

## **Goal: Cut door-to-doc time. Bonus: Much more efficient ER at Good Sam**

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KEARNEY - Change is a good thing in the emergency department at Good Samaritan Hospital.

The recent addition of a communication board, procedure carts, a new documentation system, central supply closet and a decrease in door-to-doc time and length of stay, among other improvements, have the department buzzing with change.

The improvements, made possible by a team of Good Samaritan Hospital employees, were made using the Lean methodology that helps to eliminate wasted time, steps or supplies.

Paul O'Connell, director of emergency services, said the goals of the Lean process were patient and employee satisfaction.

When the process started in May 2008, O'Connell started by asking what patients would want to see in the emergency department.

"The No. 1 thing is to see the doctor," he said.

O'Connell said the goal of reducing the door-to-doc time was to get it less than 20 minutes.

Camil Saadi, performance improvement specialist at Good Samaritan Hospital, said the door-to-doc time before the Lean process was averaging 28 minutes. He said the nationwide average wait time is about three hours.

O'Connell said since October, 70 percent of patients in the emergency department were seen by a doctor in 15+ minutes or less.

Saadi said once the door-to-doc time was decreased, the length of stay time also decreased.

"To make a change and reduce it, it's a good thing," O'Connell said.

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O'Connell said the average length of stay time for treated and released patients before the Lean process was about 103 minutes.

"If you look nationally, people would die to have that," he said with a chuckle.

The average length of stay time in the emergency department at Good Samaritan Hospital for treated and released patients is now 93 minutes.

Factors that helped reduce the length of stay and door-to-doc time was the addition of the central supply room in the emergency department and procedure carts in each room.

O'Connell said before the central supply room and procedure carts were added, emergency department nurses walked an average of nine to 12 miles per 12-hour shift in the department.

"They were going everywhere - a lot of waste," O'Connell said.

After the supply room and procedure carts were added, nurses were averaging about four to six miles per 12-hour shift, according to O'Connell.

Saadi said instead of nurses going from drawer to drawer or from shelf to shelf to locate the right supplies, they are now able to get all of their supplies in a central location.

The supply room was constructed by making one of the larger patient rooms a bit smaller. Shelves on a track double the storage space in the supply room.

Saadi said the procedure carts in each room are a way to establish a point of care right away when treating a patient.

"They (nurses) apply what they need, and the nurses love it and the doctors love it and the patient gets care right away," Saadi said.

A communication board with a color-coded magnet system was also added in the department. The red, yellow and green magnets communicate to technicians and emergency department nurses that a specific procedure needs to be done, is in progress or has been completed on a particular patient.

Saadi said the communication board takes out any wasted time because nurses and doctors are able to see everything happening with their patients in one location.

Other improvements included construction on the operating rooms in the emergency department to make them universal rooms instead of specialty rooms, according to O'Connell.

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A new documentation system was also added that allows doctors and nurses to use different templates to construct a narrow focus of the patient.

"It gets you into these important assessment pieces you need to do. It's been a staff satisfier," O'Connell said, noting nurses would spend almost two hours after their shift was over on documentation with the old system.

O'Connell said another improvement the Lean process pushed forward was the need for a mid-level position, a physician assistant or nurse practitioner, to work seven days a week.

"That position would free up the ER doctor a little more to see more critical patients," he said.

Saadi said the cost for all the improvements was less than \$100,000. He said the process is 95 percent completed.

O'Connell said there will be other small improvements in the coming months, but not as drastic of changes as the last year.

"The work won't end. We have more to do."

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ER by the numbers

14,300 patients seen in the Good Sam emergency room during the last fiscal year

10,900 people seen in the emergency room who were treated and released

9 to 12 miles walked by emergency department nurses in a 12-hour shift before the Lean process

4 to 6 miles walked by emergency department nurses in a 12-hour shift after the Lean process

70 percent of patients seen by a doctor in 15+ minutes or less after the Lean process

93 minutes is the average length of stay of treated and released patients in the emergency department

Sources: Paul O'Connell, director of emergency services, and Camil Saadi, performance improvement specialist, at Good Samaritan Hospital

The author of this piece is Sarah Mulder, Hub staff writer