

THE ORGANIZATION

Bed Size: 862
Number of Sites/Locations: One
Academic or Community: Academic

THE TEAM

Description: NewYork-Presbyterian Hospital/Weill Cornell Emergency Department Making Care Better (MCB) Team
Multidisciplinary: Yes
Established: 2015
Care Setting: Emergency Department
Patients: Patients treated in and released from the ED and patients admitted to the inpatient setting through the ED

TEAM STRUCTURE

Location: Team consists of members from multiple disciplines who work throughout the hospital.
Outcomes Access: Patient Experience Specialist and Operations Specialist share results from Press Ganey Surveys and core measures with team. Team also receives direct patient feedback through rounding and post-discharge phone calls.
Shared Goals: Increase patient experience scores, decrease door-to-provider time, decrease length of stay, decrease discharge order-to-ED exit time, improve care transitions for patients admitted through the ED, develop targeted messages of the month
Team Incentives: Employee of the Month (i.e., clinical provider with the most positive patient comments), gift cards and branded apparel awarded to a staff member on “Recognition Fridays,” and peer-to-peer recognition collected monthly so a “lottery” winner can be chosen. Team members also use the NYP Everyday Amazing platform to recognize each other.
Team Building Example(s): Team meets weekly to collaborate on opportunities and also coordinates focus groups for any redesign changes before implementation. Staff can submit ED improvement ideas via a virtual inbox. Team members attend an annual off-site leadership retreat. Quarterly social events foster a sense of community among team and other staff.

TEAM PERFORMANCE

Team Contributions to Improving Value and Enhancing Care

- Daily Interdisciplinary ED Huddles – Held during each shift to facilitate improved communication and consistent messaging. Huddle serves as a forum to deliver a targeted message of the month developed by the MCB Team.
- No Waiting Room Policy – New workflow brings patients directly into a treatment area for evaluation by a medical provider immediately after their initial evaluation and registration by a nurse.
- Area D Redesign – Fast track area used to expedite evaluation and treatment of lower acuity patients expected to be discharged after evaluation. Physicians sit alongside nursing staff to greet patients and immediately initiate care.
- Area A Redesign – Revised workflow provides patient with increased access to their multi-disciplinary care team, creating more efficiencies and an overall better patient experience.
- Vertical Care Unit – ED patients meeting specific clinical criteria are evaluated in a comfortable lounge chair, quiet patient area with access to technology to facilitate communication with their loved ones.
- Express Care Service– Telehealth initiative, where Patients with minor medical complaints can elect to be evaluated by a remote provider via a highly streamlined process. The program has since expanded to NYP/Lower Manhattan Hospital.
- Rounding on Staff – Team members are required to conduct weekly rounds on staff to collect feedback on MCB initiatives.

Team Impact on Delivering Care that Reduces Patient Suffering

- Comfort Rounding – ED Patient Care Facilitators round on patients in all ED areas to ensure patients understand care plan and are kept informed about delays. Facilitators completed over 5,000 encounters per month.
- To maintain the highest possible level of comfort, the ED provides warm blankets, pillows, coffee, tea, snacks (as clinically appropriate), phone chargers and amenity kits (e.g., hygiene items, ear plugs, eye masks).
- Admitted Patients in the ED Taskforce – Formed to improve communication between ED and the Department of Medicine, establish collaborative processes/protocols, and develop accountability structures.
- Patient Passport Brochure– Describes typical ED experience, including team members, processes and estimated wait times.

Outcome Highlights

PATIENT EXPERIENCE

Overall Patient Experience

- Increase in Patients' overall rating of ER care from 81.9 in 2014 to 84.6 in 2016.
- Increase in Patients' likelihood of recommending the ER to friends and family from 81.7 in 2014 to 85.0 in 2016.
- Increase in Fast Track (Area D) Patients' key experience indicators (i.e. *wait time before seeing a care provider, degree to which staff cared about you as a person*) to the 99th percentile.
- Increase in Area A Patients' overall rating of ER care from 77.6 (2016, pre-intervention) to 84.0 (2016, post-intervention)
- Recorded highest ever monthly Press Ganey Overall Score of 87.9 in August 2016.

Patient Evaluation of Teamwork

- Teamwork is evaluated through direct patient feedback using the Leadership Rounding Program. Each stakeholder on the team is required to round on 10 patients per week and fill out a standardized form. The completed forms are reviewed weekly with one of the questions focusing on whether the team is working together and communicating effectively.
- Frontline Staff are invited to attend weekly MCB Meetings and provide feedback on past, current and future initiatives.
- Patient Experience Specialist provides data and patient comments on a weekly basis.

SAFETY, CLINICAL, OPERATIONAL, COST

Clinical Process

- Reduction in door-to-provider time to 15 minutes, below the national and regional benchmarks and at an all-time low for the ED.
- Reduction in discharge order-to-ED exit time to 21 minutes.

Clinical Outcomes

- Greater than one hour reduction in length of stay for Fast Track Patients.
- One hour reduction in length of stay for Vertical Care Unit Patients
- Conducted 689 Express Care Service telehealth encounters, with median length of stay of 36 minutes.
- Reduction in total ED walk-out rate to 1.2% in 2016.
- Reduction in Fast Track (Area D) walk-out rate to 0.3% in 2016, below the national benchmark and at an all-time low for the ED.

ENGAGEMENT

Overall Team Member Engagement

- Increase in weekly meeting attendance from eight staff members to over 20 staff members.
- Active participation by Frontline Staff in weekly MCB Meetings.
- Expansion of MCB concept and framework to NYP/Weill Cornell Medical Center Pediatric Emergency Department and NYP/Lower Manhattan Hospital Emergency Department.

Team Perception of Teamwork

- Multidisciplinary team collaboration on every initiative that is conceptualized at MCB.
- MCB Team incorporates 360-degree feedback and reviews the feedback at each MCB meeting.