Eagle’s Strategy to Improve ED Throughput & Other Metrics Raises HCAHPS Scores

PeaceHealth St. Joseph Medical Center, which includes a not-for-profit full-service hospital founded by the Sisters of St. Joseph of Peace, is part of the Northwest Network of Care within the PeaceHealth system with medical centers in Alaska, Washington and Oregon.

THE CHALLENGE

PeaceHealth St. Joseph Medical Center in Bellingham, WA, a two-campus hospital with 200+ beds, set out to reduce readmissions and ensure it would not receive any Medicare reimbursement penalties. Daniel Kim, MD, Medical Director, and two RN Directors knew a more proactive approach was necessary—and not just from the case management team. They wanted the clinical team involved more closely in post-discharge care.

In addition, the hospital’s two emergency rooms at opposite ends of the facility—ED North and ED South—made it difficult for admitting physicians to expedite patient flow. “We had to go back and forth many times,” said Dr. Kim. ED stays for some patients were 5-6 hours—a major factor in the facility’s HCAHPS performance lingering around the 65th-70th percentile.

THE SOLUTION

Because the first week after discharge is critical to setting a patient’s course for recovery, Dr. Kim and his team set up a process in which nurse directors make phone calls to patients during that first week to be sure they are doing okay, taking their medications, and following their rehab regimen. They also set post-discharge appointments for patients with their family physicians—and if they don’t have a physician, they find one for them.

In another proactive step, Dr. Kim meets weekly with nurses, social workers, and risk managers to discuss “difficult discharge” patients—anyone whose stay goes beyond five days—to see what can be done from a medical, social, and behavioral perspective to ensure a safe and supportive discharge for the patient. Also, St. Joseph changed the makeup of its case management team; instead of social workers, the hospital’s two nursing directors do case management because they are more closely involved with the patients’ medical conditions.

To reduce ED throughput time, the facility made ED North a center for less acute patients. The change made a significant improvement in ED throughput by grouping the acute patients who are more likely to require lab tests and more intensive attention from ED physicians and the hospitalist team prior to admission. The hospital also instituted a policy that doctors see patients within 30 minutes after ED MDs call for admission.

THE RESULTS

Readmission metrics dropped 10%, to a level well below the national average. “We are one of the few hospitals in the PeaceHealth system that has not had any penalties for our readmission rate,” Dr. Kim said.

ED throughput is typically less than 90 minutes now. “It has really helped improve our patient satisfaction scores,” said Dr. Kim. “Our HCAHPS scores are good now—in the 80th percentile, up from the 65th-70th percentile.”

Improved metrics mean Dr. Kim and his staff can focus on other important priorities. The Eagle hospitalist team at St. Joseph has reached out to community service agencies in the area to help keep the readmission rate low, and to develop a better response plan for chronic visitors to the ER. The team works with the Whatcom Alliance for Health Advancement (WAHA), a nonprofit organization that connects local residents with the healthcare resources they need.