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Blue Jay
CONSULTING

Case study

Interim leadership improves patient satisfaction and throughput metrics

A 408-bed community hospital with a history of high emergency department (ED) walk-out rates and multiple process improvement attempts to resolve the issues, was failing at maintaining acceptable rates. The 68,000 annual visit ED had tried to address this issue, and others, in a series of rapid improvement events (RIE). The implementation of these initiatives was not consistent and was not sustained, resulting in minimal impact on decreasing the number of ED patients who left without being seen (LWBS) and on patient satisfaction.

Assessment

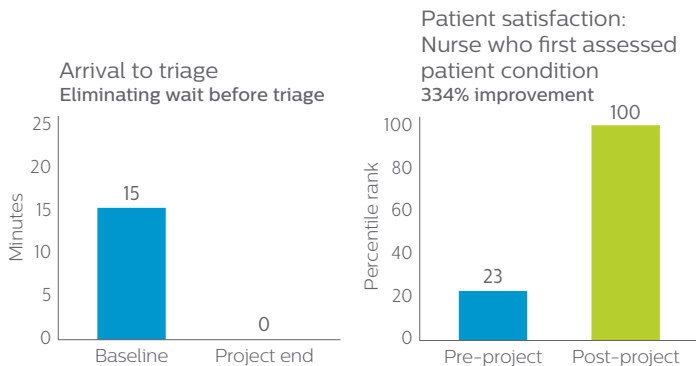
Philips Blue Jay Consulting was retained to provide interim leadership in the ED and to assist the ED in achieving sustainable change. The two major areas of operational opportunity identified were the revision of front-end processes and the improvement of throughput once the patient entered the treatment area. The ED leadership team lacked organization and clearly defined roles, which contributed to the failure of process improvement attempts and to staff viewing the leadership team as dysfunctional, inconsistent and lacking credibility. Staff turnover was historically high and staff reported low morale and poor communication.

Approach

Philips Blue Jay Consulting provided a consultant who served as the interim director, reporting to the Assistant Vice President of Emergency Services. Observation of the leadership team indicated that there were gaps in the application of accountability and a disparity of leadership skills and initiative within the Patient Care Supervisor (PCS) group. The interim leader modeled consistent, clear, and effective communication and an organized approach to process change to achieve sustainable results within the leadership team.

Shared governance was implemented to define roles within the leadership team and the team was reorganized to improve communication, role clarification and accountability. This role redesign gave each member of the leadership team a clear expectation of duties and responsibilities for daily operations. An immersion philosophy allowed the consultant to become a member of the ED team and role model behaviors that built a functional team.

While working with the newly formed leadership team, the consultant emphasized the accountability of each team member to sustain process improvement changes in the department and to address daily challenges in a consistent manner. During the 11-month assignment, biweekly sessions were held with the patient care supervisor (PCS) team to foster role development and build leadership skills. Educational presentations included crucial conversations, budgeting and productivity, the hiring process (including team interviewing), accountability, corrective action process, and team building.



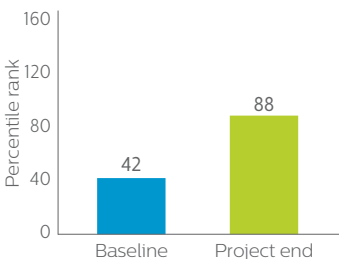


Staff communication was emphasized with the implementation of monthly staff meetings using visual learning and reporting of data to support and reinforce the change process and improvements implemented by RIE teams. Shift huddles were used with scripted information by the shift PCS that included compliance information, data on process improvements, wins and team celebrations and other necessary information to keep staff informed.

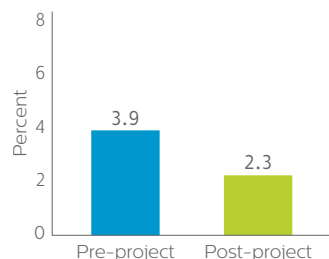
As a result of employing these techniques, staff voiced an appreciation for increased communication and understanding of process improvement changes within the department. As the PCS team evolved, there was a noted decrease in variability between PCSs and staff responded by adhering to process changes and demonstrated an improved accountability with human resource requirements, documentation and process changes within the department. Recruitment and retention of staff was a priority and team interviewing was implemented to select and support new team members.

Preceptor-based orientation was used to ensure a consistent onboarding process; the vacancy rate dropped to zero and agency staff were no longer utilized. A new ED director was recruited by the facility and the consultant was able to facilitate the successful onboarding of the new leader and provide consistency during the transition.

Patient satisfaction:
Likelihood of recommending
109% improvement



LWBS rate
41% improvement



Results

The interim project yielded a cohesive and consistent leadership team. Strategic implementation of standardized communication and accountability led to staff that were more informed and engaged in the success of the unit. With the culture shift, improvements in patient care were implemented and sustained.

Results included the below:

- Arrival to triage waiting time was eliminated
- Arrival to room **improved 37%**
- Arrival to provider **improved 44%**
- LWBS decreased by 41% which generated additional revenue of over **\$1.2 million annually**
- **Patient satisfaction rates increased 334%** to the 100th percentile for the nurse who first assessed patient condition
- The likelihood of recommending the ED **increased 109%** to the 88th percentile

Learn more

Through collaborative and patient-focused engagements, Philips Healthcare Transformation Services can help you unlock insights and opportunities to solve your most complex challenges of care delivery. We can help you achieve meaningful and sustainable improvements in clinical excellence, operational efficiency, care delivery, and financial performance to improve value to your patients. For more information, please visit www.philips.com/healthcareconsulting.

