

## Forrest General Hospital

Flying high on the improvement FLIGHT path

Forrest General is a 512-bed, level II trauma center, located in Hattiesburg, Mississippi, that provides regional health services to a 19-county area. The Emergency Department contains a total of 57 rooms and serves more than 80,000 patients each year.

### ANALYSIS

The analysis findings determined that issues in the Emergency Department could be grouped into 5 areas, all of which had an adverse effect on patient length of stay, patient satisfaction, and staff satisfaction. The 5 areas are data, processes, roles and responsibilities, supporting departments, and performance management.

The operational data produced by their main IT system, EPIC, was not actively used and performance data was difficult to obtain. Many hospital processes were inconsistent and lacked efficiency. Staff responsibilities were unclear and did not accurately reflect job descriptions, and key performance indicators were absent, resulting in a lack of performance review.

As a result, patient length of stay and LWT's were increasing, and the root causes impacting length of stay were not fully understood. Increased length of stay also contributed to the declining patient satisfaction scores over the previous two years. Staff satisfaction had also suffered, resulting in high RN turnover.

### PROJECT APPROACH

Post analysis, the project was structured into two phases, an 8 week Focus Process™ and an implementation phase lasting 32 weeks. During the Focus Process™, four Management Action Teams (MATs) met weekly to identify opportunities for improvement in four key areas that affect patient length of stay:

- Entry and admission,
- Patient care and coordination,
- Discharge and admits,
- Support services.

Once the teams identified the areas for improvement, they concentrated on developing solutions as well as realization plans that incorporated time commitments. The implementation phase of the project required re-organization of the MAT teams to include key decision makers at Forrest General. The four teams were eventually consolidated into one, and continue to meet on a weekly basis. Planning, training, compliance, and root cause analysis became the primary focus points of the team.

### IMPLEMENTATION

During the weekly MAT meetings, the client task force, dubbed "FLIGHT" (Forrest Learning, Improving & Growing Healthcare Team) gave

"I guess  
this stuff  
really works"

**ED RN**

### Key Results

Decreased overall Length of Stay by 18%

Decreased the number of LWT (Left Without Treatment) by half

Improved patient satisfaction scores from 59% to 83% (from 10th percentile to 95th)

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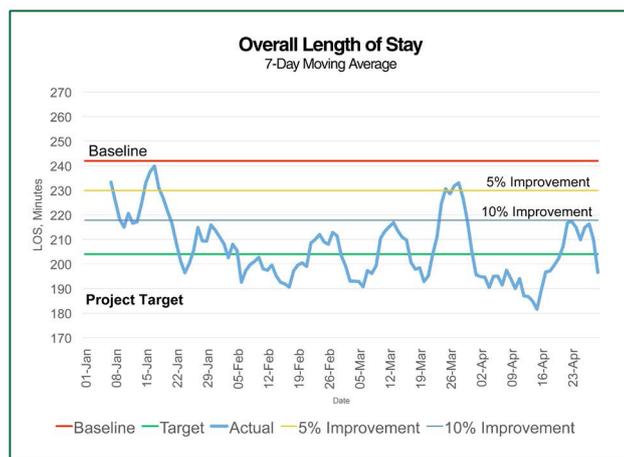
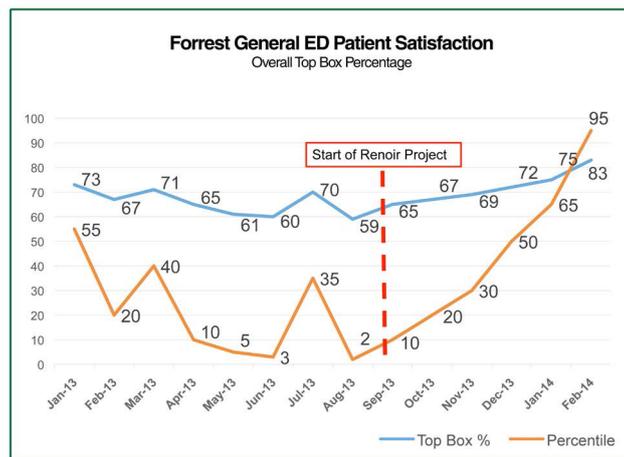
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presentations to the group regarding KPI performance and any action items raised from the previous week. The MAT members would then give input, and often asked for additional information with regard to root cause analysis. MAT members would also offer suggestions and ideas in order to continue improvement and were often assigned action items to report back at next week's meeting.

Steering committee meetings were also held on a weekly basis. The steering committee was comprised of the Chief Operating Officer, System Chief Nursing Officer, Chief Nursing Officer, Chief Administrative Officer, ED Medical Director, ED Clinical Director, ED Director, and ED Nursing Manager. The FLIGHT team, along with the Renoir project manager, gave presentations regarding the previous weeks KPI performance, conveyed key achievements and results, and action items, as well as informing the group of any issues causing delays in the overall project.

### RESULTS

The average length of stay decreased 18%, LWT average decreased by half, patient satisfaction scores increased, RN staff completed acuity training, service level agreements completed and signed between ED and support areas, implemented nursing team approach, and created Minor Care fast track to reduce length of stay for less sick patients.



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