

# Clinical Integration IMPROVEMENT BULLETIN



Health Provider Services Organization

## 24/7 Pediatric ED care results in improved patient satisfaction and throughput time

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**Background:** In July of 2011, to address an expected increase in patient volume, South Shore Hospital introduced 24/7 Emergency Department pediatric care. The hypothesis was that if patients under the age of 21 could be seen by a Pediatric ED physician no matter what time they presented, the patients would have a better experience, and wait times for pediatric and adult ED patients, as well as over burden on ED staff would be reduced. ED Pediatricians from Children's Hospital staffed the new 24/7 care at South Shore. Children's Hospital's best practices from their 24/7 pediatric ED care model, and some of their quality protocols were incorporated into the South Shore model.

### Goals:

- Improve the patient experience
- Reduce length of stay time for patients
- Improve patient through-put time from "door to doctor"

**Next Steps:** Clinical and administrative teams from both hospitals meet monthly to review the data to help sustain and continuously improve the processes involved. A reduction in ED Radiology charges is being monitored to see if there is any correlation to the 24/7 Pediatric care model.

## MEASURES

Measures*	Baseline FY11	FY13	FY14	% Improvement
Overall ED Visits: PEDI & Adults <small>* Source: Acmeaware EDM Patient Status Summary for patients &lt;21 seen by an ED Pediatrician unless otherwise noted</small>	NA	85319	85623	4%
% of patients seen by an ED Pediatrician	NA	68%	74%	6%
Patient throughput "Door to Doc" in minutes	60	42	40	33%
Discharges: Overall LOS in hours (REC-DEP)	4	3.5	3.5	13%
Patient Satisfaction - MA State rank for Likelihood to Recommend <small>Source: Press Ganey</small>	47%	63%	86%	83%

**Questions?** Contact Mark Waltzman, MD at [mark\\_waltzman@sshosp.org](mailto:mark_waltzman@sshosp.org)

**See page 2 for information on the process improvements that were made.**

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The table below is a summary of the process improvements that were made.

Problem	Solutions	Results	Next Steps
Data showed a correlation between an increase in South Shore Hospital ED patient volume and wait times year over year.	<ul style="list-style-type: none"> <li>Develop an ED staffing model to better manage access for both pedi and adult patients</li> </ul>	<ul style="list-style-type: none"> <li>South Shore Hospital collaborated with Boston Children's Hospital and developed a 24/7 ED care model at South Shore</li> </ul>	<ul style="list-style-type: none"> <li>Continue to monitor and share the data/outcomes</li> </ul>
SSH ED Pediatric ED physicians were only available noon-midnight and data showed that after school hours was a peak time. If this peak extended into the evening hours, wait times and overall length of stays increased and there was a direct decrease in patient satisfaction.	<ul style="list-style-type: none"> <li>Staff the ED with 24/7 Pediatric physicians to decompress the wait times for both pedi and adult patients</li> </ul>	<ul style="list-style-type: none"> <li>Improved patient experience</li> <li>Reduced the length of stay time</li> <li>Improved patient through-put time from "door to doctor"</li> <li>An unanticipated result of 24/7 pediatric ED was a reduction in pediatric admissions, indicating a higher threshold for decision to admit by pediatric providers</li> </ul>	<ul style="list-style-type: none"> <li>Continue to monitor and share the data/outcomes</li> </ul>
There is variation in standards around when to order advanced imaging in minor head trauma between Pedi-ED and Adult ED physicians.	<ul style="list-style-type: none"> <li>Omit the variation by having a Pediatric ED physician in the ED 24/7</li> </ul>	<ul style="list-style-type: none"> <li>Data from 2011 -2014 shows a reduction in ED Radiology charges—need to further assess data to confirm a correlation</li> </ul>	<ul style="list-style-type: none"> <li>Share the data and use as a platform to establish a South Shore Health System Pedi-ED scan protocol</li> </ul>

Find more bulletins on the Clinical Improvement Corner on the Medical Staff website.

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