Improvement Process

Several Lean methodologies were utilized to continuously improve our processes and impact our metrics, including Activity A3, MDI (Huddle), PDSA, staffing to demand, and steering team.

MDI (Managing for Daily Improvement): The department holds MDI huddles twice daily to engage team members, strengthen communication, and yield ideas to improve our processes and patient flow. Huddles were originally held once daily, however the 2nd and 3rd shift team members were missing the opportunity to share, learn, and be heard. Improvements from the huddles had significant impacts on how we work, as well as on our team engagement scores. A few of the more notable wins are: labs and urine samples being drawn in a timely manner, Epic timeout extended to 30 min, thus preventing nursing notes from being lost, and team members getting time for a meal break daily. We made 339 improvements in 2017.

PDSA (Plan, Do, Study, Act): Behavioral Health Charlotte ED initiated several pilots last year to test new process ideas, identify best practices, and further improve our workflow and patient experience. Although the additional staff and identifying roles for the 7AM providers yielded the largest gains, we continue to strategize and develop other pilots.

Staging to Demand: One of the first things addressed was the staffing of our psychiatric providers. Our emergency department is somewhat unique, in that we have several observation units within the hospital, where each patient is assigned to a primary provider. The number of patients in the system typically is between 20-30 each day. This is in addition to new patients presenting for evaluations, which averages over 25 per day. Detailed data was reviewed, which showed the number of new patients seen day-by-day and hour-by-hour over the course of several months. This led not only to the addition of a morning shift, but also moved an established shift from the afternoon to the morning. This led to many of the patients being seen in the earlier part of the morning, usually starting at 7:00am, allowing for new patients to be seen more quickly, as data shows that patients present on an inpatient bed. The clinical information was reviewed, and the reviewer discussed the case, if necessary, with the assigned patient provider, to determine if the patient clinically needed to be kept in observation, or if other options in terms of treatment and disposition that could be considered. This led to an increased number of discharges, decreased length of stay for patients in observation, and in turn, allowed providers to see other patients, including new patients. This also reduced the number of patients in the secured area of the ED, thus reducing patient crowding and workload for the nurses and psychiatric technicians.

One additional change to the BH ED staffing included the addition of psychiatry residents from our newly established Psychiatry Residency. Each resident does one month in the BH ED, but also does one 2-week rotation weekly during 2 non-psychiatric rotation months. Although initial orientation and closer supervision were required at the beginning of the rotations, the high quality of residents contributed to patients being seen more quickly, thus helping to decrease wait times and improve patient care.