

Team Care:

Align Your Teams and Watch ED Throughput Soar



Moving patients quickly and efficiently through the emergency department (ED) can have a huge impact on the care your hospital delivers — not to mention its financial health.

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A New Approach to Care

While the Team Care solutions represent distinct processes, they all share a common philosophical foundation. The unifying principles of Team Care include:

COLLABORATION. In a Team Care department, team members of all disciplines share responsibility for service excellence and clinical outcomes. “Rather than doctors and nurses and technicians clustered into our own areas, we see ourselves as one team focused on the patient,” says Gregg Miller, MD, CEP America’s Director of Quality and Performance for Emergency Medicine.

FLEXIBILITY. Team Care frees team members from rigid patient assignments in favor of a more agile, “all hands on deck” approach. Physicians, nurses, and technicians pitch in where needed in order to relieve process bottlenecks, assist with difficult cases, and keep care moving forward.

COMMUNICATION. Team Care workflows are designed to keep team members and patients on the same page regarding the plan of care. White boards, wireless headsets, and other communication tools are used to track progress and broadcast next steps.

ENGAGEMENT. Team Care is fundamentally staff-driven and physician led. While strong executive support is crucial, it’s equally important that team members participate in choosing, adapting, and implementing the solutions. Including multiple disciplines in the change process encourages buy-in — and often sheds light on the systemic roots of throughput issues.

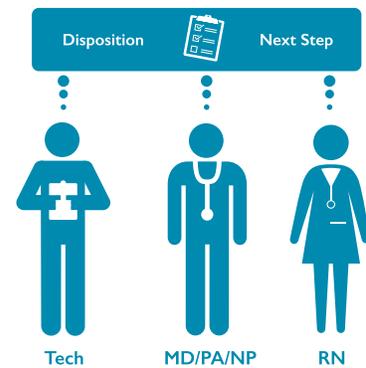
SHARED ACCOUNTABILITY. Because Team Care relies on many individual actions, all team members must adhere rigorously to the process — and demand the same from their teammates. “In order for this to work, it’s imperative that we hold one another accountable,” says Wade Fox, DO, CEP America’s Regional Director for Oregon and Washington.

TRANSPARENCY. Team Care leaders share throughput metrics with the entire team on a regular — often daily — basis. This openness helps the team gauge progress and creates a springboard for troubleshooting and continuous improvement.

Traditional ED



ED with Team Communication



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Benefits of Team Care

Because each site implements Team Care differently, success can be difficult to quantify. However, hospitals consistently report improvements in:

OPERATIONAL PERFORMANCE. Team Care's unified approach keeps patients moving smoothly through the care process, reducing crowding and length of stay. "When everyone focuses from the beginning on what is needed for the disposition of the patient, it makes it easier for the whole team to pull towards that as a goal and to be more prepared for the next set of problems," says Joshua Tamayo-Sarver, MD, Director of Clinical Data Analysis and Research at CEP America.

ALIGNMENT. Team Care fosters a sense of shared mission toward organizational goals like throughput improvement and service excellence. "That's true not only for the team working at the patient's bedside, but for the team of management," says Dr. Miller. "In particular, we see medical and nursing leaders aligning and leading together."

PATIENT SATISFACTION Patients' confidence increases when they see the entire team working together on their behalf. Team Care also promotes faster time to pain management, more engagement between patients and staff, and faster discharges — all of which can boost satisfaction scores.

REPUTATION AND MARKET SHARE. Over time, gains in operational performance and patient satisfaction can have a significant impact on a hospital's market share. "There is a positive word of mouth that is happening in our community," reports Gloria Santos, Vice President of Patient Services at Adventist Feather River Hospital in Paradise, Calif. "People say coming to our emergency department is a positive experience."

PROVIDER AND NURSE SATISFACTION. ED team members consistently report a higher degree of job satisfaction after Team Care implementation. In particular, enhanced nurse-provider communication tends to increase nurses' satisfaction and engagement. Team members also like having more flexible patient assignments, which frees them to back one another up when needed.

ADMISSION RATES. Increased capacity and improved reputation can lead to higher volumes — which ultimately increase admissions through the ED and create more revenue for the hospital. After a Team Care was implemented at Feather River, admissions increased by 13 percent, which helped the hospital go from breaking even to profitable.

Nurse Satisfaction

"I can better answer patient questions about what they are waiting for."

"I am able to move discharged and admitted patients through the department more quickly."

"I have a better understanding of what information the provider needs for the next step on a patient."

Perhaps the best way to understand the benefits of Team Care is to look at how it impacts real-life hospitals varying in size and region. Let's take a closer look at what happened when three EDs put Team Care solutions into action.

Case Study: Team RME

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Case Study: Team RME

HOSPITAL: Doctors Medical Center in Modesto, Calif.

CHAMPIONS: Robert Barandica, MD, ED Medical Director; and Anita Schlenker, RN, ED Nurse Manager

Patient volumes were on the rise at the Doctor's Medical Center (DMC) ED, causing long waits and lengths of stay. To tackle the problem, Robert Barandica, MD, ED Medical Director, and Anita Schlenker, RN, ED Nurse Manager, led the development of Team RME, a process in which less acute patients are cared for and dispositioned in the ED's front end.

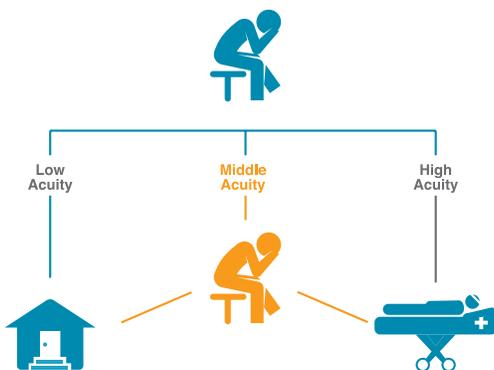
Team RME involves placing a dedicated PA/NP, physician, and discharge nurse in the front end during peak arrival hours. Generally, the PA/NP focuses on treating low-acuity patients and starting workups on moderate and higher acuity patients, while the physician and discharge nurse focus on the dispositions of moderate acuity (ESI level 3) patients. Caring for the front-end patients is ultimately a team effort.

RESULT

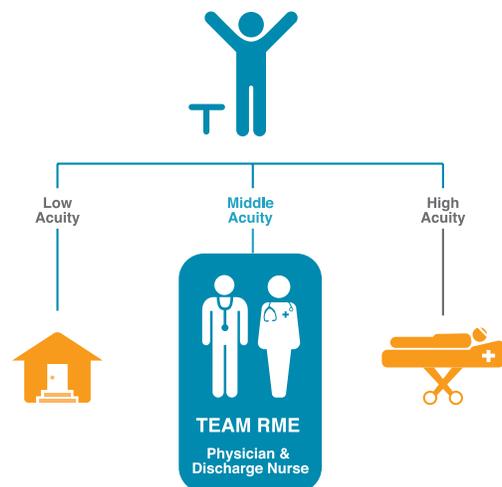


Decreased turnaround time to discharge by 22% and increased ED capacity.

Front End Before



Front End After



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Case Study: Team RME

The entire ED team was active in designing, testing, and refining Team RME. Before implementation, Dr. Barandica and Schlenker shared their vision and gathered input through small discussion committees. They also set high expectations. Team members would follow the process with every patient and would hold one another accountable for 100 percent adherence.

During implementation, the team continued to refine the process. They worked with colleagues in radiology, phlebotomy, and ancillary services to strengthen communication and improve ancillary service turnaround times. To promote synergy of the nurse-physician teams, Schlenker personally matched pairs based on work style and personality.

Team RME was so successful that the department reduced its TAT-D by 40 minutes (22 percent) in a single month — while seeing a record number of patients. They have sustained those gains for three years, even as volumes continue to increase. Placing a nurse and physician team in the front end has been especially beneficial for ESI level 3 patients, who typically wait longest in the ED.

TAT-D



Before



After

46
minutes

Case Study: Team Assessment

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Case Study: Team Assessment



HOSPITAL: Mercy Medical Center in Roseburg, Ore.

CHAMPIONS: Wade Fox, DO, ED Medical Director; and Sam Jones, RN, Director of Emergency Services

ED throughput had always been a strength for Mercy Medical Center. In 2011, Wade Fox, DO, ED Medical Director, and Sam Jones, RN, Director of Emergency Services, were far more focused on improving patient satisfaction and boosting staff productivity. Using ideas from a staff brainstorming session, they began building a new team-based intake process now known as Team Assessment.

Team Assessment brings the patient's entire care team to the bedside during the first encounter to take a history and determine a plan of care. Each participant (provider, nurse, tech, scribe) carries out a pre-defined responsibility during the encounter. The process improves communication and patient flow from initial work-up through discharge.

To facilitate Team Assessment at Mercy Roseburg, two nurses and a technician are assigned to a pod of eight patients and work as a team alongside the physicians and PA/NPs. This arrangement allows for more flexibility than the traditional 4:1 nurse-to-bed ratio. Team members update one another on each patient's progress via a wireless communications system. Emphasis on shared responsibility encourages everyone to pitch in where needed to keep the process moving.

RESULT



**Decreased
TAT-D by 20%
and improved patient
satisfaction scores.**

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Case Study: Team Assessment



After six months of Team Assessment, composite patient satisfaction scores and “likelihood to recommend” had soared from the first quartile to the third. Patients liked seeing teamwork on their behalf. They no longer needed to repeat their histories to multiple people, and because they were rarely left alone, their questions were quickly answered. What’s more, pain medications could now be ordered at intake, which improved pain management.

Another benefit of Team Assessment was greater job satisfaction and engagement, particularly among nurses. They reported improved communication and collegiality with providers and also liked how team-based patient assignments provided them with backup during difficult cases.

“When there are more hands on the patient, we’re better able to help each other out.”

— **Sam Jones, RN**

Director of Emergency Services

Providers also benefit from increased teamwork. Dr. Fox says the nurses have become proactive in anticipating patient needs and gathering data for the physician.

While throughput improvement wasn’t an explicit goal of Team Assessment, the department’s TAT-D decreased by a further 20 percent — an improvement that has been sustained for two years. Dr. Fox says that while the drop was precipitated by a number of factors, efficiency gains due to Team Assessment almost certainly played a role.

Team Assessment Increased Patient Satisfaction



Patients liked seeing teamwork on their behalf.



Patients no longer needed to repeat their histories to multiple people.



Pain medications could now be ordered at intake, which improved pain management.

Case Study: Team Discharge

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Case Study: Team Discharge



HOSPITAL: Saddleback Memorial Medical Center in Laguna Hills, Calif.

CHAMPIONS: Khanh Tran, MD, Assistant ED Medical Director; and Karen Sharp, RN, ED Nurse Manager

As part of a committed lean organization, the Saddleback Memorial - Laguna Hills ED team was determined to banish waste from its workflow. Their continuous improvement efforts evolved into Team Discharge, a process in which team members contribute to disposition planning in an anticipatory fashion.

Team Discharge begins with arrival. The provider performs an initial assessment and decides whether or not the patient is likely to be discharged. If yes, the triage nurse and administrative staff coordinate a ride home, and team members use a communication system to track progress of the care plan. At discharge, the physician and nurse meet with the patient together to provide education, go over discharge instructions, and answer any remaining questions.

RESULT



Decreased turnaround time to discharge by 22% — improved nurse and staff satisfaction.

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Case Study: Team Discharge



Team Discharge at Saddleback Memorial - Laguna Hills eliminates many common roadblocks that keep patients lingering in the ED. Physicians print their own paperwork, which streamlines the correction and approval process. If the patient's primary nurse is busy, any available RN can join the discharge meeting.

Khanh Tran, MD, Assistant ED Medical Director, and Karen Sharp, RN, ED Nurse Manager, say the toughest part of implementing Team Discharge was convincing busy physicians that the process would actually save time. To accomplish this, they pointed to data showing that 90 percent of patients have discharge questions. In the past, the nurse would interrupt the meeting to relay the question to a physician. By contrast, Team Discharge provides immediate answers, freeing the bed for the next patient.

“Team Discharge gives you the opportunity to get insights and help from everyone involved.”

– **Khanh Tran, MD**

Assistant ED Medical Director

Seven months after the launch of Team Discharge, TAT-D at Saddleback Memorial - Laguna Hills had decreased by 22 percent. In fact, the team had become so efficient that they no longer used the discharge rack.

Favorable Evaluations of the Program



- ✓ Nurses are pleased that they no longer need to act as a go-between for the physician and patient.
- ✓ Team members feel the extra support and backup they receive reduces stress and improves patient care.



Other Elements

Team Care's menu of best practices is a work in progress that grows as departments across the country pioneer new approaches. Other solutions in the current menu include:

Go Zone: A dedicated, highly visible chart bin positioned in a prominent location. When a chart is in the Go Zone, any team member who passes must discharge the patient unless en route to a code.



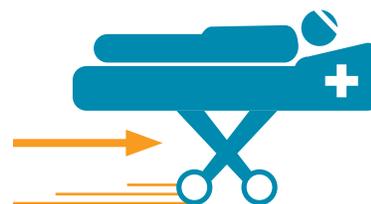
**Highly Visible
Chart Bin**

Team Communication: A system that reduces throughput time by notifying each team member involved in the patient's care about the next step needed for disposition.

Team Communication



Immediate Bedding: Patients bypass triage and are taken straight to a bed for registration and assessment.



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Conclusions & Next Steps

Team Care is a proven methodology for improving ED throughput that can be adapted to any hospital's needs.

Team Care solutions were developed and tested by CEP America EDs, and each has been successfully replicated at hospitals across the country.

Like any major improvement initiative, implementing Team Care takes time, change management, and long-term dedication to the process.

CEP America is one of the leading providers of acute care management and staffing solutions in the nation. Founded in 1975, we now serve more than 5.2 million patients annually at over 140 practice locations throughout the United States.

For more CEP America resources, visit www.cepamerica.com/news-resources/library. To learn more about CEP America's acute care management services, including emergency department staffing, call 1-800-600-6339.

CEP America offers a wealth of resources to help departments succeed, including:



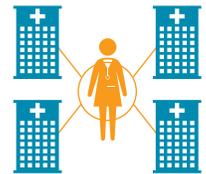
Online Toolkits



Visits from Experienced Team Care Providers



Practice Management Consultants



Change Collaboratives to Foster Rapid Improvement

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