HealthLeaders Media LIVE from Sharp Memorial Hospital

Emergency Department Throughput Redesign
Drive Faster Throughput and Higher Satisfaction Without Adding Staff or Cost

A live event on August 20, 2013
9:00 a.m.–12:00 p.m. PST
Sharp Memorial Hospital,
San Diego, California
HealthLeaders Media LIVE
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WHO WE ARE

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A DIVISION OF HCPro, INC.

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ABOUT HCPro, INC.

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As an acknowledged industry authority in healthcare regulation and compliance, HCPro focuses on providing its clients with assistance and expertise in the areas of accreditation, medical staff affairs, credentialing, privileging, medical record management, regulatory compliance, finance and revenue cycle, nursing, quality/patient safety, infection control, and workplace safety.
CHARLENE ANDERSON-DEAN, RN
Charlene Anderson-Dean is a registered nurse at Sharp Memorial Hospital in San Diego. Over the past 11 years, she has worked in numerous emergency departments throughout the U.S. and has settled in San Diego where she now lives with her husband and two children. She has been involved in Lean Six Sigma initiatives since 2010 when she realized her passion for change process and is now chairperson of Sharp Memorial’s ED Lean team. She continues to present and write about Lean and its positive impact within healthcare.

KURT HANFT, BS ENGR, MBA, CSSBB
Kurt Hanft joined Sharp in April 2005. After 13 years in the manufacturing industry, where using Lean Six Sigma tools he saved $1.2 million over three years, he decided to change course and join healthcare. His manufacturing experience was primarily at Honeywell, where he led Six Sigma improvement teams as a principal process engineer. He received his bachelor of science in manufacturing engineering in 1992 at Cal Poly University and his MBA from San Diego State University.

JOSHUA McCabe, MSN, RN, CEN
Joshua McCabe has been a clinical nurse in emergency services for over 18 years. He is currently the manager of emergency services at Sharp Memorial Hospital in San Diego, an urban ED that treats over 60,000 patients annually. He has a Master of Science in Nursing with a specialty in leadership and management, and has earned CEN certification. McCabe is passionate about improving teamwork and communication among caregivers to ensure improved patient outcomes. He has provided high-level teamwork and communications training to thousands of physicians and nurses. McCabe has implemented several Lean initiatives in EDs that have resulted in improved quality and patient throughput. He has traveled extensively around the world and is a lifelong student of culture, cuisine, and interpersonal communications. He currently resides in San Diego with his wife of 19 years and two daughters aged 12 and 14.

SUSAN STONE, PHD, RN, NEA-BC
Susan Stone is the Senior Vice President and Chief Executive Officer of Sharp Coronado Hospital, a 181-bed facility full service community hospital specializing in total joint replacements, advanced liver care and is a nationally recognized center of excellence in patient centered programs and services. Susan joined Sharp HealthCare in 1986 holding numerous leadership positions including Chief Nursing Officer for two of Sharp’s seven hospitals. Dr. Stone successfully led the 2007 and 2012 Planetree Designation efforts at Sharp Coronado Hospital and Sharp Memorial Hospital respectively in addition to the 2013 Magnet Re-designation efforts at Sharp Memorial Hospital. Active in the Association for California Nurse Leaders, she is currently a Southern California Regional Representative to the state Board of Directors and serves as a regional Nursing California Action Coalition Champion. Known for innovative patient centered care program development, as a national Patient Centered Care Fellow contributed to the development of the Designated Patient Centered Care Hospital Program. Dr. Stone’s patient-centered research has been featured in the peer reviewed Health Environments Research and Design Journal and was a contributing author to the 2008 Patient-Centered Care Improvement Guide. She earned her Bachelor of Nursing Science at San Diego State University, a Master in Science and Doctorate of Philosophy in Nursing Science at the University of San Diego.
CHRISTOPHER WALKER, MS, RN, NP, CNS, CCRN, CEN

Chris Walker has been a registered nurse at Sharp Memorial Hospital for the past 13 years in a variety of roles. As director of emergency services, he oversees the emergency department, trauma program, pre-hospital/base station program, short-stay/observation department, rapid response team, and central telemetry unit. He has Bachelor of Science in Nursing from Saint Louis University and a Master of Science in Nursing with a double specialty as a nurse practitioner and clinical nurse specialist. Walker has led Lean innovation in Sharp Memorial’s emergency department since 2010 to create the best possible patient experience.

TIMOTHY WATT, MD

Dr. Timothy Watt is a full-time practicing emergency physician at Sharp Memorial Hospital and has managed the 28-physician emergency medicine group for over 10 years. He has worked for a number of years designing physician call panel solutions for hospitals and emergency departments. Dr. Watt is a graduate of Stanford Medical School and served his residency in emergency medicine at UCSD. He is currently a member of the Board of Trustees at Sharp Memorial Hospital.
AGENDA

All agenda times listed below are PST.

8:30 AM–9:00 AM  REGISTRATION AND NETWORKING
Join us for a light meal and network with speakers and attendees before the event’s start

9:00 AM–9:45 AM  Panel 1: Flow Redesign: Triage as a Function, Not a Location
• Use Lean to identify waste and set priorities
• Bedside triage: Communication and assessment improvements

Speakers:
• Susan Stone, PhD, RN, NEA-BC, Senior Vice President and CEO, Sharp Coronado Hospital & Healthcare Center
• Christopher Walker, MS, RN, NP, CNS, Director of Emergency Services, Sharp Memorial Hospital
• Joshua McCabe, MSN, RN, CEN, Manager of Emergency Services, Sharp Memorial Hospital
• Kurt Hanft, BS ENGR, MBA, CSSBB, Lean Six Sigma Master Black Belt, Sharp HealthCare

9:45 AM–10:30 AM  Panel 2: Nurse Handoffs and Bedside Reporting Close Communication, Satisfaction Gaps
• Making the cultural case for bedside reporting

Speakers:
• Susan Stone, PhD, RN, NEA-BC, Senior Vice President and CEO, Sharp Coronado Hospital & Healthcare Center
• Christopher Walker, MS, RN, NP, CNS, Director of Emergency Services, Sharp Memorial Hospital
• Joshua McCabe, MSN, RN, CEN, Manager of Emergency Services, Sharp Memorial Hospital
• Charlene Anderson-Dean, RN, Clinical Nurse for Emergency Services, Sharp Memorial Hospital

10:30 AM–10:45 AM  BREAK

10:45 AM–12:00 PM  Panel 3: A Team-Based ‘Pod and Huddle’ Approach
• The basics of “pod” staffing and scheduling
• Using huddles to hardwire team communication

Speakers:
• Timothy Watt, MD, Medical Director for the Emergency Department, Sharp Memorial Hospital
• Charlene Anderson-Dean, RN, Clinical Nurse for Emergency Services, Sharp Memorial Hospital
• Joshua McCabe, MSN, RN, CEN, Manager of Emergency Services, Sharp Memorial Hospital
• Christopher Walker, MS, RN, NP, CNS, Director of Emergency Services, Sharp Memorial Hospital

Agenda subject to change.
Emergency Department Throughput Redesign

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August 20, 2013 | Sharp Memorial Hospital

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Today’s Interactive Session

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Our roundtable today is designed to be a discussion involving you. For our virtual audience, please ask any question of the presenters at any time by typing your question into the chat box on your screen. Please note that your questions will remain anonymous. We will address as many questions as we can during each of the four panels of today’s program.
Sharp Memorial Hospital

San Diego
- 325-bed tertiary medical center
- 52 bed emergency department
- 72,000 annual ED visits

Vision

Our vision is to be the best health system in the universe. Sharp will attain this position by redefining the health care experience through a culture of caring, quality, service, innovation, and excellence. Sharp will be recognized by patients, physicians, employees, volunteers, and the community as:
- The best place to work
- The best place to practice medicine
- The best place to receive care

PANEL 1

Flow Redesign: Triage as a Function, Not A Location

Speakers:
Susan Stone, PhD, RN, NEA-BC
Christopher Walker, MS, RN, NP, CNS, CCRN, CEN
Joshua McCabe, MSN, RN, CEN
Kurt Hanft, BS ENGR, MBA, CSSBB
Presented by:

Susan Stone, PhD, RN, NEA-BC
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Presented by:

Kurt Hanft, BS ENGR, MBA, CSSBB

Kurt Hanft joined Sharp in April 2005. After 13 years in the manufacturing industry, where using Lean Six Sigma tools he saved $1.2 million over three years, he decided to change course and join healthcare. His manufacturing experience was primarily at Honeywell, where he led Six Sigma improvement teams as a principal process engineer. He received his bachelor of science in manufacturing engineering in 1992 at Cal Poly University and his MBA from San Diego State University.

New Spaces, Same Issues

"It was one of those examples where we thought going into a new space would fix the problems and it didn’t."

— Susan Stone, senior vice president and chief executive officer, Sharp Coronado Hospital & Healthcare Center

Typical Triage

1. Talk to lobby nurse
2. Go back and sit down in the waiting room
3. Talk to triage nurse
4. Go back and sit down in the waiting room
5. Talk to triage nurse again
6. Wait some more
7. Admitted to ED bed
8. Describe symptoms to bedside nurse
9. Wait
10. Describe symptoms to physician
Why Was a Change Needed?

- High ER wait times and lengths of stay
- Patients leaving without being seen or treated
- Chronically low ER patient satisfaction
- Inconsistent performance
- Perception of poor quality of care

Toyota House

Goals: Safety, Quality, Time, Cost, Morale

FLOW
- Prevent delays
- Value stream
- Health
- Pull system
- Right care, Right place, Right time
- Identify next process
- Prevent errors at the source
- Transfers, employees
- Avoid waste

Value Stream Mapping

82% of the patient’s time was wasted in waiting and assorted delays.
Model Experience

“We looked for examples of when were we best meeting the patient needs. And we found it in the experience of an active chest pain patient: The patient arrives. The patient is immediately back in a bed. All the team members gather around the gurney, listening to the story. Everybody’s working shoulder to shoulder getting everything done and expediting the patient care. So what we did was try to use that model for every single patient that arrives to the ED.”

—Susan Stone

Targeted Improvements

• Shoulder-to-shoulder teamwork
• Top-of-the-hour huddles
• Bedside triage
• Workstation reconfiguration
• ED patient room standardization
• ED MD and RN/EVS staffing and scheduling
• Diagnostic turnaround time
• Bedside handoff for admitted patients

Changing Culture

Adopt the philosophy that triage is not a location, it’s a function.
Reflow Triage

1. ER triage nurse takes basic information and does first-level assessment
2. Admitted straight to open ED bed
3. Bedside consults with physician and nurse

Summary

- Vision
- Lean
- Culture
- Implementation

PANEL 2

Nurse Handoffs and Bedside Reporting: Close Communication, Satisfaction Gaps

Speakers:
- Susan Stone, PhD, RN, NEA-BC
- Christopher Walker, MS, RN, NP, CNS, CCRN, CEN
- Joshua McCabe, MSN, RN, CEN
- Charlene Anderson-Dean, BN
Presented by:

Charlene Anderson-Dean, RN

Charlene Anderson-Dean is a registered nurse at Sharp Memorial Hospital in San Diego. Over the past 11 years, she has worked in numerous emergency departments throughout the U.S. and has settled in San Diego where she now lives with her husband and two children. She has been involved in Lean Six Sigma initiatives since 2010 when she realized her passion for change process and is now chairperson of Sharp Memorial’s ED Lean team. She continues to present and write about Lean and its positive impact within healthcare.

Bed Backlog

Patients waited **4.6 hours on average** to get an inpatient bed once they had an admission order.

New Goals

“We adopted a goal of reducing that wait to 90 minutes the first year and we were able to successfully meet that goal,” Stone says. “The next year, we adopted the 60-minute goal, which is the gold standard in healthcare, and we’ve been able to achieve that and maintain it.”
RN-to-RN bedside handoff for 100% of admitted patients from the ED

“The research shows us that the most optimal way to communicate in a handoff is face-to-face with the patient involved. We decided with our delays in faxing and trying to reach someone upstairs and calling, just to skip all that and let them know we’re on our way up.”
—Joshua McCabe, Manager, Emergency Services, Sharp Memorial Hospital

100-Day Challenge

- Set the vision with alignment of goals
- Continuous improvement
- Overcome the barriers, obstacles, and regression
- Reward and recognition
- Sustaining the gains
Break

We will reconvene at:
1:30 p.m. (Eastern)
12:30 p.m. (Central)
11:30 a.m. (Mountain)
10:30 a.m. (Pacific)

PANEL 3

A Team-Based ‘Pod and Huddle’ Approach

Speakers:
Timothy Watt, MD
Charlene Anderson-Dean, EN
Joshua McCabe, MSN, RN, CEN
Christopher Walker, MD, RN, NP, CNS, CCRN, CEN
Presented by:

Timothy Watt, MD

Dr. Timothy Watt is a full-time practicing emergency physician at Sharp Memorial Hospital and has managed the 28-physician emergency medicine group for over 10 years. He has worked for a number of years designing physician call panel solutions for hospitals and emergency departments. Dr. Watt is a graduate of Stanford Medical School and served his residency in emergency medicine at UCSD. He is currently a member of the Board of Trustees at Sharp Memorial Hospital.

New Space = Too Much Space

“The difference between the original emergency department and the new one was that the new one was nice and large and they had plenty of space. But the team lost that sense of the smaller community, the teamwork that just naturally happens when you’re working in tight quarters.”

— Kurt Hanft, Six Sigma Master Black Belt

The Team

• Goal of pod structure was to create interchangeable, self-sufficient teams
• 8–10 beds per team
The Team

- 1 physician
- 1 RN team leader
- 3 RNs
- 1 unit clerk
- 1 ER tech

Team Leader

- RN team leader oversees patient flow and also acts as backup if any one of the nurses needs help
- Each pod runs like a small emergency department with someone to ensure throughput clear communication within each team and between teams in the department
- Team leader training

Huddles

- Hourly physician-led team huddles
- Run through status on each patient within pod
- Establishes team situational awareness and plan of care
- “Teaching moment”
Benefits of Huddles

- Nurses find it easier to communicate current information to physician
- ED team leader can reassign nurses or help out if need arises during huddle
- Expedites what needs to happen with patient in the next hour
- Fosters teamwork and collaboration
- Peer accountability

Thank You
RESOURCES

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Named 2010 magazine of the year by the American Society of Healthcare Publication Editors (ASHPE), our flagship publication reports on the issues and trends that are shaping the business of healthcare today. More than 40,000 high-level healthcare executives rely on HealthLeaders as one of the industry’s foremost resources for leadership and management information. HealthLeaders Magazine engages healthcare professionals looking for ideas and better ways to run their organizations.

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