



St. Clair Hospital

Pittsburgh, Pennsylvania

Providing virtually every health care service patients may need throughout their lives, St. Clair Hospital is focused on continuously enhancing its services and technologies to ensure that the health needs of its community are met.

St. Clair Hospital is an independent 320-bed hospital a few minutes south of downtown Pittsburgh, with one of the busiest emergency departments (ED) in the region. In 2008, the overcrowded waiting room, long wait times and frazzled staff were evident in our disappointing overall Press Ganey scores which placed us in the 14th percentile nationally (Jan-Mar 2008). A major construction project to nearly double the size of the department served as the catalyst for a multi-tiered improvement initiative. We didn't want to move inefficient and unreliable processes into a new space so we set out to redesign the flow of patients through the department.

This redesign benefited from a hospital-wide commitment to using the Toyota Production System (TPS). The driving principle of TPS is that any change in work design is data driven and developed by the people actually doing the work, thereby increasing the likelihood that the change will be adopted and sustained. Training of ED staff in Toyota principles for continuous improvement began in June 2008. Next we needed to determine what part of the patient experience to focus on first.

Research supplied by Press Ganey in the *2007 Emergency Department Pulse Report* regarding the effects of time spent in the ED on patient satisfaction helped us to

decide to focus on reducing the total visit time for our patients. Our own Priority Index and Comment Reports made it clear that wait time to reach a treatment room and wait time to see a physician were significant dissatisfiers. This helped us prioritize the front end of our patients' ED visit. Press Ganey's Emergency Department Solutions Starters® gave us two specific best practices to try: a direct-to-room initiative, where registration and triage are shifted from the front desk to the bedside, and matching staffing levels of nurses and physicians to actual patient volume.

The first process we tackled was intake: how a patient went from the ED entrance to a treatment room. Observation and conversations with staff quickly revealed an inconsistent process. Different staff members had their own systems for intake and patients were not getting an efficient, reliable experience.

In September 2008, a multidisciplinary team representing every part of the intake process tackled the issue in a full-day work session. Team members were selected according to their ability to affect change and hold their peers accountable to following new processes. First, they created a detailed process map of current triage practices and identified problems and waste, from both patient and staff points of view.

With a consistent direct-to-room practice as the goal, the team set about designing a highly specified process for moving patients immediately to an open treatment room and performing a seamless hand off to welcoming clinical staff. Workflow was moved from a serial process to one where several steps could be accomplished in parallel, and every ambiguous communication was hammered out to improve clarity for every role. The basic redesign worked so well that it quickly took hold while the original design team continued to tweak it for several weeks until it was running smoothly and consistently. Strong manager commitment helped to hold everyone accountable to following the new standardized process, but since both patients' and workers' needs were addressed, it was easier for the changes to be adopted, and more importantly, sustained.

The power of simply eliminating waste and standardizing work is evident in the fact that when these process changes went into effect, our door-to-doctor time went from an average of about 75 minutes over the previous 12 months (with high fluctuations month to month) to 39-42 minutes sustained over six months. In February of 2009 when the new wing of our ED opened, we were able to drive our wait times even lower. At the same time, our volume of patients was steadily increasing. Using Press Ganey tools and the Toyota improvement methodology, we were able to create significant virtual capacity before we created more physical capacity.

We wanted not only the design team but the entire ED staff to know the impact of the process changes on wait times and on our patient satisfaction. We began publishing Press Ganey scores and Comment Reports on a monthly basis in our new departmental newsletter, *The InformER*. As our scores began to climb, the data solidified the importance of adhering to the processes put in place, and the staff in the ED anticipated seeing the charts each month. The Press Ganey scores are also presented monthly to The Joint Practice Committee of the ED, the hospital-wide leadership group and the St. Clair Hospital board of directors.

The story our data tell is an exciting one: since 2008, average patient volume has grown by 21%, the ED's average door-to-room time has dropped 89% to five minutes, and the average door-to-doctor time has dropped 73% to 21 minutes. Correspondingly, patient satisfaction with door-to-room time climbed 34.6 points and satisfaction with door-to-doctor time climbed 25.4 points from 2008 to 2011. Adjustments in staffing levels have been paid for by capturing many patients who previously left without being seen (down 86% from 130 in January 2008 to 18 in January 2011). Our strongest indicator of success is the Press Ganey score for overall patient satisfaction: we rocketed from the 14th percentile in the third quarter of FY2008 to the 99th currently – a ranking we have sustained for the last five consecutive quarters (as of March 31, 2011).

We attribute our success and stability to two main factors. First, process changes were guided by best practices from Press Ganey's Solution Starters, but were designed and tested by the people who do the work day in and day out. Second, by making our Press Ganey survey data transparent to the entire staff, we help draw the connection between adhering to process and the customer experience. Our performance is a point of pride for every ED employee at St. Clair.