

# IMPACTS on METRICS



## REVERSING THE TREND, IMPROVING THE METRICS

Silver Group Advisors evaluated the Emergency Department performance as well as the ancillary departments including Laboratory, Cardiology, Diagnostic Imaging, Supply Chain and EMS. There was minimal collaboration between the ancillary departments supporting the ED and with the recent separation from a large IDN left them with no data analytics to evaluate.

Partnering with the new ED Leadership we created positive pathways of communication with ALL the ancillary departments and executive leadership to create a foundation of collaboration for success. As a team we were able to tackle the majority of obstacles in the Turn-Around-Time of Care, Critical Labs, Reporting of Imaging, Referrals and Admittance of Cardiac Patients while increasing the volume of patients via EMS and the retention of patients leaving. Implementing a Point of Care solution helped us reduce the TAT of critical labs from more than 2 hours to less than 30 minutes improving the speed of getting our most volatile patients to care immediately (Chest Pain, Abdominal Pain, Sepsis, Trauma and Stroke).

<b>56,000</b> EMERGENCY DEPARTMENT VISITS	<b>36</b> ED BEDS	<b>819</b> STAFFED BEDS	<b>6%</b> LEFT W/O BEING SEEN	<b>275</b> DISCHARGE LENGTH OF STAY
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### SG FACTOID

The RN responsible for getting this medical facility their Level 1 Certification is now a Silver Group Advisor—team experience in this area is priceless.



## MARKETABLE METRICS





## EXPERIENCE



Save Money. Save Time. Save Lives.

## NOTED ACHIEVEMENTS

With a 70% admission of chest pain patients we had to make changes. Silver Group helped us reduce the admissions by half and implemented a Concierge Cardiac program. The program allowed for our providers to have confidence that the patients would be seen for cardiac consult right away avoiding re-admissions and admitting patients to avoid risks. This had significant compounded savings, improved collaboration with cardiology increase staff and provider satisfaction.

- Introduced across service line membership on magnet councils to encourage partnership between departments ongoing
- Added MD's to ED council membership to create 6 fully multidisciplinary ED councils.
- Led ED to support successful Joint Commissions Comprehensive Stroke Certification November 2018 with zero ED findings
- Partnered with EMS Liaison Director to address local EMS relationships with Emergency Services, resulting in a more collaborative relationship, increasing ED EMS volumes 26% YTD comparison
- Decreased ED RN turnover from 27.3% to 9.1% within first 18 months (2021 7.86%)
- Improved ED Sepsis Bundle Compliance from avg. of 80% to 90% in preparation for seeking JC Sepsis Certification
- Decreased ED Divert 2018 59% compared to 2017 and maintained through April 2020
- Maintained Door to MD times of 6-9 minutes with use of Clinical Greeter, Fast Track, and Rapid Medical Assessment processes
- Implemented use of iStat in ED to support patient flow, resulting in a decrease of 113 minutes on lab turnaround times, focusing on Chest Pain, Sepsis, Stroke, and Abd. Pain Pts.
- Improved staff participation in ED All Staff Meetings from avg. of 30% to 75% in first 6 months
- Improved Pt. Satisfaction scores on NRC data base from 38.2 to 67.1 (avg. change is 2.6, EXCEL is 6.2) a 7.3 change
- Implemented use of Bioscape Tablets throughout ED to support pt. experience live and proactively
- Implemented use of EVS Liaison and ED RN Pt. Experience Liaison for proactive approaches to Pt. experience
- Maintained 100% call back on patients discharged from the ED through use of the PCM System, with a goal of reaching 50%, averaging 80-85% YTD trend
- Increased participation in Employee Engagement Survey from 12% (2018) to 74% (2019)
- Successful collaboration to achieve **JC Stroke Certification 2018**
- Successful collaboration to achieve **JC Accreditation 2019**
- Successful collaboration to achieve **CMS Accreditation 2019 post JC Accreditation**
- Successful collaboration to achieve **ACS Level 1 Trauma re-designation 2019**
- Maintained 0% work related COVID positive clinical staff 2020/2021, through dynamic use of PPE
- Collaborated with hospital leadership teams and service lines to outperform 2020 United Way goal of \$120,000 by \$45,714—unit based councils played pivotal role
- Decreased monthly averages of Patient Grievances 2018-2021 by 95%—maintained this metric 2020-current

