

“Patient Transport and EVS are critical components to any patient throughput process.”

Presbyterian Hospital Charlotte, NC

Background

Presbyterian Hospital is a private, not-for-profit regional medical center located in Charlotte, NC, and is the flagship of Presbyterian Healthcare. Founded in 1903 as a 20 bed facility, it has evolved into a regional referral, tertiary medical center with 593 beds and 64 bassinets.

Crothall first partnered with Presbyterian in 2000 with a contract for Environmental Services. Because of the successful relationship, Presbyterian broadened the scope of services to include Patient Transportation, which kicked off in January 2004.

The two services worked closely together to enhance patient throughput at Presbyterian. Joy Greear, Presbyterian Hospital's Senior Director of Professional and Support Services, comments: "Patient Transport and EVS are critical components to any patient throughput process. At Presbyterian, the synergies and camaraderie between the two departments creates a productive and efficient process cycle for discharging patients and cleaning rooms. Their departmental relationships in conjunction with the nursing team make the cycle process lean and direct."



Patient Transportation Enhancements

❖ Discharge Team

A dedicated team of discharge transporters was established during peak hours of 10am-8pm. Using performance reports from Crothall's proprietary TeamCHIMES software, staff gained a better understanding of the workload by hour and created a discharge team staffing model to facilitate the volume and ensure quicker response time.

❖ Lobby Attendant

A dedicated lobby attendant helps coordinate the smooth pickup of patients leaving the hospital, including coordinating with the valet service. A "warm transfer policy" was instituted, in which the transporter brings the outgoing patient to the lobby attendant and courteously explains that the attendant will be helping the patient to the car. This improves the patient's "last impression" of the hospital and decreases traffic congestion.

❖ Discharge Booth

After handing off the patient to the lobby attendant, the transporter is freed to respond to the next task. A station was placed in the lobby along with a phone to allow transporters to immediately inform the dispatch center of their status. This enables them to be assigned a new task instantly.

❖ Support Services Call Center

The Support Service Call Center manages incoming requests for Environmental Services, Patient Transportation, and even Food Services. It is staffed 17 hours per day, 7 days a week. Dispatchers manage TeamCHIMES software centrally, improving accountability for all associates and response time to requests.

**INTER-DEPARTMENTAL
COORDINATION
CREATES**

**SUSTAINABLE
THROUGHPUT
IMPROVEMENTS**

Outcome

The Patient Transportation department has seen an increase in discharge utilization throughout the hospital. The more tasks assigned to the PT department, the fewer that must be completed by higher-paid nursing staff, who can now focus on caring for patients. Average monthly discharge and transfer volume has increased from 1,200 in 2005 to 2,900 today. During this period, response times for discharge requests have decreased from as high as 22 minutes to a current average of 7 minutes.



❖ Presbyterian's New Call Center: (Seated L-R): Casey Ball, Call Center Supervisor; Joy Greear, Senior Director of Professional and Support Services (Client); Aeisha Allen, Director, PT; (Standing L-R): Michael DePodesta, RRM, EVS; Greg Osganian, RRM, PT; John Joseph, Director, EVS

Nursing staff was coached on the importance of using the system, which became a mandatory part of all cleaning requests.

❖ Adjust Staffing To Meet Demand

Although responsiveness to discharge requests was prompt during the day shift, data showed that discharge volumes peaked between 11:00am and 7:00pm. When the day

shift departed at 3:00 pm, tasks began to back up. To address this, both day and evening shift schedules were redesigned to best address discharge volume. This was accomplished without adding additional staff.

The Role of Environmental Services

❖ Patient Throughput Committee

Led by Joy Greear, this committee was formed in the fall of 2004 and is comprised of many departments, including Environmental Services and Patient Transportation. Joy explains, "Accountability plays a major role in the ability to turn the rooms, and all players have stepped up to the plate to make the process as seamless as possible. The ultimate objective is to provide a remarkable patient experience in every dimension every time." The number one goal established for EVS was to reduce bed turnaround time significantly.

❖ Cooperation with Patient Transportation

Previously, nurses were responsible for triggering discharge clean requests, which were often entered into the system in batches, creating bottlenecks for EVS. As the Patient Transportation program assumed more responsibility for discharging patients, cleaning tasks were requested immediately through the automated software interface between the departments, improving overall response time. In addition, requests for room cleans are more evenly distributed, resulting in a more balanced workload.

❖ Maximize Benefits from TeamCHIMES

EVS staff members were retrained on the software and held accountable for patient flow. Staff needed to actively utilize the software at all times and respond promptly.

Outcome

Since 2004, while the number of discharge and transfer tasks has increased by more than 50%, average bed turnaround time for EVS has decreased from 83 minutes to a current time of 57 minutes in January of 2008.

❖ While the number of discharge tasks for both EVS and PT have increased substantially, response time for PT and bed turnaround time for EVS have fallen sharply since patient flow initiatives were implemented.

