

## Process Improvements Speed Delivery of Emergent Care Service

Lakeland Community Hospital in Niles has improved its patient satisfaction scores significantly in the past six months. In a 2006 publication of data from the National Hospital Ambulatory Medical Care Survey, patients stayed an average of 3.3 hours in the ED, of which 47.4 minutes were spent waiting for a physician consult. Compare this with the 32-minute door-to-physician time at Lakeland Niles, and highly positive comments from both patients and staff. Previous walk-out rates were as high as 8%. They are now under the benchmark 2%.

Prior to restructuring that occurred 12 months ago, Rossow said the patient satisfaction scores were marginal, and staff morale was low, with seven open R.N. positions (50%). Even though the area is largely rural, the hospital had 19,000 ER visits last year. The other Lakeland partner is 25 miles away in St. Joseph. Also, as Rossow points out, there is a choice of two hospitals and urgent care centers just ten miles away in South Bend. "To serve our community better and to improve our patient and associate satisfaction we had to make huge process improvements," said Rossow.

The Niles emergency department went back to a single service-line approach from what seemed to be two separate ERs. The open ER manager position was filled by Vicki Meachum, who had worked in ERs around the country.

*"The registration process was restructured to be 'best in class,'" said Sherry Doyle.*

Admitting Supervisor Verna Eisenhart and her staff revised the process by bringing it to the patient's bedside, which allows patients to bypass the waiting room altogether. Patients are asked four basic questions at triage, which include name, complaint, family physician, and birth date. "The patient is then immediately taken back to a room, so



***The Niles Emergency Department team is thrilled with the improved patient satisfaction results.***

health assessment can continue. We're not missing any of the information from the traditional method," emphasized Eisenhart. "This is more convenient and expedient for the patient."

The next visit in the back room could be from a nurse, physician, or someone from registration, but this is determined also by severity of the health condition.

***"There isn't a hard-and-fast rule about whom the patient will see next," said Rossow. "If the physician sees the patient before a nurse, it would only be minutes before the nurse's arrival," said Meachum. "They would assess the patient and write up the list of orders. If the nurse sees the patient first, there are standing orders for certain illnesses that they can implement."***