

Hospital Name:

John Muir Medical Center

Address:

1601 Ygnacio Valley Road
Walnut Creek, CA 94598

Contact:

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2006 ED Volume: 48,072
Growth from 2005: 1.8%
Total Staffed Hospital Beds: 277
Acute ED Beds: 22
Fast Track? Yes
Clinical Decision Unit? Yes

Problem to be Resolved:

Trouble identifying new
necessary changes

Key Words:

- Quick Fix Committee
- Throughput
- Process improvement
- Rapid cycle testing

Lessons Learned:

John Muir Medical Center's Quick Fix Committee recognized that they should not try to change everything at once. Rather than trying to do something huge in an attempt to fix all of the ED's problems at once, they felt it would be better to make smaller, incremental changes.

Reason for Change:

John Muir Medical Center had been successfully identifying and implementing changes and improvements to address the issue of patient throughput in their ED. The facility faced a growing ED volume with increasing length of stay, which caused the ED staff to face increasing demands. After many improvements had been made throughout the hospital to improve processes and flow, the staff was having trouble identifying new necessary improvements.

Implementation:

ED management decided that they needed to find an efficient means for identifying and implementing simple fixes. They formed a Quick Fix Committee, made up of the ED manager, ED medical director, two department coordinators, a staff nurse, a unit secretary, and a technician. The committee meets once a month to identify needs and problems, brainstorm solutions, and implement and monitor the resulting changes. The Quick Fix Committee's mission statement reads: "To identify operational and quality issues within the immediate control of the ED and provide immediate and sustainable change to positively affect these issues." The Quick Fix Committee does not attempt to solve all of the hospital's problems, but instead focuses on just those that directly involve the ED. Also, the Quick Fix Committee was set up in such a way that they have the authority to implement changes as they decide on them, without requiring any administrative approval.

Generally at least one quick fix is identified and approved at each meeting; often more than one is approved. Sometimes these fixes are adjustments to those tried the previous month that need additional improvement. When a change is somewhat drastic or appears risky, they test it on a smaller scale before implementing the change department-wide.

Buy-in among staff was not difficult to obtain; staff were happy to contribute their input when they could see the results of these changes in a very short period of time.

Results/Impact:

One of the main focuses for the Quick Fix Committee's improvement initiatives was door-to-physician time. Since the quick fix committee began in 2003, door-to-physician time dropped approximately 58 percent, originally between 45 and 50 minutes, now at just over 20 minutes.