ED Benchmarks and Best Practices

Jeanne McGrayne
VHA’s Consulting Services
VHA

- VHA Inc. is a cooperative that serves 2,200 of nation's leading community-owned health care organizations and their affiliated physicians, providing services to help them improve financial and clinical performance.

- VHA provides products, programs and services to 1,400 not-for-profit hospitals, to help them improve operational efficiency and clinical effectiveness.

- Based in Irving, Texas, with 18 local offices across the U.S., VHA was named one of the “100 Best Companies to Work For” by Fortune in January 2003, for the fourth year in a row. As a cooperative, VHA distributes income annually to members based on their participation.
VHA’s ED Consulting Services

- Emergency Department Operational Assessment
- Data Analysis/Benchmarks
- Simulation
- Facility Design
- Financial Assessment
- Implementation Assistance
What is the difference between benchmarks and benchmarking?

- Benchmarks are the actual measurements used to gauge the performance of a function, operation, or business relative to others.
What is the difference between benchmarks and benchmarking?

- Benchmarking is the continual and collaborative discipline of measuring and comparing the results of key work processes with those of the best performers.
- It is learning how to adapt Better and Best Practices learned through the benchmarking process that promotes breakthroughs in process improvements and builds healthier communities.
What is the difference between benchmarks and benchmarking?

➢ The objective of benchmarking is to identify Better and Best Practices so that an organization can set higher goals and improve performance. Comparing benchmarks can do this.
Seven Step Benchmarking Model

- Identify what to benchmark
- Determine what to measure
- Identify who to benchmark against?
  - Criteria vs. Characteristics
- Collect data
- Analyze data and determine performance gap
- Set goals and develop an action plan
- Monitor the process
**Key ED Processes**

- Patient Access
- Door to Test/Treatment
- Test to Disposition
- Disposition to Discharge/Admission
Key Supporting Operations

- Staffing
- Facility
- Customer Service
- Technology
- Leadership
Benchmarks and Measures

- VHA ED Process Data
- HBSI ACTION 1st Quarter, 2003
- VHA On-Line ED Participant Data Data
Access

Between 1992 and 2001, ED utilization increased by 20% from 89.8 million to 107.5 million.

Visit rate increased by 8% from 35.7 visits/100 persons in 1992 to 38.4 visits/100 persons in 2001.

Annual Volume of ED Visits:
NHAMCS, 1992-2001

© Jeanne McGrayne/VHA
Regional ED Volume %
Distribution and Visits per 100 persons per year

West
17.5 %
33.0

Midwest
25.1 %
40.1

South
39.3 %
43.8

Northeast
18.2%
37.6

Data Source: National Ambulatory Medical Care Survey: 2000

© Jeanne McGrayne/VHA
Annual ED Volume

Source - VHA On-Line Survey

© Jeanne McGrayne/VHA
Reasons for Increased Demand

- Less restrictive management of ED visits and reimbursement by HMO’s
- Greater enforcement and compliance with EMTALA
- Increased demand from the uninsured
- Limited access to Primary Care Provider
- Inpatient bed capacity/staffing limitations
- Lack of multi-lingual care providers at all levels
Age and Payer Mix

Age Distribution of ED Patients
- 45-64: 18% (6%)
- 25-44: 30% (16%)
- 15-24: 21% (6%)
- 65-74: 9% (6%)
- 75+: 9% (9%)

CDC ED Payer Mix (2001)
- Commercial/HMO: 40%
- Medicare: 15%
- Medicaid: 17%
- Workers Comp: 3%
- Self Pay: 15%
- Other: 9%
Access

Figure 5. Percent distribution of emergency department visits by hour of visit: United States, 2001
Access

Emergent 7%
Urgent 42%
Non-Urgent 51%

VHA Comparative Average Acuity

- Immediacy with which patient should be seen:
  - Emergent: 15 min
  - Urgent 15-60 min
  - Semi-Urgent 1-2 hours
  - Non-Urgent 2-24 hours

© Jeanne McGrayne/VHA
Trend in ED Visit Rates for Visits Triaged as Emergent

Data Source: National Ambulatory Medical Care Survey: 2000
Leaving Without Being Seen %

Average: 2.15%
Minimum: 0%
Maximum: 8%
Median: 2%
Reason for Visit (top 18)

Number of Visits in Thousands

Abdominal Pain
Chest Pain
Fever
Headache
SOB
Back Pain
Cough
Non specific Pain
Laceration
Sore Throat
Vomiting
Accident
Dyspnea
Earache
Skin Rash
MVA
Low Back Pain
Injury

Data Source: National Ambulatory Medical Care Survey: 2000

© Jeanne McGrayne/VHA
**Triage and Registration**

**Time from Arrival to Triage**
- Avg: 0:05
- Max Avg: 0:13
- Min Avg: 0:01
- Median Avg: 0:05

**Triage Time**
- Avg: 0:04
- Max Avg: 0:06
- Min Avg: 0:02
- Median Avg: 0:04

**Triage to Registration**
- Avg: 0:10
- Max Avg: 0:28
- Min Avg: 0:03
- Median Avg: 0:07

**Triage to a Room**
- Avg: 0:24
- Max Avg: 0:38
- Min Avg: 0:08
- Median Avg: 0:27

*VHA ED Database*

© Jeanne McGrayne/VHA
Access Best Practices

- Nurse managed health triage line
- Urgent Care facilities
- Extended office hours
- Walk-in medical clinic adjacent ED
- Patient Education
- Faith based clinics in neighborhoods
- Street clinics for the homeless
- Case/Care management
# Door to Doctor

![VHA ED Database](image)

## VHA ED Database

<table>
<thead>
<tr>
<th></th>
<th>Arrival to Room</th>
<th>In Room to First MD Visit</th>
<th>Arrival to First MD Visit</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Avg</strong></td>
<td>0:32</td>
<td>0:24</td>
<td>0:54</td>
</tr>
<tr>
<td><strong>Max Avg</strong></td>
<td>0:50</td>
<td>1:05</td>
<td>1:31</td>
</tr>
<tr>
<td><strong>Min Avg</strong></td>
<td>0:12</td>
<td>0:14</td>
<td>0:24</td>
</tr>
<tr>
<td><strong>Median Avg</strong></td>
<td>0:31</td>
<td>0:20</td>
<td>0:54</td>
</tr>
</tbody>
</table>

© Jeanne McGrayne/VHA
Door to Test or Treatment

Best Practices

- Visible, Involved Triage Nurse
- Ability to generate account number at or before triage
- Assessment Separate from Triage
- Triage driven room placement
- Registration at Bedside
- Nursing Room Assignments
- Physician Room Assignments
- Tracking System
Triage

Escorted to room
58% by Triage Nurse
60% by ED Tech
35% by Charge Nurse

75% Perform Bedside Registration
31% use Mobile Computers
13% use Bedside Computers
69% Staff Collect Data in Room

Together we’re greater than™
What Impacts Patient Flow?

- Case Management/Care Coordination
- Test Utilization
- Ancillary Turnaround Times
- ED Staffing/Teamwork
- Consultant Availability
- Technology/Communication
- Information Flow
- Incentives
Don’t Bother Fixing the Front End if you Don’t Fix the Back End!
Patient Flow Best Practices

- Active Use and Support of Protocols
- Nurse/Physician Teams
- Collaborative Practice
- Point of Care Order Entry
- Visual Cueing System
Visual Cueing
ED Technology

Source - VHA On-Line Survey
ED Documentation

Source - VHA On-Line Survey

© Jeanne McGrayne/VHA
### Utilization Percentages

**% of all ED Patients Requiring Test/Procedure**

<table>
<thead>
<tr>
<th>Procedure</th>
<th>VHA 2003</th>
<th>2001 CDC Data</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lab</td>
<td>32%</td>
<td>29%</td>
</tr>
<tr>
<td>Xray</td>
<td>37%</td>
<td>40%</td>
</tr>
<tr>
<td>EKG</td>
<td>15%</td>
<td>14%</td>
</tr>
<tr>
<td>CT</td>
<td>7%</td>
<td>6%</td>
</tr>
<tr>
<td>US</td>
<td>2%</td>
<td>2%</td>
</tr>
<tr>
<td>IV</td>
<td>19%</td>
<td>18%</td>
</tr>
<tr>
<td>Monitor</td>
<td>8%</td>
<td>8%</td>
</tr>
<tr>
<td>Sutures</td>
<td>2%</td>
<td>10%</td>
</tr>
<tr>
<td>% Admitted</td>
<td>16%</td>
<td>12%</td>
</tr>
</tbody>
</table>

Source: VHA ED Database
CT Utilization

Percent Utilization

<table>
<thead>
<tr>
<th>Year</th>
<th>Percent of CT per 100 visits per year</th>
</tr>
</thead>
<tbody>
<tr>
<td>1992</td>
<td>2%</td>
</tr>
<tr>
<td>1993-1994</td>
<td>3%</td>
</tr>
<tr>
<td>1995-1996</td>
<td>3%</td>
</tr>
<tr>
<td>1997-1998</td>
<td>4%</td>
</tr>
<tr>
<td>1999</td>
<td>5%</td>
</tr>
<tr>
<td>2000</td>
<td>5%</td>
</tr>
<tr>
<td>2001 VHA</td>
<td>6%</td>
</tr>
<tr>
<td>2002 VHA</td>
<td>7%</td>
</tr>
</tbody>
</table>

CDC and VHA Data
**X-Ray Turnaround Time**

<table>
<thead>
<tr>
<th>Step</th>
<th>Avg</th>
<th>Max Avg</th>
<th>Min Avg</th>
<th>Median Avg</th>
</tr>
</thead>
<tbody>
<tr>
<td>MD Visit to Order</td>
<td>0:20</td>
<td>0:33</td>
<td>0:11</td>
<td>0:18</td>
</tr>
<tr>
<td>Order to Transport</td>
<td>0:19</td>
<td>0:35</td>
<td>0:08</td>
<td>0:18</td>
</tr>
<tr>
<td>Transport to Return</td>
<td>0:20</td>
<td>0:45</td>
<td>0:10</td>
<td>0:16</td>
</tr>
<tr>
<td>Return from X-ray to Results</td>
<td>0:11</td>
<td>0:55</td>
<td>0:01</td>
<td>0:08</td>
</tr>
<tr>
<td>Order to Return</td>
<td>0:47</td>
<td>1:34</td>
<td>0:23</td>
<td>0:46</td>
</tr>
</tbody>
</table>

Source: VHA ED Database
CT Turnaround Time

<table>
<thead>
<tr>
<th>Activity</th>
<th>Avg</th>
<th>Max Avg</th>
<th>Min Avg</th>
<th>Median Avg</th>
</tr>
</thead>
<tbody>
<tr>
<td>MD Visit to Order</td>
<td>0:39</td>
<td>1:13</td>
<td>0:12</td>
<td>0:39</td>
</tr>
<tr>
<td>Order to Transport</td>
<td>0:54</td>
<td>2:28</td>
<td>0:14</td>
<td>0:46</td>
</tr>
<tr>
<td>Transport to Return</td>
<td>0:30</td>
<td>0:53</td>
<td>0:12</td>
<td>0:30</td>
</tr>
<tr>
<td>Return from X-Ray to Results</td>
<td>0:33</td>
<td>2:40</td>
<td>0:00</td>
<td>0:30</td>
</tr>
<tr>
<td>Order to Return</td>
<td>1:47</td>
<td>4:02</td>
<td>0:38</td>
<td>1:35</td>
</tr>
</tbody>
</table>

Source: VHA ED Database
# Ultrasound Turnaround Time

<table>
<thead>
<tr>
<th>Event</th>
<th>Avg</th>
<th>Max Avg</th>
<th>Min Avg</th>
<th>Median Avg</th>
</tr>
</thead>
<tbody>
<tr>
<td>MD Visit to Order</td>
<td>1:07</td>
<td>2:15</td>
<td>0:24</td>
<td>0:53</td>
</tr>
<tr>
<td>Order to Transport</td>
<td>0:39</td>
<td>1:16</td>
<td>0:15</td>
<td>0:38</td>
</tr>
<tr>
<td>Transport to Return</td>
<td>0:34</td>
<td>1:02</td>
<td>0:10</td>
<td>0:33</td>
</tr>
<tr>
<td>Return from X-ray to Results</td>
<td>0:17</td>
<td>1:25</td>
<td>0:00</td>
<td>0:13</td>
</tr>
<tr>
<td>Order to Return</td>
<td>1:31</td>
<td>2:38</td>
<td>1:05</td>
<td>1:26</td>
</tr>
</tbody>
</table>

Source: VHA ED Database
## CBC

<table>
<thead>
<tr>
<th></th>
<th>MD VISIT TO ORDER</th>
<th>ORDER TO COLLECTION</th>
<th>COLLECTION TO RESULT READY</th>
<th>LAB ORDER TO RESULTS RETURNED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Avg</td>
<td>0:19</td>
<td>0:16</td>
<td>0:36</td>
<td>0:50</td>
</tr>
<tr>
<td>Max Avg</td>
<td>0:31</td>
<td>0:34</td>
<td>0:52</td>
<td>1:37</td>
</tr>
<tr>
<td>Min Avg</td>
<td>0:12</td>
<td>0:09</td>
<td>0:18</td>
<td>0:28</td>
</tr>
<tr>
<td>Median Avg</td>
<td>0:18</td>
<td>0:15</td>
<td>0:38</td>
<td>0:44</td>
</tr>
</tbody>
</table>

Source: VHA ED Database

© Jeanne McGrayne/VHA
Chemistry

Source: VHA ED Database

© Jeanne McGrayne/VHA
Serum Pregnancy

<table>
<thead>
<tr>
<th></th>
<th>MD VISIT TO ORDER</th>
<th>ORDER TO COLLECTION</th>
<th>COLLECTION TO RESULT READY</th>
<th>LAB ORDER TO RESULTS RETURNED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Avg</td>
<td>0:13</td>
<td>0:11</td>
<td>0:38</td>
<td>0:47</td>
</tr>
<tr>
<td>Max Avg</td>
<td>0:16</td>
<td>0:21</td>
<td>1:00</td>
<td>1:05</td>
</tr>
<tr>
<td>Min Avg</td>
<td>0:11</td>
<td>0:01</td>
<td>0:17</td>
<td>0:28</td>
</tr>
<tr>
<td>Median Avg</td>
<td>0:13</td>
<td>0:12</td>
<td>0:35</td>
<td>0:50</td>
</tr>
</tbody>
</table>

Source: VHA ED Database
Urinalysis

<table>
<thead>
<tr>
<th>Time Duration</th>
<th>MD VISIT TO ORDER</th>
<th>ORDER TO COLLECTION</th>
<th>COLLECTION TO RESULT READY</th>
<th>LAB ORDER TO RESULTS RETURNED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Avg</td>
<td>0:29</td>
<td>0:25</td>
<td>0:45</td>
<td>0:58</td>
</tr>
<tr>
<td>Max Avg</td>
<td>0:55</td>
<td>0:51</td>
<td>1:23</td>
<td>1:58</td>
</tr>
<tr>
<td>Min Avg</td>
<td>0:12</td>
<td>0:01</td>
<td>0:23</td>
<td>0:28</td>
</tr>
<tr>
<td>Median Avg</td>
<td>0:22</td>
<td>0:28</td>
<td>0:42</td>
<td>0:55</td>
</tr>
</tbody>
</table>

Source: VHA ED Database

© Jeanne McGaryne/VHA
Troponin

Source: VHA ED Database
Ancillary Best Practices

**Laboratory**
- Direct stick draw if IV > 20 gauge
- Pneumatic Tube
- Point of Care Testing
- Dedicated Phlebotomist if > 50,000 visits
- Stat Lab if > 70,000 visits
- Dedicated Room and Staff

**Radiology**
- 24/7 Service – cross training
- PACS
- ED MD Preliminary Interpretation
- Gastrographin Contrast

**Medical Records**
- Criteria for Early Access
- Automated Record
- ED Based MR Staff
Point of Care Testing

Source - VHA On-Line Survey
MD Assessment to Disposition

Source: VHA ED Database
**Percent of ED Patients Admitted**

Data Source: Solucient ACTION Database, 3rd Quarter 2002

Percent of Hospital Admissions that Arrive through the ED

- Average - 49%
- Minimum -11%
- Maximum - 85%

Source - VHA On-Line Survey
**Admission Effect on Cost/Visit**

Direct Cost per Visit

Direct Cost = Salary Cost + Supply Cost + all other

<table>
<thead>
<tr>
<th>Direct Cost Components</th>
<th>0-10% ED Adm</th>
<th>11-20% ED Adm</th>
<th>21-30% ED Adm</th>
</tr>
</thead>
<tbody>
<tr>
<td>25th %tile</td>
<td>$47.97</td>
<td>$59.56</td>
<td>$70.05</td>
</tr>
<tr>
<td>50th %tile</td>
<td>$57.71</td>
<td>$69.18</td>
<td>$86.48</td>
</tr>
<tr>
<td>75th %tile</td>
<td>$75.99</td>
<td>$78.81</td>
<td>$95.19</td>
</tr>
</tbody>
</table>

Data Source: Solucient ACTION Database, 3rd Quarter 2002

© Jeanne McGrayne/VHA
Disposition to Discharge/Admit

<p>| | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Avg</td>
<td>Max Avg</td>
<td>Min Avg</td>
<td>Median Avg</td>
</tr>
<tr>
<td>Disposition to</td>
<td>0:16</td>
<td>0:40</td>
<td>0:05</td>
<td>0:16</td>
</tr>
<tr>
<td>Discharge</td>
<td>0:58</td>
<td>1:34</td>
<td>0:14</td>
<td>0:58</td>
</tr>
<tr>
<td>Bed Ready to Bed</td>
<td>0:28</td>
<td>0:42</td>
<td>0:14</td>
<td>0:27</td>
</tr>
<tr>
<td>Ready to Unit</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Disposition to</td>
<td>1:26</td>
<td>2:00</td>
<td>0:42</td>
<td>1:33</td>
</tr>
<tr>
<td>Admit</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Source: VHA ED Database
Disposition to Discharge/Admission

Source: VHA ED Database
Discharges

- Video Discharge Instructions
- Discharge Area to Increase Capacity
- Discharge Instruction System
- Auto Fax to Primary Care or Referral MD
- Financial Counseling
Admissions

- No Refusal Policy
- Fax Report
- ED assigns bed
- Begin Admission process early
- ED Staff Transports
- Critical Paths/Protocols
Admissions

- Express Admission Unit
- Admission Team
- Bed ‘czar’
- “Be a Bed Ahead”
- Housekeeping triage
- Telemetry/Oximetry
- Accountability
- Charge Transfer
Average Number of Patients Per Staffed Physician Hour

<table>
<thead>
<tr>
<th>Patients per Staffed Physician Hour</th>
<th>Minimum</th>
<th>Average</th>
<th>Median</th>
<th>Maximum</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1.32</td>
<td>2.27</td>
<td>2.24</td>
<td>3.50</td>
</tr>
</tbody>
</table>

69% Use Physicians Assistants
42% Use Nurse Practitioners
29% Have Staff On-call

Source: VHA On-Line Survey
## Patients per MD/PA/NP

**Worked Hour by Volume**

<table>
<thead>
<tr>
<th>Range</th>
<th>Pts. per Staffed Hour</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 30,000</td>
<td>1.75</td>
</tr>
<tr>
<td>30,001-40,000</td>
<td>2.08</td>
</tr>
<tr>
<td>40,001-50,000</td>
<td>2.38</td>
</tr>
<tr>
<td>50,001-60,000</td>
<td>2.07</td>
</tr>
<tr>
<td>60,001-70,000</td>
<td>2.44</td>
</tr>
<tr>
<td>70,001-80,000</td>
<td>2.60</td>
</tr>
<tr>
<td>80,000+</td>
<td>2.11</td>
</tr>
</tbody>
</table>

*VHA On-Line Survey*
ED Physician Relationship

- Employed by Hospital: 24%
- National ED Contract Mgmt Co.: 9%
- Independent Contractor: 29%
- Small local contracted group: 38%

Source: VHA On-Line Survey

© Jeanne McGrayne/VHA
ED Physician Practice

Source: VHA On-Line Survey

© Jeanne McGrayne/VHA
Nurse/Tech/Clerical Staffing

Worked Hours per Visit

Data Source: Solucient ACTION Database, 1st Quarter 2003

© Jeanne McGrayne/VHA
Nurse/Tech/Clerical Staffing

Worked Hours per Visit

25th %tile

50th %tile

75th %tile

Level 1 Level 2 Level 3

Data Source: Solucient ACTION Database, 1st Quarter 2003

© Jeanne McGrayne/VHA
## Nurse/Tech/Clerical Staffing

### Worked Hours per Visit

<table>
<thead>
<tr>
<th></th>
<th>0-10% ED Adm</th>
<th>11-20% ED Adm</th>
<th>21-30% ED Adm</th>
</tr>
</thead>
<tbody>
<tr>
<td>25th %tile</td>
<td>1.86</td>
<td>2.17</td>
<td>2.39</td>
</tr>
<tr>
<td>50th %tile</td>
<td>2.19</td>
<td>2.49</td>
<td>2.82</td>
</tr>
<tr>
<td>75th %tile</td>
<td>2.39</td>
<td>2.67</td>
<td>2.96</td>
</tr>
</tbody>
</table>

Data Source: Solucient ACTION Database, 1st Quarter 2003
ED Staff Worked Hours/Visit by Region

Data Source: Solucient ACTION Database, 3rd Quarter 2002
ED Labor Cost/Visit by Region

- **West Coast**: $80.59
- **Mountain States**: $56.61
- **Southwest**: $64.05
- **Mid-America**: $52.52
- **Gulf States**: $54.58
- **Southeast**: $57.34
- **Central Atlantic**: $51.31
- **Georgia**: $57.69
- **Central**: $55.56
- **Michigan**: $57.57
- **Upper Midwest**: $69.75
- **Oklahoma/Arkansas**: $49.06
- **Upper Midwest**: $55.72
- **East Coast**: $78.04
- **Pennsylvania**: $51.98

Data Source: Solucient ACTION Database, 2nd Quarter 2002

© Jeanne McGrayne/VHA
**ED Staff Skill Mix**

<table>
<thead>
<tr>
<th></th>
<th>Registered Nurse</th>
<th>ED Tech/NA</th>
<th>Unit Secretary</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>2000 Staff Skill Mix</strong></td>
<td>71%</td>
<td>17%</td>
<td>12%</td>
</tr>
<tr>
<td><strong>2001 Staff Skill Mix</strong></td>
<td>63%</td>
<td>23%</td>
<td>14%</td>
</tr>
<tr>
<td><strong>2002 Staff Skill Mix</strong></td>
<td>65%</td>
<td>22%</td>
<td>13%</td>
</tr>
</tbody>
</table>
Technology

- Wireless data entry and access = Paperless!
- Low frequency cell phones
- Telematics – remote access to real time video
- Smart cards; scanners for ID and insurance documents
- Digitized radiography
- Bedside ultrasound
- Non-Invasive physiologic monitoring
- POC testing
Technology

- Registration/Discharge kiosks
- On-Line medical information
- Biometric monitoring ("wristwatch" monitor)
- Stretchers and floor tiles to measure weight
- Ultrasound monitors to record respiratory rate
- Ambient air samples to assess exhaled breath
- Thermographic sensors for heart rate and temp
- Scanning lasers to assess pupil size, shape and reaction to light
Facility Size and Admission %

- **BEDS**
  - Based on % of admissions
  - 15% admissions 2,000 patients per ED bed
  - 10% admissions 2,250 patients per ED bed
  - 20% admissions 1,750 patients per ED bed
  - 25% admissions 1,500 patients per ED bed
Facility

- Build Process Before Walls
- Strategic Planning
- Involvement of Everyone
- Triage Visibility
- Discharge area
- Design Supportive of Team Environment
- CDU/Observation /Express Admit
- Psychiatric ED

51% Recently Renovated
33% Planning or in Process
Customer Service

- Be Proactive
- Security
- Scripts
- Checklist
- Follow-up Phone calls
- Communicate Time Expectations
- Communicate Plan of Care
Leadership

- Medical Director active in Medical Staff
- Articulate Goals
- Communicate Outcomes
- Allocate Responsibility
- Assign Authority
- Accountability/Courage
The benchmarking process is a journey…

We learn during and from the process. We must not be so caught up in the numbers that we forget the journey.

We are reaching toward excellence, improving quality as well as financial results. True improvement and excellence are part of the journey and a process by-product.

Benchmarking is more of an art than a science. We begin with paint by number and end with a masterpiece.
Internet References

http://www.cdc.gov/nchs/about/major/ahcd/ahcd1.htm

http://www.hospitalconnect.com/aha/hret/emergency.html

http://www.acep.org


http://www.bshsi.com/tews/docs/TEWS.FutureInED.pdf

Questions?

Jeanne McGrayne
VHA’s Consulting Services
(910) 947-6075
jmcgrayn@vha.com