Solution: **We Put the Urgency Back into Emergency**

**Organization:** Atlantic General Hospital  
**Type:** Acute Care

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**IDENTIFICATION:**
Emergency Department overcrowding is a national problem. Some patients leave without receiving treatment, or before treatment completion due to long waits. This poses a patient safety risk. The problem is how to improve upon flow/throughput while servicing a tourism area such as Ocean City, MD with a year round population of 72,831 residents that rapidly increases to a seasonal population approaching 350,000. The opportunity was initially identified through feedback received from customer satisfaction surveys. Then a retrospective chart review was initiated to look at what throughput times actually were. These times included: arrival to triage, patients who left without being seen (LWBS), and quality indicators such as blood cultures for patients receiving treatment for pneumonia. Recognizing the need for expanded access to timely episodic treatment, in addition to patient satisfaction and safety we also measured opportunity for service growth. The current market penetration was established in both our primary and secondary markets.

**PROCESS:**
It started with data analysis. Weekly meetings were set to focus on all aspects of throughput in the Emergency Department using both LEAN and DMAI processes. Once departmental processes were refined, the team began to take this same approach to an organizational level. It became a strategic initiative driven from the top and was not perceived to be just an ER problem, but everyone’s goal. Monthly meetings continued with representation from every discipline in the organization, including staff, managers, directors, volunteers, community representatives, 3 physicians and 5 V.P./Senior Executive Leaders. Assignments were given and reports were expected at specific dates/times.

**SOLUTION:**
The solution was to offer a service guarantee to the public: “We promise that once you enter our doors, you will be placed in your exam bed or will begin to receive treatment within 30 minutes of arrival, or you will receive a free gift”.

After numerous trials and statistical analysis many changes were implemented:

- **Triage bypass** - it became the expectation to “pull patients” to the bed and triage in the room. This helps avoid the bottleneck effect at that front door when requiring every patient to go through the standard triage process. It allows patients to be seen quicker, thus safer, allowing more timely care.
- **The development of treatment protocols** - helps to initiate the patient’s work-up much quicker based on the clinical presentation. This includes tests such as EKGS, x-rays and blood work.
- **Mini admission order set** - Emergency Physicians consult with Hospitalists via telephone to obtain a short list of orders to implement immediately. A complete set of orders is written once the patient is evaluated in their inpatient bed by the Hospitalist.
For more complicated cases the Hospitalist evaluates the patient face to face in the Emergency Department. A time frame was established that within one hour of telephone consultation, the Hospitalist must be down to evaluate the patient. These time frames are monitored and the goal was met 94% over the past year.

Results:

- There has been incremental revenue in primary and secondary markets increased by 8.4%.
- For every dollar spent on the marketing campaign, there is a return of $8.42.
- The number of patient who chose to leave without being seen in the Emergency Department decreased to less than 0.5%.
- Quality of care has not been compromised. Initial antibiotics are being given within 4 hours greater than 90% of the time.
- There has been tremendous growth in secondary market areas where patients had a choice between using our facility versus another of equal distance.
- Customer satisfaction ratings with NRC Picker remain in the 95th percentile.
- Patients begin to receive care faster in the Emergency Department.

The key to success is that it was driven from the top down. In order to maintain this it is also important to celebrate success together along the way. Whenever the goal is exceeded > 95% of the time, 50 associates names are drawn randomly and a gift card is presented as a token of appreciation for helping make this initiative such a success. There have also been other celebrations such as meals, letters, mugs and other items for teamwork and success. After all, it takes everyone to make this happen. Quarterly report cards sharing our success are distributed to staff, leadership and the board of directors. Wait times are advertised on the internet. Patients can look to see how long they can expect to wait before being seen. This is all about exceeding the patient / family expectations. We can provide timely, efficient care in a much safer manner by “putting the urgency back into emergency”.