



URGENT
Matters
E-Newsletter

Mission Critical Moving Outside the Walls of the ED

FOCUS ON URGENT MATTERS LEARNING NETWORK II: GOOD SAMARITAN HOSPITAL MEDICAL CENTER

Hospital Metrics
Location: Suffolk County, NY
Number of Beds: 437
Affiliations: Mount Sinai Hospital and Mount Sinai School of Medicine
Ownership: Non-Profit, Catholic Health Services of Long Island
Number of Emergency Department Visits Annually: Approximately 100,000

Good Samaritan Hospital is a high-volume, Level-II trauma center, with both an adult and pediatric emergency department (ED). Patient flow has always been a concern for this busy community hospital that seen significant growth in volume in recent years. "For Good Samaritan, participation in Urgent Matters Learning Network II provided a great opportunity to gain access to the collective brain trust of other hospitals working through patient flow issues," said Susan Dries, RN, Vice President Quality/Care Management, Good Samaritan Hospital Medical Center.

"In addition to a large ED and the ability to leverage a state of the art electronic medical record, Good Samaritan also had a hard working staff that was open to change and innovation", noted Adhi Sharma, MD, FACMT, FACEP, Chairman Emergency Medicine, and Co-Project Director of Urgent Matters.

Since starting work on the Urgent Matters Project, the Good Samaritan team has seen enormous success with their chosen change strategy of improving the time to treatment for 'MidTrack' patients. Recognizing the relatively high morbidity levels of non-urgent or mid acuity patients returning to the ED after leaving without being seen on a previous visit, the hospital chose to focus on a solution to this problem. The innovation is similar to Fast Track – patients with select chief complaints within emergency severity index (ESI) level 3 triage category are evaluated by a dedicated team and the diagnostic work-up is begun immediately upon arrival. The strategy so far has been a successful as left-without-being rates for ESI level 3 patients has decreased from 7% to 4%. Left-without-being rates for the entire ED have decreased from 2.4% to 1.7% since the addition of MidTrack.

"The data collection, status updates, and required reports kept the project moving forward," said Sharma when asked about the benefits of being involved in Urgent Matters LNII. He also explained that the team benefited greatly from the opportunity to share information, experience, and skills with others working on the same issues.

The benefit of the Urgent Matters LN II initiative to Good Samaritan lies not only in the specific improvement strategies and measures that the hospitals will produce, but also in the way participation in project like this changes the hospital culture. "The opportunity to utilize flex-space in the development and implementation of the project was critical," said Sharma. "The way that we were able to re-purpose existing space and provide the resources and staff

The logo for 'Urgent Matters E-Newsletter' features the word 'URGENT' in large, bold, black, sans-serif capital letters. Below it, the word 'Matters' is written in a smaller, black, sans-serif font. At the bottom, 'E-Newsletter' is written in a bold, black, sans-serif font. The text is set against a light gray, oval-shaped background that has a subtle gradient and a slight shadow effect.

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necessary to create MidTrack speaks volumes about the adaptability and innovative nature of our ED and its staff," explained Sharma.

The support from senior hospital administration was vital in the development and implementation of the project. Cooperation from top officials also gave the project increased importance and encouraged buy-in from staff across the ED. "As a result of Good Samaritan's participation in the Urgent Matters project, there has been a greater awareness of crowding as a hospital-wide issue, not just an ED problem," says Dries.

Dries noted that when forming their Urgent Matters LNII team they wanted to establish a core group of people encompassing many different aspects of patient flow across the ED. The hospital's LNII team included ED nurses and physicians, as well as representatives from security, and the information technology departments.

The hospital hopes this project will have larger implications for future ED redesign at hospitals everywhere. "The ideas of flex-space and MidTrack are hardwired into our hospital's modernization project," noted Sharma. With the dedicated space and staff the hospital will be able to increase the hours of operation for the MidTrack and open up treatment to all ESI 3 patients.