Case Study:
Saving the Emergency Room

“Point B provided the additional structure we needed, helping us build the process to navigate our patients to a more appropriate healthcare setting.”

BONNIE FORSH, REGIONAL DIRECTOR, EMERGENCY SERVICES, PROVIDENCE HEALTH & SERVICES, OREGON

Challenge
Emergency room care is among the most expensive healthcare of all—and in many hospitals, nearly half of all patients treated in ERs don’t need this acute level of care. The result: overcrowded ERs, exorbitant costs for low-acuity issues such as colds and dental problems, and long waits for those who truly need emergency care.

Providence Health & Services engaged Point B to implement a better solution for its low-acuity ER patients who make up nearly 40 percent of its ER visits. The goal: to adapt a highly successful model from another hospital system and implement one-year pilots across our client’s three hospitals.

Introducing patient guides
As part of the ER pilot, we helped introduce a new role—Patient Guides dedicated to helping patients who come into the ER with non-emergencies. Once an ER physician has identified a patient as low-acuity, the Patient Guide makes an appointment for that patient to be seen at a more appropriate venue of care within 24 hours. The Patient Guide follows up by phone to ensure that the patient kept the appointment and to encourage an ongoing relationship with the provider. It’s a transformational ER model—with major implications for staff and patients.

Addressing barriers to change
We began by identifying several barriers to the change that Providence wanted to make. We recommended that ER physicians be compensated differently than they were in the existing fee-for-service model to align financial incentives with new ER goals.

We also established new internal and external resources to assure ER staff that low-acuity patients would not “fall through the cracks” as they were referred beyond the ER. We developed a three-week program to train Patient Guides in a role that is central to success. And we helped enable better access to community health resources—from primary-care physicians to dentists—willing to accept referrals on short notice. These referrals promote long-term relationships that are better than the ER for everyone involved.

Creating ownership
What would program success look like? We built a balanced scorecard to give stakeholders visibility into what needed to be accomplished. We set targeted goals and established the data collection to assess progress across key areas such as patient and physician satisfaction, partnerships with community clinics, and financial metrics. All stakeholders can see progress on a single dashboard that keeps them informed as they move forward together.

An early sign of success: the Point B consultant who led the program was able to smoothly transition it to an internal manager, following a successful pilot at the first of Providence’s three hospitals. Effective change management, training, visibility, and shared purpose have led to a sense of ownership that allows Providence to keep moving forward on the leading edge of healthcare reform.

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