

Hospital: Groves Memorial Community Hospital

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Clinical Utilization and Outcomes

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return ankle or foot x-ray rate –

- 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:

Relationships

- Communication and trust amongst ED physicians, nurses, and diagnostic imaging staff
- Collaborative approach to assessment

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 ER.
- Our size permits significant face to face communication with all physicians

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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
- provided educational sessions to physicians re the above
- 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

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 patients consent) of their visit to ER.
- Patients are thus discharged more readily with appropriate direction to return if certain things change, and reinforce contacting their family physician within 24 hrs. where possible

Client Perspectives

dignity, responsiveness, overall impressions, communication

Communication

- small community so staff know many of the patients they are seeing – close and caring community, and this is often reflected back to us in i.e. letters, phone calls, Hospital Report Card information
- visitors to our ER are also treated in a friendly manner
- 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 they welcome people. This was a recognition of these staff of their value, and the important role they play, and has impacted the positive feedback we receive
- we endeavor to speak to the patients who are waiting when we get backlogged, by making such simple statements in the waiting room as:
 - we have had some critical patients arrive
 - we will see you as quickly as we can
 - if anyone is feeling worse at any time, please notify the clerk or the Triage Nurse
 - Thank you for your patience

Information Provided

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

Volunteers

- volunteers assist patients who are waiting by arranging for:
 - meals,
 - calling family members,
 - talking to them, which all reduce the anxiety of waiting

Multi-skilled staff

- 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

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 patients 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 Care Coordinator

- Many hospitals eliminated this position in the early 1990s as a cost-saving measure
- Groves maintains this position even in off-hours – serves a management function but is also skilled in all areas to provide front-line assistance when necessary in ER.

Relationships

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

Financial Performance and Condition total worked hours
 management and operational support staff hours
 nursing worked hours
 registered nursing staff hours

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
- Multi-skilled staff with multiple certifications as indicated above who contribute the majority of their time to direct patient care
- 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 to Unit Producing versus Management
 - Early identification of trends and changes
 - Is “part of the team”
 - Input from the team is valued
- We 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

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 Governors approving and increase of Nursing staff on the evening staff.