Using LEAN Methods to Improve Patient Satisfaction with Provider Services in the Behavioral Health Emergency Department

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Project Selection

Atrium Health has the only dedicated behavioral health emergency department in the region. The BH ED, which has been open since 1997, provided care for 10,895 ED encounters and 3,349 observation patients in 2018. The patients who come to the BH ED are mostly in acute psychiatric crisis and require immediate treatment and stabilization from behavioral health providers. It was realized in 2017 that patients waited in the BH ED for six or more hours before being seen just as they did in a medical ED. We knew we could do better.

Using LEAN methodology changes were made in physician staffing patterns and triage processes which resulted in a decrease from a high of 6:01 (HH/MM) average wait time to an average wait of 2:43.

Patient Arrival to Provider Note Complete

Despite the decrease in wait times to see a provider, patient satisfaction scores remained flat and below goal. One of the lowest scores continued to be wait time. While the actual time the patient waited to see a provider had decreased, the perception continued to be that wait time was too long.

This perception impacted the patient’s satisfaction regarding the care he or she received by the provider, as well as the overall care given in the BH ED. The perception of a long wait also increased the anxiety and agitation of patients and families.

Goal

Target Group: Outer Lobby patient population who would most likely be discharged after being seen by provider.

Possible Outcomes:
1. Wait time for patients in the outer lobby to see a provider would not be prolonged due to providers seeing the higher acuity patients first.
2. Provide a more personal interaction with the provider.

The result of both strategies was to increase patient satisfaction with the care received by providers.

Improvement Process

Several Lean methodologies were utilized to improve our metric including A3 planning, PDSA (Plan-Do-Study-Act), MDI Huddles, and steering team. In order to best capture patient feedback, staff gathered information from Press Ganey comments, discharge call backs, and outer lobby rounding. The stakeholders on this project included ED management team, providers, nurses, and psychiatric technicians.

PLAN:
Key concerns were brought to the team through various methods including MDI Huddles, staff meetings, and weekly provider meetings. Press Ganey scores, complaints from discharge callbacks, and patient comments on Press Ganey surveys were brought and discussed at weekly steering team meetings. Brainstorming efforts utilizing the data gathered provided potential countermeasures to address the three concerns identified:
1. Patients did not feel they had enough time to talk to the provider.
2. The number of surveys returned needed to increase to provide more patient feedback and to better track concerns.
3. Communication with patients and family who were waiting to be seen, regarding wait time and process, needed to improve.

DO:
Additional measures were put in place to adequately capture patient concerns.

• MDI Huddles played a large role in engaging the team and ensuring the necessary amount of surveys were returned for feedback. A Press Ganey handout metric was created to track the number of surveys handed out weekly.
• Outer lobby rounding was put in place to provide live feedback from patients and address issues on the spot related to wait times and discharges. The rounding was completed daily every 2 hours by the ED charge nurse or delegated staff member.

STUDY:
The outer lobby rounding and the huddle metric led to an increase in patient surveys and feedback. This data enabled the team to determine three key concerns that could be addressed. These key concerns were:
• Patients felt rushed during provider evaluations and felt they were not given an adequate amount of time with the provider, particularly in the outer lobby.
• Patient’s complained of trouble following through with the discharge plan due to not understanding the follow-up procedures correctly.
• Outer lobby rounding uncovered that even though time from registration to being seen by a provider had decreased from the previous years, patients still felt their wait was too long.

ACT:
The team determined that many of these complaints correlated to providers having to split their time to see patients in both outer and secure lobbies. Since our secure patients were often in more emergent need due to active psychosis, current suicidal or homicidal thoughts, or behaviors related to aggression or agitation, these evaluations would frequently take much longer and at times require providers to revisit their cases. Also, discharge call backs produced many questions about discharge instructions and requests for an ED provider to call them back. As a response:
• Provider leadership put in place a protocol for a provider in the outer lobby to F, 95-9:30pm during our busiest times.
• This provider would solely be responsible for seeing outer lobby patients, often addressing medication evaluations and referrals.
• Providers, specifically the outer lobby provider, would conduct his/her own discharges. These process changes would help to provide care to these patients quicker, decrease time from registration to discharge and prevent any back-up that may have happened when seeing outer lobby and secure lobby patients simultaneously.

Providers completing discharges would decrease miscommunication or rework if nurses had to readress concerns with the provider. This process allowed for patients to get more in-depth directives when discussing their discharge plan and eliminated confusion.

Results/Outcomes

November 2017: A focus on increasing patient feedback through outer lobby rounding with close tracking of our monthly provider Press Ganey score.

May 2018: A provider was scheduled to the outer lobby.

June 2018: Providers began giving patients discharge instructions.

Press Ganey Results:
In November 2017, prior to starting improvement efforts, we had an overall provider Press Ganey score of 64.1 top box. In February 2019, the provider Press Ganey score rose to 77.0 top box for an overall improvement of 12.9 points.

According to Press Ganey, only 10% of teams starting with a 60-69 top box score were able to achieve a 2.3-point improvement in one year. The 12.9 increase is, therefore, a significant achievement.

Provider Press Ganey Score

Sustainability

The physician assigned to the outer lobby is now a permanent spot in the provider schedule and did not increase the need for further resources. BH ED providers completing the discharge instructions provided approximately five minutes more of face to face time with the patient and family which resulted in positive feedback and praise from the discharge calls and less concerns.

Patient comments regarding BH ED providers:
• “She was awesome – she gave my son hope that things can get better if he tries – I appreciate her care and concern.”
• “Dr. was amazing! He took the time to talk to my daughter – not many doctors will do that. I appreciate the fact he did. He is kind and compassionate and I thank him.”
• “I appreciate the help and kindness shown to my son and the information from the Doctor on how to attempt to manage the situation “if they can see an outside professional.”

The BHC ED is currently piloting an outer lobby psychiatric tech position to address patient concerns in real time. A3 thinking and process improvement strategies continue to be used to address low survey return and to increase continuous patient feedback.

Resources


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