

Rochester General Hospital Has the Busiest ER in Upstate

Hospital has more than 100,000 visits in 2010, the highest number in its history

By Amy Cavalier

They've undergone extensive renovations on their emergency departments over the past two years. A new adult emergency department opened Oct. 7, 2009, followed by a new pediatric emergency department on Dec. 7, 2010, and just a week later, a new psychiatric department was unveiled. A brand new observation unit, for patients who need to stay in the hospital less than 23 hours, will be complete by October this year.

If you look beyond the new waiting rooms, emergency departments and equipment though, you'll find a much bigger change lies beneath the surface.

Last year, Rochester General's emergency department saw more than 100,000 patients, making it the busiest in Upstate New York, and among the Top 10 in the state, according to Dr. Keith Grams, the hospital's chief of emergency services. This is the highest number of visits in the hospital's history.

Part of that can be credited to the new facilities, Grams said. A large part of it is due, however, to a change that the hospital staff made in December 2010 which has turned the traditional model of emergency department care on its head.

Grams came to Rochester General in September 2010 from Strong Memorial Hospital, where he served as medical director. The medical director of the emergency department, Bryant Gargano, was also relatively new. It didn't take long for them to see the system just wasn't working.

"We would regularly see four-to-six-hour waits under the prior traditional model," said Grams. "Thirty to 45 patients waiting in the emergency room at 11 o'clock at night was common place."

The new leadership team enlisted the help of staff and planned to eliminate or at least reduce the wait time people were experiencing in Rochester General's emergency department.

"We recognized that the traditional way to approach patient care had a lot of non-value added steps of waste we could eliminate to make things better for patients and staff," he said.

The new ED system is a patient-care centered approach, Grams said. If a patient comes in vertical, they stay vertical, rather than being forced to lay in a bed waiting for care. A patient who comes into the emergency department walking, or in other words with a minor medical emergency, is brought into a room where they get to see a health care provider, a nurse and a patient care technician all at the same time, and then the initial work-up can begin.

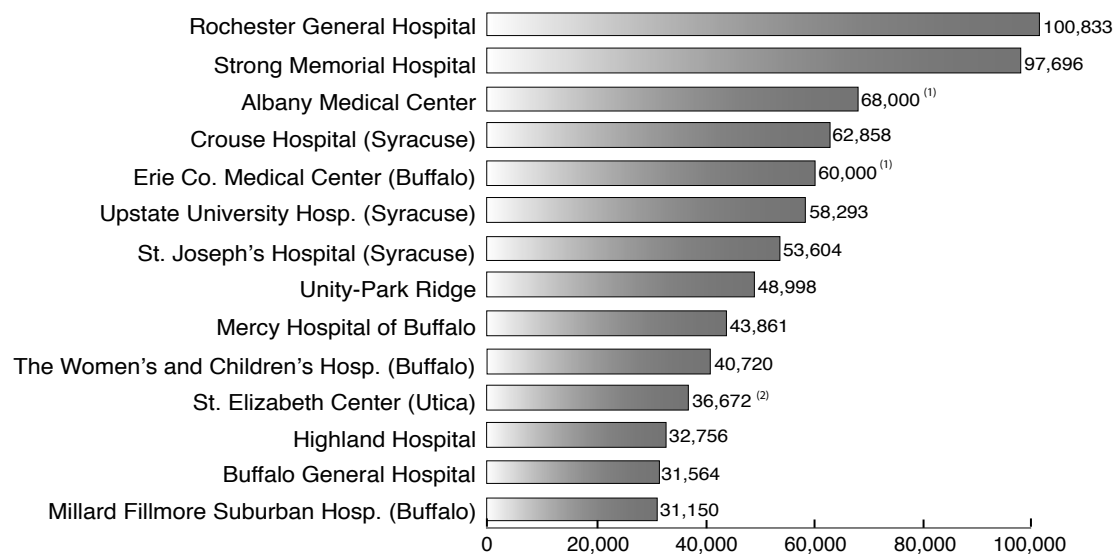
"That way, folks that come in with a minor complaint that don't need much work can be discharged immediately," said Grams.

Patients that need more extensive care, such as an X-ray or blood work



Members of the staff at Rochester General Hospital celebrated in December 2010 their 100,000 patient in the emergency department.

Number of Visits to Emergency Departments in 2010 at Select Upstate New York Hospitals



Sources: 2011 CNY Healthcare Guide, Rochester General Hospital and individual hospitals.
(1) Estimate number of visits in 2010; (2) Figures from 2009

are placed back in the waiting room to watch some television, and then they are called back in when the results are ready. Those who might need an IV or CAT scan are sent to a different area, with reclining chairs and more treatment capabilities. Patients in need of immediate care are placed in a bed.

"We were just tripping over one another in the old emergency department," Grams said. "Individual treatment area was significantly increased in the upgrades. Our goal was to be able to get everybody in a private room."

With double the amount of square footage, Grams said, they were able to

build those private rooms and increase area for staff. About 8 to 10 percent of emergency department patients are still handled at the triage, where they can be immediately cared for and discharged.

Under the old model of care, a patient entering the emergency department would come in, register and wait. Next, they'd see a nurse in triage, then wait. Then they'd get called into a room for more waiting. Tests might be run, and then another wait for the results. Then finally, the patient would be treated and released or admitted, which meant another potentially long wait. On average, Grams said, the aver-

age "door to doctor" time for a patient at RGH's emergency department was 90 to 110 minutes. The percentage of people who would leave before being seen was 4.8 percent in 2009. The national average is 4.1 percent, according to Grams.

Frustration levels were high under the old system, Grams said. Patients were frustrated, which made staff frustrated, which turned into a downward spiral of continued frustration and dissatisfaction.

Nurse manager at RGH, Shari McDonald, had only been at the hospital for one month when the changes went into effect. She was part of the team that helped develop the plan. Before the changes went into affect, McDonald said, employee morale was very low.

"Imagine walking down the corridor and seeing 100 people," she said. "When a nurse walks in and sees that, you know already you're not going to have a good day, and that's why it was important to move those people out of the waiting room. Administration said they supported us 100 percent and they wanted the best for our patients."

With new leadership, new facilities and a new patient care system, Grams said staff worked hard as a team to adjust to a lot of changes in a short amount of time.

"The biggest obstacle really was changing how the emergency department team viewed the patient flow and approach to patient care, because we were very invested in that traditional model," said Grams. "Everybody said it need to change, but there's always that apprehension of doing it, so it was an underlying cultural change in how we approach patient care."

McDonald said Grams has helped nurses think beyond patient care to see the big picture.

"Nurses aren't taught about business, we're taught about caring and compassion," she said. "Dr. Grams helped the nursing division understand that when a patient leaves without care, that means they're in harm's way, and it's a financial loss to the hospital, which means we could lose employees, which affects patient care."

The proof that it's working is in the numbers. Under the new system,

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Spotlight on UCVA

Practice offers comprehensive cardiac services at four locations

UCVA is a privately-owned cardiology practice that serves the Greater Rochester, Finger Lakes and Southern Tier areas. It has 15 board-certified cardiologists, seven nurse practitioners, three physician assistants, a support staff of more than 100 professionals working in four locations: Brighton, Greece, Geneseo, and Dansville.

"Our mission is to provide the best cardiac care to our patients by utilizing the latest medical information and state-of-the-art techniques in a pleasant and friendly environment" said Daniel J. Williford, physician with the practice.

UCVA offers comprehensive cardiac care ranging from expert consultation, stress testing, echocardiography, nuclear imaging, arrhythmia detection and treatment, blood pressure monitoring, pacemaker and defibrillator management, and vascular studies including lower extremity and carotid artery ultrasounds. UCVA is also the exclusive provider of enhanced external counterpulsation (EECP) in the Greater Rochester area. This non-invasive treatment has been shown to significantly relieve symptoms in patients with refractory angina.

For patients who require care beyond general cardiology, UCVA has cardiologists that specialize in electrophysiology and coronary interventions. "Cardiac electrophysiologists have additional training in the management of heart rhythm disturbances" said Sarah Taylor, electrophysiologist with UCVA. "We employ sophisticated techniques to diagnose and treat arrhythmias, including ablation therapy to eliminate electrical pathways in the heart that cause arrhythmias and implantation of pacemakers and defibrillators." Interventional cardiologists are trained to perform coronary angiograms and correct coronary blockages with angioplasty and stenting.

What makes UCVA different from other cardiology practices? "Everyone was very pleasant, professional and explained things to me in a very clear and concise manner that I understood," said one patient. "Very favorably impressed with efficiency and coordination of all the people involved in the test procedure," said another patient.

With a closer look we found an abundance of more than satisfied patients who said they would or have highly recommended UCVA to others. One couple even said, "We happen to be UCVA's biggest fans! We happily make the drive from Lockport [Buffalo area] because we know that UCVA is second to none. We have never been disappointed; in fact their competent and compassionate care exceeds our expectations."

Williford summarized what patients can expect on a visit to UCVA: "We provide the complete range of cardiac services."

"We are available in four different outpatient locations and see patients at local hospitals, including Highland Hospital, Rochester General Hospital, Strong Memorial Hospital and Unity Hospital at Park Ridge."

"Our cardiologists are all board certified with a wealth of experience." "We are dedicated to treating each patient as an individual in a caring and respectful manner."

"We will communicate your information to your primary care physician and other physicians in a timely manner to keep them abreast of your condition."

In April 2011, UCVA will launch a new website — www.ucva.com — which will include online bill payment, prescription refill, appointment requests, patient education, and much more.

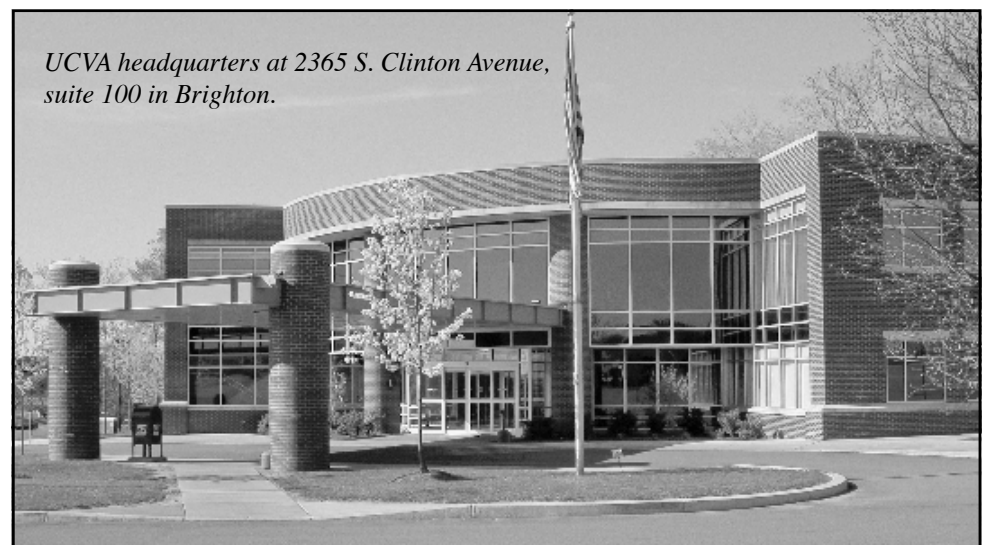
"We hope this service provides added convenience and accessibility for our patients. Our goal is: "Helping You to a Healthy Heart." Check us out on Facebook under "UCVA," said Christine Miller, RN, RHIT, MPA, chief administrative officer at UCVA.



Dr. Williford



Miller, RN



UCVA headquarters at 2365 S. Clinton Avenue, suite 100 in Brighton.



Outside the B. Thomas Golisano Emergency Pavilion at Rochester General

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the average door to doctor wait time is 29 to 30 minutes. The national average is 51 minutes. And the length of stay for emergency room patients is on a gradual decline as well.

"The proof is the patients keep coming back and we had a record breaking month in January," McDonald said.

McDonald said all staff get together for daily huddles to discuss what went right and what went wrong that day. That gives everyone a sense of ownership, which has boosted employee morale.

Customer satisfaction has also changed drastically. According to Grams, patient satisfaction at RGH, as measured by national survey company Press Ganey, has been in the 90th percentile two of the past 12 months. That's up from the single digits previously. The changes in speed of service at Rochester General's emergency department has also resulted in more ambulance traffic coming into the hospital.

"If emergency services find a hospital that can get them back on the

road faster, where they get good service and they get treated with respect, they'll come back to that," he said.

"Patients can pick where they want to go, but the EMS can influence the patient. We are just now starting to see patients from primary care physicians that we weren't seeing before. It's just the simple word of mouth by patients and staff...they'll tell their friends and family which spreads by wildfire."

Before, Grams said, he might get two positive notes a month, now the notes come in a manilla envelope, and there are eight to 10 a month.

Last year, RGH's Emergency Department treated 100,833 patients, up over 8 percent from the previous year. Grams said other hospitals in the area have taken notice of the new system at Rochester General.

"The fun part is, the better we are, the better everyone else will

try to be," he said. "Our ultimate goal is when somebody wants to figure out how to get it right, that they're picking up the phone and calling Rochester General Hospital."

Wait Time at RGH's Emergency Department

Then...

- Average door to doctor time: 90 to 110 minutes.
- About 4.8 percent of patients would leave the emergency department without being seen in 2009
- Patient satisfaction, as measured by national survey company Press-Ganey, was in the single digits.

Now...

- Average door to doctor time is 29 to 30 minutes.
- About 1.5 percent of patients leave without being seen.
- Patient satisfaction has been in the 90th percentile two of the last 12 months.

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