

EMERGENCY DEPARTMENT PAY FOR PERFORMANCE PILOT



Editor’s Summary: In the *Emergency Department Pay for Performance Pilot Project*, the objective of the project was to increase the number of emergency patients meeting targeted ED transit times. The initiative involved a number of operational process redesign strategies, but there was also an additional factor. For each non-admitted patient above a baseline number who received ED care within the target time, the Government of British Columbia provided VCH a \$100 payment to help fund additional ED improvements. These targeted transit times were 2 hours for CTAS 4 and 5 patients (less urgent and non urgent), and 4 hours for CTAS 1, 2 and 3 patients. For patients admitted to an inpatient bed within 10 hours of emergency department presentation, the organization received \$600. The improvements included an overall 21% increase in cases (3434 patients) whose care was delivered within the specified targets. In this initiative, the authors note that since the funding received was for the Health Authority and not for individuals, the general motivation was the ability to enhance patient care with the tangible reminder of the importance of the process changes that the pay for performance funding enabled.

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Purpose:	This project was designed to improve emergency department patient transit times at four selected Vancouver Coastal Health Authority hospitals, including Vancouver General Hospital. The need to improve these transit times was identified as part of the ongoing monitoring of emergency department performance.
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Context:	<p>Continued increases in the demand for the services of the VGH emergency department prompted a review of the emergency department operations and how its processes could be improved. There was an opportunity to link the funding for these needed improvements to results achieved, to demonstrate that measurable improvements were being achieved. This “pay for performance” allowed Vancouver General Hospital to receive additional funding to improve its emergency department patient transit times only where it could demonstrate that its expenditures were effective in improving performance. Performance linked to funding was measured by an increase in the number of emergency department patients meeting transit time targets.</p> <p>Transit time targets were determined, calculated from the time of emergency department admission to the time of either discharge from the ED to home or elsewhere, or, if required, admission to an inpatient bed in the hospital. A determination was made of the number of patients meeting this transit time target at the time the initiative was commenced, and from this, a baseline measured in the number of patients meeting this time target was determined. For each additional patient above this baseline number who met the agreed upon transit time, an amount was paid to VGH.</p> <p>VGH received \$100 for each CTAS 1, 2, and 3 patient who was treated and released within the 4 hour transit time target, and also received \$100 for each CTAS 4 and 5 patient who was treated and released with the 2 hour transit time target for this group. For each patient who required and was admitted to an inpatient bed within 10 hours from ED admission, VGH received \$600.</p> <p>In combination with the redesign of workflow processes and team structures, VGH invested in capital expenditures, operating system improvements, information systems, and additional clinical and other resources, in order to shorten the time that patients spent being treated in the ED. This included making improvements in physical patient flow, making consecutive processes concurrent, and improving processes related to specialty services and consult times. Initiatives were evaluated by a team with representation from the ED, specialty services, and administration. Criteria for initiatives short-listed for implementation included the ability to shorten patient transit times while generating sufficient pay for performance revenue to fund the initiative.</p>
Resources:	<p>Initiative resources are approximately \$500,000, plus the cost of the care initiatives implemented in the VGH emergency department. The number of full time equivalents required to replicate this initiative at VGH is 2.</p>
Source of resource:	<p>Funding for this initiative was provided by the BC Ministry of Health Services, as part of a pay for performance pilot project to improve transit times in the emergency department.</p>
Population group:	<p>The initiative provided a benefit to all patients presenting at the VGH ED for treatment. Improvements made in the ED transit times would benefit the entire population.</p>
Patient flow entry and end points:	<p>The patient begins to be affected by this initiative immediately upon presenting at the ED for treatment. Improvements in patient flow begin at this entry point, and continue through triage to treatment to ED discharge or hospital inpatient admission. Each medical, surgical and psychiatric patient, regardless of the nature of the complaint or its severity, benefits from this initiative.</p>
Description/ approach:	<p>The initiative began with a review of current ED practices, coupled with engagement of stakeholders from the ED and other hospital areas, to determine the best projects to be undertaken to improve transit times. These selected projects were prioritized based on their ability to quickly improve transit times, which in turn would generate the revenue needed to be able to pay for the cost of implementing the improvement. All projects selected were also evaluated on the ability of VGH to sustain the process change for the future, as permanently reducing wait times in the ED is the primary objective of the initiative.</p>
Tools and tactics:	<p>The initiative resulted in the ED undertaking a more rapid cycle change methodology to quickly implement and then assess process or procedure changes likely to improve transit times. Policies, forms and guidelines have been created to facilitate these changes, and to evaluate their effectiveness.</p>

Measurement approach:	The primary measurement of the success of the initiative is the increase in the number of patients meeting the targeted transit times, coupled with the monitoring of adverse consequences possibly caused by the initiative. The measurement involved determining the number of additional patients meeting the transit time targets, as well as the increase in the percentage of presenting patients meeting the transit time targets.																																								
Impact/ evaluation:	<p>The initial results for the initiative are encouraging, with year over year improvements being made in the number and percentage of patients meeting the transit time targets. The results are summarized as follows:</p> <table border="1" data-bbox="495 506 1534 835"> <thead> <tr> <th colspan="6" style="text-align: center;">Patients at VGH meeting Transit Time Targets</th> </tr> <tr> <th rowspan="2" style="text-align: left;">Patient Grouping</th> <th colspan="2" style="text-align: center;">2007/2008 Periods 1-7</th> <th colspan="2" style="text-align: center;">2008/2009 Periods 1-7</th> <th rowspan="2" style="text-align: center;">Increased # of patients meeting time targets</th> </tr> <tr> <th style="text-align: center;">#</th> <th style="text-align: center;">%</th> <th style="text-align: center;">#</th> <th style="text-align: center;">%</th> </tr> </thead> <tbody> <tr> <td>CTAS 1, 2, 3</td> <td style="text-align: center;">6,709</td> <td style="text-align: center;">49 %</td> <td style="text-align: center;">8,485</td> <td style="text-align: center;">54 %</td> <td style="text-align: center;">1,776</td> </tr> <tr> <td>CTAS 4, 5</td> <td style="text-align: center;">5,682</td> <td style="text-align: center;">38 %</td> <td style="text-align: center;">6,590</td> <td style="text-align: center;">44 %</td> <td style="text-align: center;">908</td> </tr> <tr> <td>Admitted</td> <td style="text-align: center;">4,155</td> <td style="text-align: center;">48 %</td> <td style="text-align: center;">4,905</td> <td style="text-align: center;">54 %</td> <td style="text-align: center;">750</td> </tr> <tr> <td>TOTAL</td> <td style="text-align: center;">16,546</td> <td style="text-align: center;">44 %</td> <td style="text-align: center;">19,980</td> <td style="text-align: center;">51 %</td> <td style="text-align: center;">3,434</td> </tr> </tbody> </table>	Patients at VGH meeting Transit Time Targets						Patient Grouping	2007/2008 Periods 1-7		2008/2009 Periods 1-7		Increased # of patients meeting time targets	#	%	#	%	CTAS 1, 2, 3	6,709	49 %	8,485	54 %	1,776	CTAS 4, 5	5,682	38 %	6,590	44 %	908	Admitted	4,155	48 %	4,905	54 %	750	TOTAL	16,546	44 %	19,980	51 %	3,434
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Observation/ Discussion:	The initiative was embraced by almost everyone involved. Feedback was received that there was good engagement, staff felt empowered, and the process fostered creativity and innovation. Physicians and staff saw significant improvements in patient care as a result of the reduced transit times, leading to considerable discussion surrounding the benefits of the initiative. Physicians and staff were more motivated by the opportunity to receive funding to enable them to provide more timely care than they were by the “pay for performance” motivational aspect of the initiative. This considerable involvement of ED personnel, as well as those who worked elsewhere in the hospital, was critical, as only through an integrated hospital-wide effort, including that of inpatient physicians and staff, could ED transit times be reduced.																																								
Critical success factors/ lessons:	Continuous communication to all staff was a critical success factor. Written and verbal feedback were used to keep everyone informed of the latest transit time results, and the daily reporting of actual performance on a day to day basis was closely followed by those involved. The ability to be able to fund measurable and sustainable improvement ideas which were suggested by the ED staff and physicians and other hospital staff was a critical success factor. Continuous senior management attention to the importance of the initiative and its results was critical in maintaining the focus on the initiative. The process of discussing successes and failures among the various emergency departments of VCH allowed for an ongoing dialogue which helped to focus VGH on undertaking additional investments to further improve its performance. The linking of continued funding to maintaining the improvements in transit times (the “pay for performance”) reminded everyone that continuous improvement was needed to ensure that the transit time gains would be sustained.																																								
Limiting factors:	The Emergency Department Pay for Performance Pilot has been successful in addressing many of the system-level barriers that were encountered, although one initiative conducted for only little more than a year, will not be able to remedy all of these issues. The initiative fostered cooperation, and the fact that a hospital-wide solution was required if transit times were to be improved focused all hospital departments on working together to achieve the initiative’s goal. The initiative was successful in identifying and lowering these cross-hospital system barriers and resulted in significant emergency department transit time improvements being made.																																								