

Overhaul cuts wait times

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Samaritan Medical Center docs retool emergency dept., boost patient care

For the better part of two years, Samaritan Medical Center Emergency Department Drs. Maja L. Lundborg-Gray and Sarah A. Delaney-Rowland have been watching the clock and it appears to be paying off.

After an exhaustive 18-month top-to-bottom overhaul of Samaritan's Emergency Department, patients who come in the door seeking care are now averaging wait times of just 19 minutes to see a provider — a 72 percent decrease over the previous 68-minute average wait.

Samaritan Medical Center Emergency Department Drs. Maja L. Lundborg-Gray, left, and Dr. Sarah A. Delaney-Rowland in the hospital. For the past 18 months, the pair has worked with staff and a consultant to streamline the department and cut patient waiting times. Norm Johnston/ NNY Business

“The ultimate goal was to decrease wait times and continue to deliver great care,” Dr. Lundborg-Gray said. “We are seeing some wonderful results in its infancy.”

Dr. Lundborg-Gray is president of North Country Emergency Medical Consultants and serves as medical director of Samaritan's Emergency Department, while practice partner and Watertown native Dr. Delaney-Rowland is department chairman.

For months, the pair has worked with Dr. Emilio S. Belaval, a board-certified emergency physician who practices emergency medicine in Providence, R.I. Dr. Belaval is also senior vice president of Emergency Excellence, a consulting group that works with health care organizations to improve emergency departments and clinical outcomes.

“Using a traditional model of trial and error, we look at how we run the department and make sure patient care is improved in the process by eliminating idle time,” Dr. Belaval said. “By streamlining the process, we see very little idle time, which allows us to cycle patients more efficiently and protect the beds from being erroneously filled.”

In many emergency departments, patients are given a bed before it is necessary, which, Dr. Belaval said, “clogs the system of care.” In a streamlined department, if a patient doesn't need a bed, they won't stay in bed, which increases bed capacity for the more critical patients.

“Eliminating that idle time for patients means that they're going to get the physician care and treatment they need and go home,” he said.

How the emergency department interfaces with the lab and X-ray department and other teams

was also analyzed for potential efficiencies.

“A change in the entire process was necessary to improve,” Dr. Lundborg-Gray said. “This was an institutional effort that involved all departments on all floors — from the bottom up.”

In a typical day, Samaritan’s emergency department averages 150 patient visits with its busiest time from 9 a.m. to 1 a.m., which, save for trauma cases or mass casualty incidents, leaves only eight hours of “down time” when emergency department staff can catch up on non-patient-related tasks such as paperwork and administrative chores. For the team working to overhaul the department, it meant keeping up with patient demands and cases while searching for new and innovative ways to make lasting changes.

“Sacrificing care was never an option,” Dr. Delaney-Rowland said. “It’s about how we get a patient through efficiently.”

Overhauling the emergency department first meant a thorough assessment of existing procedures and practices. Once the department’s team understood how it was delivering services, each step was analyzed for potential improvements and streamlining. From patient registration to triage to intake and vitals, the doctors examined each step, every process and all procedures.

Dr. Belaval and his group helped Samaritan write standing operating procedures, or SOPs, for routine occurrences, such as a surge in patients arriving at the emergency department.

“Dealing with a surge in writing means that everyone knows their role before it takes place,” he said.

Nationally, emergency department wait times continue to increase, which critics maintain is a drain on patient care and, if ignored, ultimately costs the health care system money. Samaritan’s push to improve patient wait times in its emergency department has been on the board for some time.

“This discussion came out of our strategic plan back in 2005 when we started the facility expansion that included a new emergency department,” said Krista Kittle, Samaritan spokeswoman. “This is really our response to the community’s call for improvement.”

While the initial results are positive, the focus within the emergency department has now turned to making minor adjustments, maintaining gains and continuously working to improve care and patient satisfaction.

“We needed to challenge the management part of patient care,” Dr. Lundborg-Gray said. “We’re not working in an assembly line. It took a year to get here by upending and redoing the entire system, now we are evaluating our results and seeking ways to still improve.”

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