



Emergency Department: The Door To Your Hospital

Thursday, May 3 (1:45 – 2:45)

STROUDWATER ASSOCIATES

Opportunity

- ❖ ED is to meet the needs of [Hospital Name] and surrounding area
- ❖ Increase Market Share
- ❖ Increase revenue from ED
  - Lost leader due to cost
  - But the services from the ED visit is what counts (acuity level coding, IP admissions, Observations, ancillary services, opportunity for the community to get to know us)
- ❖ Patient Satisfaction

2

The Goal! – It's All About Satisfaction

- ❖ Patient Satisfaction – is it possible?
- ❖ Is "Being Satisfied" sufficient?
- ❖ The questions should be: How Can We "Supersatisfy our Patients"?



Hospital environment and people; those are the tools we have.



3

Who are the people?

❖ Who are the people responsible for ED Patient Satisfaction?

4

Vision

- ❖ ED service vision could be to:
  - Provide quality medical care close to home,
  - Ensure patient satisfaction,
  - Be cost effective and,
  - Grow market share which leads to increased utilization for other services offered at .....

5

Why pay attention to ED?

❖ ED is the front door to the hospital. Your reputation depends on it.



6

#### Why pay attention to ED?

- ❖ Economic forces are contributing to the increasing utilization and value of the ED in hospitals across the country.
- ❖ Forces such as:
  - ✓ Stringent inpatient admission criteria
  - ✓ Increasing payer scrutiny such as RAC reviews (Recovery Audit Contractor) for Medicare
  - ✓ High self pay
  - ✓ Physician demand and long wait time for appointments
  - ✓ Physicians choosing to spend their time in clinic practice vs inpatient care hence limiting availability of physicians to admit to the hospital
  - ✓ Etc...
- ❖ Will the fact that the plan is for all people to have health insurance help us?

7

#### ED Responsibility

- ❖ Important to look at the total impact of an ED in a hospital when making decisions on ED investments
- ❖ No one person can change the perception of the hospital's ED
- ❖ It takes most all of your departments in one way or the other
- ❖ Teamwork is the name of the game



8

#### ED Analysis

- ❖ ED Utilization by Zip Code
- ❖ Identify PSA and SSA for ED
- ❖ What is your market share
- ❖ What is your payor mix
- ❖ What is your age breakdown
- ❖ What is your acuity level

9

#### ED Analysis – Admissions Rate

- ❖ What is your admission rate
  - CDC reports an admission rate from ED of 12.5% for all hospitals based on 2010 data but the experience in rural is closer to an average of 5.3% during the same time frame, based on 569,598 ED visits as reported by IVantage Health Analytics. This rate is down from 6.6% in 2007 which was based on 619,316 ED visits
- ❖ What % of your total admissions come from ED
  - The average National Association of Public Health (NAPH) member reports that 59% of their admissions originate in the ED compared with 45% for hospitals nationally.
  - In rural, depending on availability of primary care physicians who are actively admitting, Stroudwater sees anywhere from 60% to as high as 90% of the admissions coming from ED vs direct admissions.

10

#### ED Analysis – Observation Utilization & Transfer Rate

- ❖ What is your reported Observation utilization data
  - IVantage reports 3.4% rate based on the same 569,593 records in 2010. This figure is up from 2.1% in 2007
  - Observation utilization is expected to rise further given the stringent admission criteria for acute care
- ❖ What is your transfer rate?
  - CDC reports a transfer rate of 1.8% overall.
  - However it is the norm to expect a much higher transfer rate from rural hospitals
  - IVantage reports an average of 3.8% in 2010, up from a 3.6% in 2007

11

#### ED Analysis - Other

- ❖ Patient Flow Tracking
- ❖ Vertical care
- ❖ Immediate bedding
- ❖ Fast Track
- ❖ Urgent Care

12

**ED Analysis – Timing**

- ❖ Door to registration,
- ❖ Door to triage,
- ❖ Door to provider (MD/DO/NP/PA)
- ❖ Length of stay for:
  - Home discharges
  - IP admission
  - Transfers
- ❖ Registration Process
- ❖ Triage Process

13

**ED Analysis – Quality Monitors**

- ❖ Core Measures
- ❖ D/C instruction process
- ❖ Patient satisfaction survey
- ❖ Follow-up calls – outcome
- ❖ Patient-friendly billing
- ❖ Level of transparency

14

**Patient Satisfaction**

❖ **First Impression Is Key**



❖ There are multiple opportunities for first impression!

15

**Opportunities for Improvement**




**What are your ideas**

16

**Patient Satisfaction: What Can Make or Break Us?**

- ✓ Immediate acknowledgement of the patient's arrival
- ✓ Welcoming area
- ✓ Cleanliness / Appearance
- ✓ Comfort
- ✓ Physical plant
- ✓ Friendliness from ALL staff
- ✓ How the family members are treated

17

**Patient Satisfaction: What Can Make or Break Us?**

- ✓ Time to triage
- ✓ Positive registration process
- ✓ Time to ED room
- ✓ Time to doctor
- ✓ Hands on from the doctor
- ✓ Wait time
  - before and during,
  - real or perceived
- ✓ Turn around time for ancillary results

18

**Patient Satisfaction: What Can Make or Break Us?**

- ✓ Keeping patient informed
- ✓ Equipment in working order
- ✓ Teaching /Follow-Up Instruction
- ✓ Preventing returns w/in 72 hrs
- ✓ Great Observation/IP care
- ✓ Point of Service Collection (POS)
- ✓ Time to receive the bill
- ✓ Correct info on the bill

19

**Opportunities for Improvement**



**Where would we be without our patients and family?**

**It's Not About Us!**

20

**Working Together To "Supersatisfy"**



**IN ALL SERVICE AREAS OF THE HOSPITAL!**

21