

**Successful Project Management  
Without Line Authority  
Negative Economic Benefit**



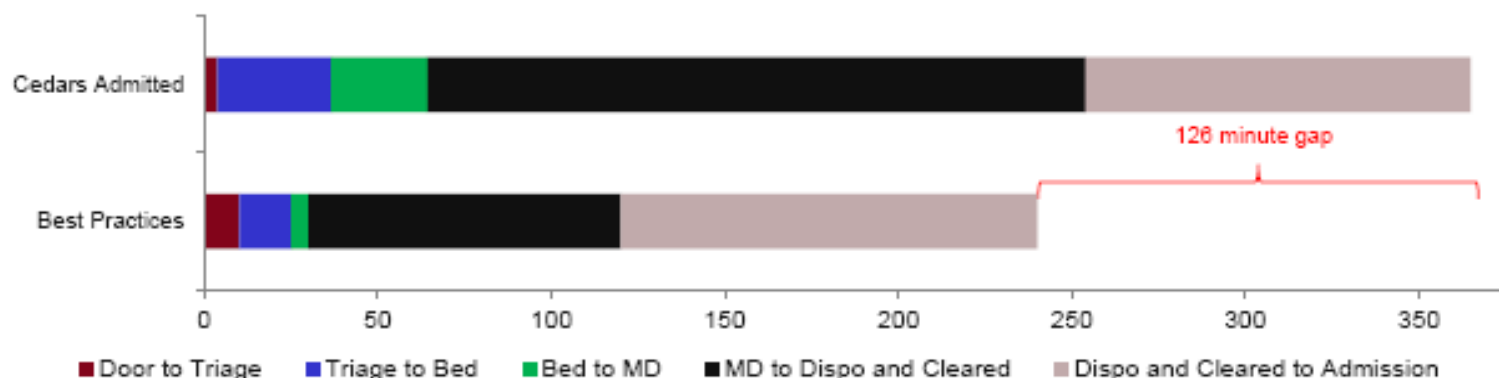
Would you accept the assignment?

Project Lead

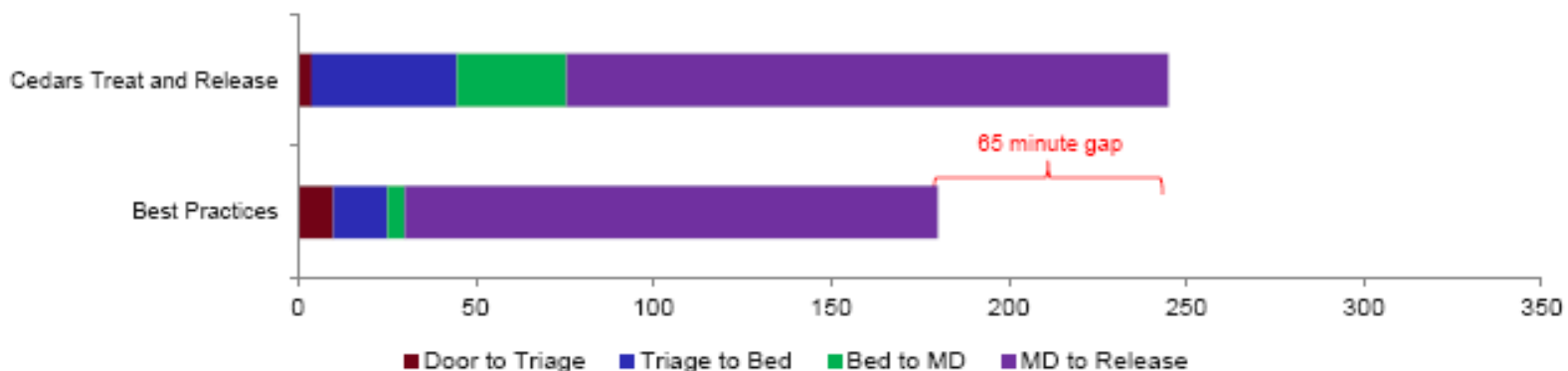
# Length of Stay (LOS) for Admitted and Treat and Release Patients is Greater than Leading Practice

FOR DISCUSSION  
**DRAFT**  
PURPOSES ONLY

Admitted Patient ED LOS



Treat and Release Patient ED (LOS)



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

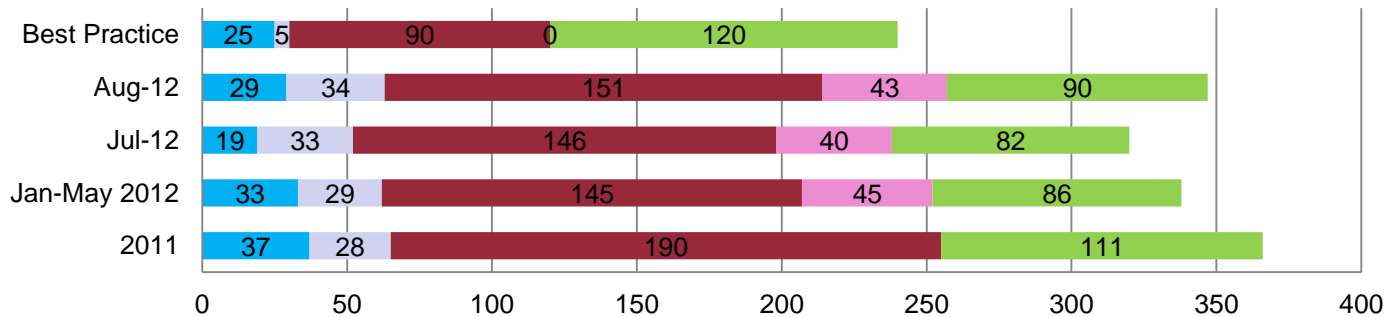
Admitted Patients Include: Admitted, and Transferred to Thallans

Treat and Release Patients Include: AMA, Discharged, Discharged to Law Enforcement, Eloped, Transferred to Another Acute Care Facility, Transferred to Other Psych Voluntary, and Transferred to SNF patients

# ED Throughput: Admissions

## Best Practices

ED Throughput: Admissions



	2011	Jan-May 2012	Jul-12	Aug-12	Best Practice
■ Arrival to ED Bed	37	33	19	29	25
■ ED Bed to MD signon	28	29	33	34	5
■ MD Signon to Bed Request	190	145	146	151	90
■ Bed request to Clear for admission		45	40	43	0
■ Clear to admit to ED D/c	111	86	82	90	120

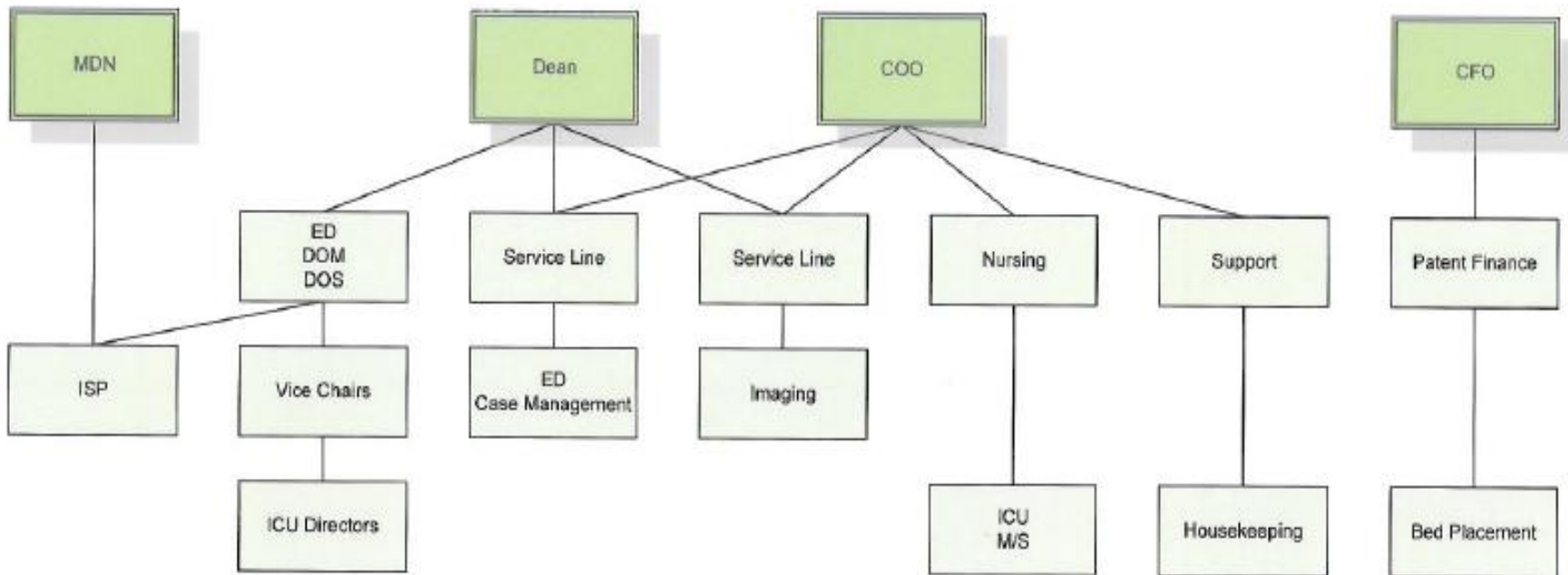


Do you have authority over each segment of Best Practices?

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

Is Common Sense enough to drive change?

# CSMC



# 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)

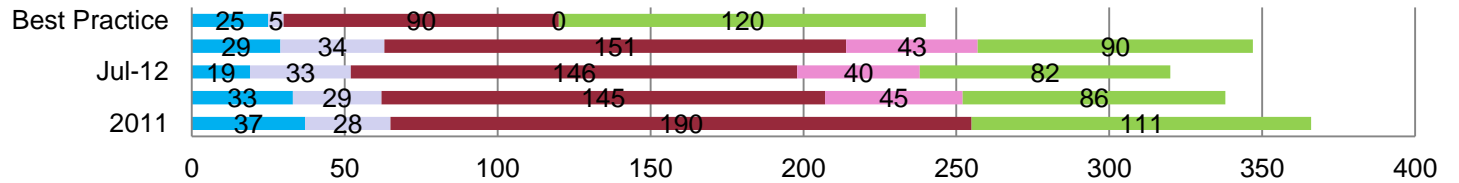
**If you are not the lead, the view never changes.**

- 
- \* Project Management “ABC”
  - \* Anticipate
  - \* Build a good team
  - \* Communicate

# Kotter's Eight Stages of Creating a Major change in an Organization

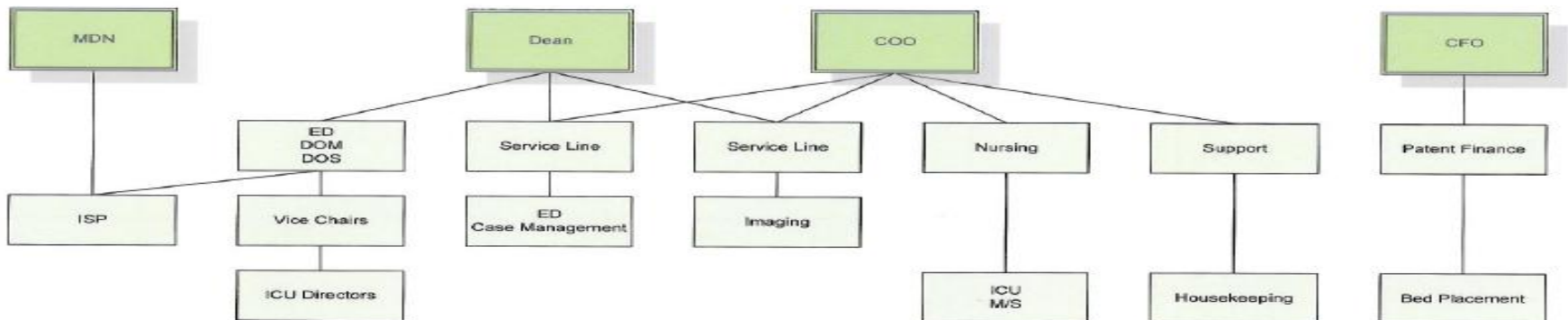
1. Establishing a Sense of Urgency
2. Creating a Guiding Coalition
3. Developing a Vision and Strategy
4. Communicating the Change Vision
5. Empowering Employees for Broad-Based Action
6. Generating short-term wins
7. Consolidating Gains and Producing More Change
8. Anchoring New Approaches in Culture

### ED Throughput: Admissions



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### CSMC



# The Story

- \* 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

# Disaster

- \* 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

# Restart

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**