Successful Project Management
Without Line Authority
Negative Economic Benefit
Would you accept the assignment?

Project Lead
Length of Stay (LOS) for Admitted and Treat and Release Patients is Greater than Leading Practice

**Admitted Patient ED LOS**

- Cedars Admitted
- Best Practices

**Treat and Release Patient ED (LOS)**

- Cedars Treat and Release
- Best Practices

Source: ED Patient Census Log for 1/1/2011 through 12/31/2011. For Admitted Patients, the triage to bed data is from 3/1/2011 to 12/31/2011.
Admitted Patients include: Admitted, and Transferred to Thalians.
Treat and Release Patients include: AMA, Discharged, Discharged to Law Enforcement, Elopeds, Transferred to Another Acute Care Facility, Transferred to Other Psych Voluntary, and Transferred to SNF patients.
**ED Throughput: Admissions**

### Best Practice

<table>
<thead>
<tr>
<th>Event</th>
<th>2011</th>
<th>Jan-May 2012</th>
<th>Jul-12</th>
<th>Aug-12</th>
<th>Best Practice</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arrival to ED Bed</td>
<td>37</td>
<td>33</td>
<td>19</td>
<td>29</td>
<td>25</td>
</tr>
<tr>
<td>ED Bed to MD signon</td>
<td>28</td>
<td>29</td>
<td>33</td>
<td>34</td>
<td>5</td>
</tr>
<tr>
<td>MD Signon to Bed Request</td>
<td>190</td>
<td>145</td>
<td>146</td>
<td>151</td>
<td>90</td>
</tr>
<tr>
<td>Bed request to Clear for admission</td>
<td>45</td>
<td>40</td>
<td>43</td>
<td>43</td>
<td>0</td>
</tr>
<tr>
<td>Clear to admit to ED D/c</td>
<td>111</td>
<td>86</td>
<td>82</td>
<td>90</td>
<td>120</td>
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**Legend:**
- Light blue: Arrival to ED Bed
- Pink: ED Bed to MD signon
- Dark red: MD Signon to Bed Request
- Light purple: Bed request to Clear for admission
- Green: Clear to admit to ED D/c
Do you have authority over each segment of Best Practices?

Is there a positive or negative economic benefit for improved segment time?

Is Common Sense enough to drive change?
Negative economic benefit

- Decreased # patients - Decrease revenue
- Decreased # hours of care - Decrease # FTEs
- Decreased Time ED to Bed – Decrease rest time inpatient nursing
- Increased PMD response time to ED MD – Decrease PMD time in office

Incentive goals are not standardized
Rarely will Common Sense Drive Change
Impossible is an Opinion – Not a Fact.
(Arthur Kautza)

If you are not the lead, the view never changes.
Project Management “ABC”

- Anticipate
- Build a good team
- Communicate
Kotter’s Eight Stages of Creating a Major change in an Organization

1. Establishing a Sense of Urgency
2. Creating a Guiding Coalition
3. Developing a Vision and Strategy
4. Communicating the Change Vision
5. Empowering Employees for Broad-Based Action
6. Generating short-term wins
7. Consolidating Gains and Producing More Change
8. Anchoring New Approaches in Culture
ED Throughput: Admissions

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CSMC

- MDN
- CFO
- ED DOM
  - DOS
- Vice Chairs
  - ED Case Management
- Service Line
- Nursing
  - ICU M/S
- Support
  - Housekeeping
- Bed Placement
Deloitte prepares 100-page report on Recommendations for Best Practices

COO sets goal to Reduce ED LOS by 30 Minutes

SL agrees to head Cross Practice Council

VP’s assign members

Task Forces prioritize recommendations/establish metrics:
  - Bed availability
  - Triage
  - Diversion/Volume Contingency

Many meetings and many emails
1/3 Cross Practice Council – no show
1/3 rarely said a word
1/3 yelled – opinions that become ideology
Leader had to say “NO”

Predictable
Kotter Stages:

1. Establish a Sense of Urgency
2. Create the Guiding Coalition
3. Develop a Vision and Strategy
4. Communicate the Change Vision
1. Sense of Urgency
   • COO establishes institutional goal – Improving Patient Experience

2. Guiding Coalition
   • IPE Exec – Chairs and VPs
   • CPC – Directors
   • Task Forces – Directors → Managers

3. Vision and Strategy
   * Patient satisfaction
   * # Admissions
   * Decrease diversion

4. Communication
   • Oral presentations
   • Red/Green reports
A, B, C’s + Kotter + Bad Start yields

Restart + “B” =

SUCCESS