

Emergency Department Care



A Vision for Health. Caring for People.

Groves Memorial Community Hospital

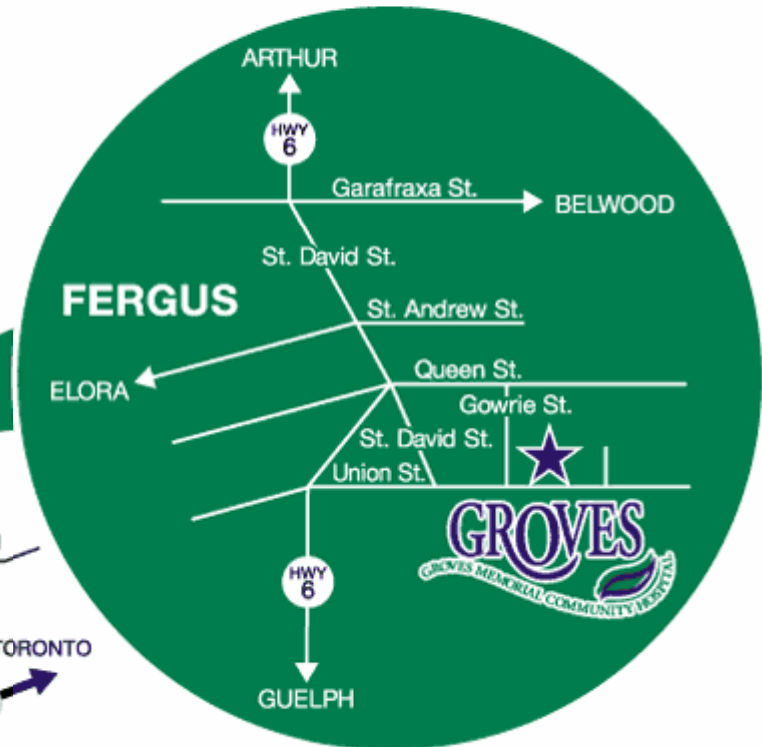
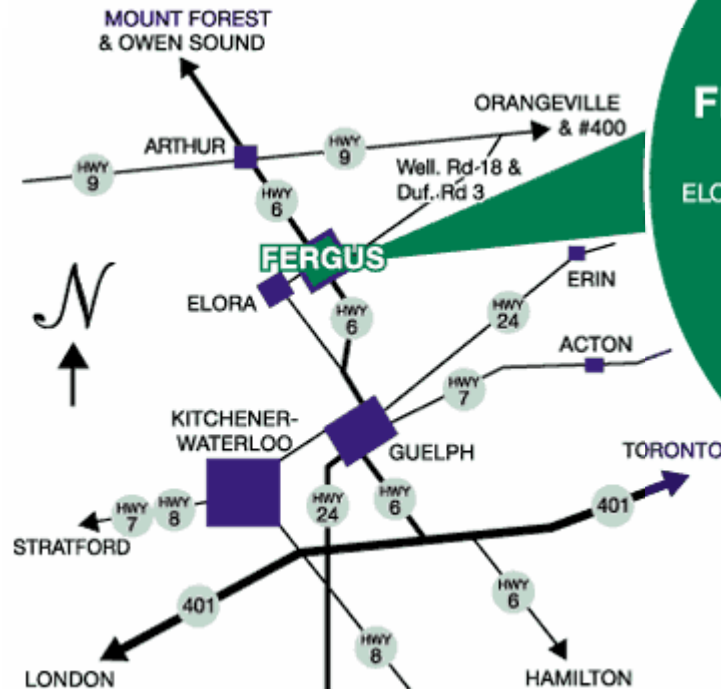


Where we Live!



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Mission, Vision and Values

- **Mission:**

Groves Memorial Community Hospital, a small, rural hospital, enables people to achieve optimal health through a range of integrated health services provided by a committed team working with a network of partners.

- **Vision:**

Our vision at Groves Memorial Community Hospital is to be a leader in the provision of excellent, compassionate, rural health care.

Mission, Vision and Values continued...

- Values

Caring

Accountability

Respect

Excellence...

With Integrity

Mission, Vision and Values continued...

Value Statements

- **Caring:**

We believe that a personal touch to our care is an important part of all the services we provide. Our compassion and empathy, while maintaining a positive outlook contributes to a friendly and welcoming environment.

Accountability:

- We believe we are accountable for the provision of quality care and the promotion of wellness using resources available to the best of our ability and knowledge. Whenever necessary, we will refer patients to the most appropriate alternate caregiver.

Respect:

- We believe that we are able to treat each other in a personable way with honesty and integrity. We believe in patient-focused care and the inclusion of patients and their families in decision-making.

Excellence:

- We believe we have responsibility to provide leadership and to be innovative in the provision of rural health care, and to support educational development of our health care team.

* ***Integrity:***

- *We believe that all of our values include integrity. Integrity goes beyond honesty and means “being loyal to those who are not present”, keeping promises and fulfilling expectations. (Covey - The Seven Habits of Highly Effective People p.195-96)*

Hospital Report Card 2005 Based on 2003/2004 Data



A Vision for Health. Caring for People.

GMCH Achieved Above Average in 3 of 4 Quadrants

- Clinical Utilization and Outcomes
 - 2 of 4 indicators
- Patient Satisfaction
 - 4 of 4 patient satisfaction indicators
- Financial Performance & Condition
 - 3 of 3 indicators in human resources
- Did not score below average on any indicators in any quadrants

No statistically significant differences for women and men on any indicators in Patient Satisfaction or Clinical Utilization Outcomes!

Clinical Utilization and Outcomes

- 4 indicators across three clinical conditions
 - Asthma,
 - ankle and foot injuries,
 - pneumonia
- Above average in 2 of 4 indicators

Clinical Utilization and Outcomes

Rate of Ankle X-Ray at Initial Visit

Process

- GMCH follows the Ottawa Ankle Rules in our Emergency Department
- ER staff do a good job of assessment and utilization of diagnostic technology due to the following combination of organizational factors:

Clinical Utilization and Outcomes

Rate of Ankle X-Ray at Initial Visit (cont.)

Relationships

- Communication and trust amongst ED physicians, nurses and diagnostic imaging staff
- Collaborative approach to assessment
- Limited on site hours for Diagnostic Imaging—hence physicians endeavour to utilize appropriately, and where possible have patients return to DI the next day

Clinical Utilization and Outcomes

Rate of Ankle X-Ray at Initial Visit (cont.)

Best Practice

- Staff focused on appropriateness of diagnosis
- Family Physician driven ED – have family practices but are trained in emergency medicine
- Know that follow-up will occur with family physician in an appropriate time frame – family physicians receive a copy (with the patients consent) of their visit to ED
- Due to our size there is significant face to face communication with all physicians

**Proportion of admitted
pneumonia patients with LOS of
two days or less**

Clinical Utilization and Outcomes

Proportion of admitted pneumonia patients with LOS of two days or less

Specific Initiatives undertaken two years ago as follows:

- Examined coding of records for pneumonia and other conditions
- Benchmarked rates with other hospitals re the following:
 - Length of stay versus Expected Length of Stay
 - Reasons for Variance – other co-morbidities
 - Cost per patient day

Clinical Utilization and Outcomes

Proportion of admitted pneumonia patients with LOS of two days or less (cont.)

Specific Initiatives undertaken two years ago as follows:

- Provided educational sessions to physicians
- Reviewed specific guidelines on community-acquired pneumonia to determine when it was appropriate to admit patients versus other interventions
- Involved our Infection Control Practitioner in this review

Clinical Utilization and Outcomes

Proportion of admitted pneumonia patients with LOS of two days or less (cont.)

Best Practice:

- Family physician driven ED – have family practices but are trained in Emergency Medicine
 - know that follow up will occur with family physician in an appropriate time frame
 - family physicians receive a copy (with the patient's consent) of their visit to ER.
- Patients are thus discharged from ED more readily with appropriate direction to return if certain things change, and reinforce contacting and arranging a follow up visit with their family physicians within a specified time.

Patient Satisfaction



Patient Satisfaction

- Overall Impression of Care
- Perceptions related to:
 - Communication
 - Responsiveness
 - Consideration

Patient Satisfaction

- Small community so staff know many of the patients they are seeing
 - Close and caring community
- This caring and communication is often reflected back to us in
 - Letters, phone calls, Hospital Report Card information
- Visitors to our ER are treated consistently in a friendly manner

Patient Satisfaction

- We have focused on education and training for our clerks who are most often the initial face for our ER, and often set the tone by how people are welcomed.
- This was a recognition to these staff of their value, and the important role they play, and has impacted the positive feedback we receive.

Patient Satisfaction

- We endeavor to speak regularly to the patients who are waiting when we get backlogged, by entering the waiting room and making such simple statements as:
 - We have had some critical patients arrive
 - If anyone is feeling worse at any time, please notify the clerk or the Triage Nurse
 - We will see you as quickly as we can
 - Thank you for your patience

Patient Satisfaction

- Patient volumes have increased resulting in increased waiting times
- Formally implemented the Triage guidelines 2003-04 which speaks to all patients being seen by a Registered Nurse within 15 minutes of arrival in the ED.
- Thus, patients are acknowledged, reassured, and given some sense of what priority cases may be ahead of them

Patient Satisfaction

- Volunteers assist patients who are waiting by arranging for:
 - Meals,
 - Calling family members
 - Talking to them
 - All of the above assist in reducing the anxiety of waiting and the overall impression of care

Patient Satisfaction

Best Practice

- Small number of staff per shift, so they must multitask
- All RNs are certified in ACLS, trauma, CTAS (triage coding), 12-lead ECG, and defibrillation
- New nursing graduates do not work alone until they achieve these certifications

Patient Satisfaction

Best Practice

- Family physician driven ED – have family practices but are trained in emergency medicine
- Know that follow-up will occur family physician in an appropriate time frame
 - Family physicians receive a copy (with the patient's consent) of their visit to ER
- Have a back up doctor scheduled at all times in the event of a trauma case, which might cause a backlog, to endeavor to facilitate timely treatment.

Patient Satisfaction

Patient Care Coordinator

- Many hospitals eliminated this position in the early 1990's as a cost-saving measure
- Groves maintains this position in off hours
 - Serves a management function but is also skilled in all areas of the hospital and are able to provide front-line assistance when necessary in D

Patient Satisfaction

Relationships

- Good communication and a culture of trust and respect fosters comfort level among staff which is transparent to patients who experience seamless care

Financial Performance and Condition

- Human Resources
- Productivity Indicators
- Total worked hours
- Nursing worked hours
- Registered nursing staff hours

Financial Performance and Condition

The following initiative was undertaken

Benchmarked with like facilities in the following areas:

- ER volumes
- Triage levels
- Physician staffing
- Nursing staffing by shift, and skill
- Clerical support
- Management percentage versus Unit Producing Time
- Diagnostic and Laboratory Support

Financial Performance and Condition

The above analysis identified that we were significantly lower in our staffing levels than the benchmark hospitals we compared ourselves to. This most recent survey resulted in our Board of Directors approving an increase of Nursing Staff on the evening shift.

Financial Performance and Condition

- Multi-skilled staff with multiple certifications as indicated previously, who contribute the majority of their time to direct patient care

Financial Performance and Condition

- Manager of ER is also a front line staff member, and has less than 20% of her time dedicated to Management responsibilities
- This results in:
 - Decreased cost, as more hours are Unit Producing versus Management
 - Early identification of trends and changes
 - Is “part of the team”
 - Input from the team is valued

Financial Performance and Condition

- We were successful in our RFP for the recruitment of a Primary Care RN_EC who works along with our physicians in seeing levels 3-5
- Volunteers are utilized for routine tasks so that the nurses can maximize their time in direct patient care.

Groves Memorial Community Hospital—That's Who We Are!

