

# University System Partner: Performance Metric Improvement

## ● Challenge

Schumacher Clinical Partners (SCP) began a partnership with this 14-bed, 30k annual ED volume university health system facility on October 1, 2015 with the goal of improving operational metrics in the emergency department. At the time, the ED faced three primary challenges:

- **LWOTs exceeding 8% monthly**
- **Prolonged Arrival-to-Provider Time**
- **Throughput**

## ● Approach

In the course of approximately 7 weeks between securing the contract and the start date, we hired a new provider team, educated the team, and prepared the facility so that our established process could go live on day one. In parallel, we also launched a multidisciplinary team who observed the ED and ancillary departments in order to formalize a strategy to expand collaboration and enhancements.

The leadership team implemented several pivotal processes that produced meaningful metric improvement. These performance-enhancing initiatives included:

- **Recruitment of new providers for the start date**
- **Implementation of a new NP/PA program**
- **See-Order-Treat (SOrT) process implementation**
- **Monthly ED Provider and NP/PA conference calls**

Departmental changes came out of this Process Improvement Team, which consisted of members of the hospital's administration, the chief medical officer, ED and departmental leadership, and representatives from SCP. They met monthly and focused on identifying key areas where changes could be made to increase patient volume, lower LWOTs, and reduce arrival-to-provider times.

Not only did we address changes in the ED itself but also all related departments, recognizing that if one part failed to meet benchmarks established by the team, it would adversely affect the overall functioning of the ED relative to improving the performance metrics.

Examples of departmental changes included:

### **Radiology**

- Established transport service to improve efficiency and turnaround time
- Addressed ultrasound process
- Extended ultrasound hours
- Changed procedure for OB ultrasound to include over read

### **Laboratory**

- Laboratory culture follow-up process improvement
- Implementation of performance improvement initiative for mislabeled specimens
- Development of performance improvement initiative to address turnaround time



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### Outpatient and Specialty Clinics

- Opening ED Discharge Clinic for expediting follow-up care for ED discharge patients
- Relocation of Walk-in Clinic to facilitate easier patient access

### Case Management

- Addition of designated Case Manager for ED
- Designation of ED Social Worker (utilized primarily to facilitate psychiatric patient disposition)

Other improvements included communication with system partners to establish more efficient patient transfers, the creation of an ED-specific code team, and enhancing quality measures.

## ● Results

Due to these changes and the partnership of the facility's staff and administration, performance metrics improved significantly within a short period (some within 30 days from the start date). These consistently positive performance metrics have led to other beneficial outcomes such as increased patient satisfaction, greater interest among providers to work at the facility, and a better work environment overall.

LWOT decreased from  
**6.1%**  
in 2015 to  
**0.7%**  
in 2016

Arrival-to-Provider time  
went from an average of  
**45.6 minutes**  
in 2015 to just  
**12.1 minutes**  
in 2016

Even with peaking of patient  
volumes, they still maintain  
less than

**1% LWOTS**  
and  
**20 minute DTP mark**

“This clinical partner for a major university system was ready for change. Even though we presented the ideas for improvement, it was the hospital's willingness to partner with us that made such transformation possible and that led to the remarkable success we continue to see.”

Beverly Gladney, MD  
Group Medical Officer, SCP