attitude towards patient care, constantly tracking performance and refining protocols, New Orleans area emergency departments are trying to make long waits in the ED a thing of the past. ■

REFERENCES

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