

How St. Joseph Medical Center Drove ED Satisfaction and Quality Levels Higher

St. Joseph Medical Center, Towson, Maryland

HealthStream Research is proud to be a partner with St. Joseph Medical Center in improving the way healthcare is delivered in America. St. Joseph Medical launched a Patient Satisfaction survey with HealthStream Research in June 2003 as part of their “Capacity Maximization and Throughput Initiative.” The purpose of this initiative was both simple and challenging:

- Operationalize their values of Reverence by maximizing the efficiency of patient flow through the system of care.
- Maximize effective use of organizational resources available for patient care.
- Create operational processes that expedite and improve patient outcomes.
- Create operational processes that are perceived by patients to be efficient and effective.

This last point on patient perception was at the heart of the matter: in healthcare, perception *is* reality. By determining the key indicators of patient satisfaction, St. Joseph was able to set quantifiable goals that drove satisfaction levels *and* quality higher. The survey results helped establish the following areas of focus:

- Emergency Department
- Diagnostic and Therapeutic Efficiency
- Patient Placement
- Patient Access
- Bed Turnover
- Patient Observation
- Patient Transportation
- Case Management
- Available Bed in Use for Inpatient

HealthStream Research

HealthStream Research is a national leader in the measurement of physician, employee, patient, and community satisfaction for healthcare organizations. We currently work with more than 1,100 facilities nationwide, including many of the nation’s largest for-profit and not-for-profit health systems and specialty healthcare companies.

Have you ever bought a car and then, suddenly, you start seeing your car model everywhere? It's just a matter of attention. In the same way, measuring satisfaction drives everyone to be *aware* of satisfaction indicators, and that awareness drives action. "We found that just by setting goals, the staff responded by meeting and exceeding them. Before, we weren't tracking 'door to provider' time, for example, but as soon as we set a time target everyone became aware of the time. Now, if anyone sees that a patient on the board getting close to the time limit, they spring into action," said Dr. Gail Cunningham.

In their focus on maximizing throughput, they built a new ED with double the bed capacity. Initially, they made very little progress with patient throughput until the hospital and the ED made it a top priority. Their COO, Sly Moore, came to the hospital in June of 2003, and one of her first priorities was to maximize the capacity of the hospital and the ED. She formed the task force, and asked those on the task force to:

- Decide what needed to be changed
- Measure what they were currently doing in those areas
- Find out what the best practice benchmarks were
- Establish goals based on those benchmarks
- Figure out how to get there

To 'figure out how to get there', they used input from the Advisory Board, visited hospitals that had been successful with regard to increased throughput, and then they began implementing suggestions from both. With the hospital's commitment to opening up more beds and making them more readily available (via a clinical placement nurse, improved transportation, housekeeping, etc.) they were able to move admitted patients out of the ED.

With the ED commitment to 'not open triage until every staffed bed was filled', they were able to bypass a major bottleneck that most EDs hold as a sacred cow. This allowed St. Joseph to reduce their waiting room times, which decreased the number of 'left without being seen' patients. "In the old days, it was common to look up on the tracking screen and see 10 or 12 patients in the waiting room, sigh, and not change what we were doing. Now, more than 3 patients in the waiting room makes us anxious about getting backed up," said Dr. Cunningham. "Patients have the option of going elsewhere, and we need to do everything possible to meet their needs."

Less than one year after beginning the initiative, they had:

- **8% increase in ED volume**
- **10% increase in admissions from ED**
- **18% decrease in patients that left without being seen**
- **18% increase in patients arriving by ambulance**
- **More than 10% increase in patient satisfaction**
- **77% decrease in ED average minutes door to bed**
- **53% decrease in door to provider time**
- **41% decrease in ED length of stay**
- **99% decrease in ED diversion hours**

Success Story: St. Joseph Medical Center

Through the survey, they were able to identify and focus on the key elements that drive patient satisfaction (and dissatisfaction), which led to improvements in *all* areas. “Tracking patient satisfaction gave us the tools necessary for staff buy-in to our quality initiative. Not only did our employees see the benefit of specific, targeted objectives, but they were also bolstered by seeing patient satisfaction scores go up with each area improved,” said Dr. Gail Cunningham. “Measuring satisfaction was the key to bringing the staff together because the objective data supported the areas we targeted for improvement.”

In a study conducted by the California Healthcare Foundation, hospitals lost an average of \$84 per ER visit, though 1 in 7 ER visits resulted in an admission to the hospital—and hospitals averaged \$1,220 in profit per admission. That means a hospital with an ED volume of 40,000 with similar gains to St. Joseph in increased admission from ED alone could see up to **\$4 million in additional profit!**

Measurement drives quality—and quality *pays*.