Accelerating Patient Speed

Special Report

Every hospital I consult with seems to have the same problem: patient throughput. This crops up in many ways:

- ED divert hours,
- Patient transfers due to lack of beds,
- Late discharges,
- Patient length of stays (LOS) that are longer than necessary which result in lost revenue.

The Problem Isn't Where You Think It Is
I've noticed that every department—ED, ICU, Med/Surg nursing floors, radiology, lab, housekeeping, bed management and so on—think the problem is in some other department…that the people there aren't doing their jobs or are lazy. It's not true. Everyone is working hard…everyone wants to do a good job…everyone wants to serve the patient, but…

Insight #1: The patient is lazy.

Rule #1: Stop watching your clinical staff. Start watching the patient, because the patient is idle 90% of the time.

Patient length of stay doesn't increase all at once. It increases in 10-15-30 minute intervals.

- Why? Because the patient is idle, waiting on the next step in their diagnosis or treatment.
- Why are they waiting? Because the steps in their care haven't been linked up to eliminate delays.
- Why haven't they been linked up? Because no one is measuring and monitoring the time it takes for each step to get started.

  Everybody seems to know how long it takes to do their task. It takes bed management 5-10 minutes to assign a bed, assuming one is available. It takes 15-20 minutes to transport a patient to a bed. It takes housekeeping 22 minutes to clean an ICU or medical/surgical bed. The ED triage nurse takes only a few minutes to evaluate a patient. The ED doctor only takes a few minutes to examine the patient.

  But nobody knows how long the delays are between each of these steps.

Rule #2: Start measuring the delays *between* steps because this is how LOS increases and patient satisfaction decreases.

ED Length of Stay (ED LOS)
Studies have shown that patient satisfaction begins to decrease when ED LOS exceeds two hours. There are two populations of patients who visit the ED, so let's separate the emergent from the non-emergent cases and look at patients who get discharged first.

If it only takes a couple of minutes to see the triage nurse, a few more minutes to get registered, a few more minutes for doctor diagnosis, then the total time spent on any one patient is perhaps 15-20 minutes. So why does it take most EDs over two hours to handle each patient? Sure some of them need lab work and others need radiology, but most of those tests take less than an hour. We're still looking at 75-90 minutes, not two hours or more.

If we look at admitted patients, they are taken into the ED immediately without having to wait. They see the doctor immediately. Tests are done STAT. Registrations are done at the bedside. Nursing floor bed assignments take only a few minutes. Nursing reports are fast. Transport to the ICU, cardiac care, or med/surg floors take only 15-20 minutes. These patients should fly through the ED, but they take longer than the discharged patients, two-to-three times longer. Sure they have to be stabilized, but why does it take hours to get them into an assigned bed?

The answer, across the board, is delay. There is too much time *between* activities. The ED nurse can't reach the floor nurse to give a report and vice versa. Neither nurse can leave to transport the patient.

Patient Length of Stay (LOS)
The same is true on the nursing floors. Nurses hesitate to take patients before shift changes, doctors make rounds at different times of the day, orders are issued but not executed for a period of time, patients are discharged but no family member can collect them, and on it goes. Delay, delay, delay.

The solution to this problem? Eliminate the delay.

Take the Dominos Challenge

I'm old enough to remember when Dominos made the guarantee that they could cook a pizza and deliver it to your home in 30 minutes or it was free. It began a revolutionary shift in customer expectations. Customers (i.e., patients) used to want better, faster and cheaper; now they want free, perfect, and *now*.

That shift in customer expectations is hitting hospitals as well. One Baldridge Award winning hospital offers a *guarantee* of 30 minutes from door-to-doctor in their ED. You might consider setting the same kinds of objectives:

- 30 minutes from door-to-doctor in the ED
- 30 minutes from bed requested to patient-in-bed
- 30 minutes from lab/radiology order to execution
- 30 minutes from discharge order to patient-discharged
- 30 minutes from dirty room to clean room

To do this, you'll want to start measuring the one thing you've never actually measured—the delay between steps. And it will also require a change in mindset.

Mindset
Unfortunately, current hospital management practices discourage accelerating patient speed. If you move patients too quickly, you might have to send nurses home because of empty beds. Nurses depend on their income just like the rest of us, so they are actually being punished for reducing patient delay and accelerating patient speed. The only way to solve this problem is by increasing the number of patients in beds and the only way to do this is by creating a desire for more patients.

One hospital I worked with had this motto:

"Never turn a patient away; always find a bed."

They want a full ED, because 25% of those patients turn into inpatients. They want a full hospital, so they never have to send nurses home. And they'll do anything within the bounds of patient safety to make this happen. Even though they are always running full, they rarely have any divert hours or transfers. They actively seek direct admits from physician offices. They want to make money and keep everyone employed. And they do a heck of a job of it too.

How entrepreneurial is your hospital?

You Can Only Improve What You Measure
The only way to start making these improvements is to start measuring not only the activities like triage, diagnosis, treatment, and transport, but also the *delays in between*.

You can make measurement as difficult or as easy as you would like. I prefer to start with a simple system that works and graduate to more sophisticated systems as the need arises.

To help hospitals do this, I've created a set of Excel workbooks that:
1. Allow easy entry of time data using a single keystroke.
2. Automatically analyze and report the time data using control charts that will serve as the baseline for improvement and provide a performance "dashboard" for each unit or floor.
3. Automatically create pareto charts for use in root cause analysis.
4. Are priced at a point you can't afford to ignore unless you already have a system in place.

You get all of the following:
1. ED LOS Template
    - Time tracking template and control charts for ED LOS, door-to-doctor times and bed request-to-patient pick up time
    - Pareto charts by doctor, bed type, diagnosis and reason for delay
2. ED Whiteboard for tracking patients and their lab results
3. Floor LOS Template
    - Time tracking template and control charts for Floor LOS, transfer/discharge request time to actual transfer/discharge time and discharge/transfer to bed clean
    - Pareto charts by reason for delay
4. Meal Delivery Times Template

- Time tracking template and control charts for time ordered to time delivered, ordered to cooked, ordered to left kitchen, left kitchen to delivered
- Pareto chart by tray passer

5. Bed Cleaning Times Template
   - Time tracking template and control chart for discharge ordered to bed clean
   - Pareto chart by housekeeper
6. Registration wait times

We can also customize these workbooks to meet your individual needs or you can customize them yourself.

Benefits
In 2006, JCAHO will require hospitals to develop a plan for patient throughput. Some insurance companies are starting to pay by DRG not LOS, so reducing length of stay will increase revenue.

The benefits of using an Excel workbook for ED and floor logs are:

1. Simple and consistent way of tracking LOS and delay
2. Easily searchable database of patients (just use Excel's *Find* function)
3. Instant performance reports based on data entered
4. No mainframes to access. It's all PC-Excel-based. Put the log on a shared drive that your IT department backs up all of the time.
5. Easy entry of the dates/times with a single keystroke.
6. Times entered that are out of order (e.g., exam before triage) will cause the cell to be highlighted with a color that let's you know the data is out of sequence.
7. These logs then provide the basis to accelerate the patient's experience, improve patient satisfaction, reduce LOS, and increase revenue.

Could you develop these templates yourself? Sure, but do you have the time? I doubt it. I've invested countless hours in the development of these workbooks, so I can tell you it's cheaper to buy than to build, but it's up to you.

The complete LOS package is only $497 for a single user plus shipping and handling. 2-5 users only $749 and 6-10 users $999. Prices are good through 12/31/2005.

Customization: We can tailor these workbooks to your specific needs for a reasonable hourly rate. And since we know the workbooks inside and out, it won't take us long to handle most of your requests.

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