

Date sent: **Thu, 13 Sep 2007 11:05:37 -0400**
From: **tbenny@mail.magee.edu**
Subject: **Magee ED Process Improvement Project**
To: **kconover@pitt.edu**
Priority: **normal**

This message comes to you from ED Process Improvement Team / Magee-Womens Hospital.

This message comes to you from Magee-Womens Hospital - Dennis English, MD, John Fisch, MD, Paniti Sukumvanich, MD, Tim VanFleet, MD, Maribeth McLaughlin and Jeff Hodges.

Magee ED Process Improvement project

As an institution Magee has one of the highest Patient satisfaction ratings in all of UPMC. Unfortunately one of the areas that does not meet our expectations is the Emergency Department. This is a very complicated issue but most of the dissatisfaction is related to long waiting room times, and long wait times related to final diagnosis, admission or final disposition of care. A group of doctors and administration staff have been evaluating the situation and issues in great detail. We believe it is time to take action on some of our findings and need your help to implement these process improvements.

It is important to note that 60% of our ED volume remains OB/GYN in nature with surgical consultation in a number of patients. We want to present a summary of what we believe are the salient points of the ED process improvement project regarding OB/GYN and surgical care.

Our goals are to improve the efficiency of our ED, decrease wait times for ED patients, improve patient satisfaction in the ED and continue to provide Resident educational opportunities. As one part of this improvement effort, we believe it is important to educate our doctors (private and faculty) on the nuances of observation / admission criterion as one of the steps in encouraging docs to admit their patients to the hospital for long work ups rather than attempt these work ups in the ED.

Having said the above here are some of the process improvement ideas we have agreed upon:

1. We strongly encourage, during daylight hours, for all practices to see their patients with urgent problems in their own office. Many of the patients seen in the ED do not have emergencies and, during business hours, could and should be accommodated in your own office.

2. We would encourage any attending GYN, if they so desire, to see and evaluate any of his/her patients sent to the ED. However our expectation is that you would see the patient within 30 minutes of their arrival to the ED. If this is not possible either the 2nd year Gyn resident assigned to the ED or the ED physician will see the patient and communicate with you regarding their work up, admission or treatment plan

3. GYN resident (2nd year) assigned to the ED will be called for GYN cases in the ED. If they are not able to respond within 30 minutes (off doing consults etc) they should notify the ED attending to proceed with evaluation of the case in consultation with the GYN attending (whom they will be able to identify and note to the ED attending).

4. After completing their initial H&P the GYN resident will discuss their evaluation plan with the GYN attending (private or faculty). The goal is to be certain the appropriate work up is being planned (to avoid extra time/ repeat or inappropriate studies). That is, care is directed and under the management of our senior attendings. Please remember all ED patients must be seen by an attending level physician prior to discharge from the ED

5. In those cases where it appears likely that in hospital care will be needed, the attending should direct the resident to put the patient into a Hospital bed (either observation or admission status) as soon as possible. The goal being to shorten the patient's time in the ED (better for the patient and the ED efficiency) Attached to this letter you will find Observation and admission criterion for some of our common ED diagnoses. We would encourage you to review and use these criteria to help you make more timely decisions to either admit your patient or to place them in observations.

6. The GYN Specialties faculty attending accepting transfers that day will be on the Medcall schedule, making it easier for them to be contacted for transfers of care to their service

7. Direct admissions (transfers or from offices) should NOT be sent to the ED, but rather directly admitted to a hospital floor with further work up as needed being completed after admission. Having these types of patients come to the ED not only delays their care, but contributes unnecessarily to the back ups in the ED. Direct admissions can be arranged by calling the Health Manager at 412-641-2222 and calling the GYN resident to discuss your clinical concerns and care plans.

8. In those patients where it is unclear to which service (for example GYN or general surgery) the patient should be admitted it is the goal of this process to have the attendings involved ASAP to help decide to who's service the patient should be admitted. We encourage admission for the completing of the work up (to either service) rather than prolonged ED work ups.

9. Criteria will be developed designating certain patient types for "automatic" admission. For example hyperemesis patients returning to the ED within 48 hours of their first ED treatment should be admitted and treated rather than retreated in the ED for hours. Pregnant Methadone patients for conversion and possibly others would qualify.

We hope we can count on your support for this needed initiative. If you have questions, concerns or suggestions we encourage you to discuss these with one of the team members:

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