



Case Study

MVT® Reduces ER Door-to-Doctor Time 34% and Total Turnaround Time 21% While Increasing Patient Satisfaction

The Opportunity

A large hospital with excellent ER performance desired to take performance to the next level. The hospital had recently made significant progress in improving satisfaction. However, buy in of the staff and doctors was not good. Unsure which other changes would produce benefit and having heard about QualPro's work with other hospitals, they commissioned an MVT® project.

The Approach

The hospital involved people from the ER and other departments in their MVT® project. Project participants selected two key measures (door-to-doctor time and total turnaround time) and two secondary measures (patient's survey ratings of likelihood to recommend and pain management). The project team wanted to ensure they were not hurting patient satisfaction by improving efficiency.

The Test

QualPro's MVT® Process was very different from anything the hospital had tried before and the tests generated a great amount of enthusiasm.

Brainstorming by physicians, nurses, staff, and other departments identified 139 ideas which might improve door-to-doctor and total turnaround time. Of these, 22 which were practical, fast, and cost free were selected to test using QualPro's MVT® Process. Just two months of MVT® testing revealed the impact of each test idea, individually and in combinations.

The Results

Door-to-doctor time decreased by almost 34% and total turnaround time decreased by over 21%. Also, patient satisfaction increased by 8%.

The MVT® study found that six of the ideas helped. Five of the ideas actually hurt, even though they were intended to help. The rest made no difference. In addition, four of the ideas had synergistic effects which unexpectedly improved patient satisfaction.

Surprisingly, one of the ideas, which had a large effect on total turnaround time, also improved door-to-doctor time. At first this seemed strange since the idea involved a task that happened after the doctor had seen the patient. However, after further analysis, it was found that the idea helped total turnaround so much that the ER backed up less frequently. Since ER back up increases the door-to-doctor time, having the ER backed-up less often resulted in a decrease in the average door-to-doctor time.

<i>Idea</i>	<i>Old</i>	<i>New</i>
Bed Side Registration	No	Yes
Admit Order by ER MDs	No	Yes
Draw Blood with IV	No	Yes
Admit Waiting Location	ER hallway	Admit holding
Pre-Discharge Visit by MD	No	Yes
Stream Lined Triage Form	No	Yes
Canned Response for Waiting Patients	No	Yes
Modified Clinic Hours	10 am to 1 am	8 am to 11 pm
MD & Nurse Names on Board Room	No	Yes
Standard MD Intro Protocol	No	Yes
Standard Extremity X-ray Protocol	No	Yes
Notify ER When Bed is Ready	Floor	House-keeping
Turn Room Around During X-rays	No	Yes
Keep a Bed Ahead for ER Patients	No	Yes
Proactively Determine Patient Expectation	No	Yes
Modified Triage Staffing	No	Yes
Express Protocol for Triage Nurse	No	Yes
Wait Time Poster in Lobby	No	Yes
Timing for Pain Meds	After X-ray	Before X-ray
Updated Clinic Guidelines	No	Yes
Patient Education Poster	No	Yes
Standard Clinical Pain Protocol	No	Yes