

Emergency Department

Best Practice Gap Analysis

Assessment Guide





VI. Emergency Department Best Practice Gap Analysis

Bottleneck I: Registration and Triage		
Quick Registration Followed by Full Bedside Registration: Initial regist of only the basic information needed to start a chart. Full registration of patient has been seen and testing has begun. Current or similar process: NO		
Rate the effectiveness of your current/similar Best Practice: March Implemented Implemented Implemented Not Effective Implemented Not Process in Place	□ _{N/A}	Mostly
Dedicated Triage Nurse: At least during peak hours, a Nurse is assigned Patients in a timely manner. Current or similar process: Rate the effectiveness of your current/similar Best Practice:		Mostly effective Current through put is better than national &
Under Development No Process in Place Rate your interest in implementing this new/improved practice: (HIGH = 5) 5	⊔ _{N/A}	state average
Triage Short Form: A Triage short form that focuses on the chief comple collected later.	int, leaving hist	ory and vital signs to be
Current or similar process: NO Rate the effectiveness of your current/similar Best Practice: Marcology Implemented Implemented Not Effective Implemented Not Process in Place	□ N/A	When necessary (i.e. code this occurs

Doctor in Triage: A physician at the front end of the patient's visit where	e they are triag	ed by the RN and seen							
by the physician simultaneously. Current or similar process: NO	Mostly								
Rate the effectiveness of your current/similar Best Practice: Implemented/Effective	□ _{N/A}	,							
Comprehensive Treatment Protocols: Written treatment protocols are a present to the ED. These include standing orders for diagnostics and pai									
Physician seeing the Patient. Current or similar process: Some Conditions: Chest Pain, Trauma Rate the effectiveness of your current/similar Best Practice: Implemented/Effective	□ _{N/A}								
Dedicated Fast Track for Non-Acute Patients: After triage, all patients of first come, first served in a separate area with its own staff, manned by turnaround times.									
Current or similar process: NO Rate the effectiveness of your current/similar Best Practice: Implemented/Effective	□ _{N/A}	We can only afford 1 team & thru put is highly ranked (#9 by CHARTIS in the nation)							



Bottleneck II: ED Providers

ED Physician Bedside Charting Utilizing a Scribe: A scribe with medical tan LPN, paramedic or trained Medical Assistant) works with the ED physici documentation related to patient care. The Physician simply dictates what dictation should occur in the Patient's ED room. Current or similar process: NO Rate the effectiveness of your current/similar Best Practice: Implemented/Effective Implemented/Not Effective Imp	cian t	o recor	d all the notes and other
Comparative Ranking of ED Providers: Show a blinded comparative ran broken down by Provider to each Provider so they can see how they are a compared to mutually set overall goals. Current or similar process: NO Rate the effectiveness of your current/similar Best Practice: Implemented/Effective Implemented/Not Effective Under Development No Process in Place Rate your interest in implementing this new/improved practice: (HIGH = 5)	doin		
Emergency Physician First Look: All ED Physicians are trained to make in confirm or rule out a suspected condition. All films are over-read later by Current or similar process: YES Rate the effectiveness of your current/similar Best Practice: Implemented/Effective	y a R		



pain scale and given treatment for pain as allowed by the treatment protocol. Current or similar process: NO Rate the effectiveness of your current/similar Best Practice: Implemented/Effective
Rate the effectiveness of your current/similar Best Practice: Implemented/Effective
Implemented/Effective Implemented/Not Effective Under Development No Process in Place N/A Rate your interest in implementing this new/improved practice: (HIGH = 5) 5
Under Development No Process in Place N/A Rate your interest in implementing this new/improved practice: (HIGH = 5) 5
Rate your interest in implementing this new/improved practice: (HIGH = 5) 5
Bottleneck III: Diagnostic Testing and Support Services Service Level Agreements: For all other departments the ED works with, like Lab and Radiology, written agreements are developed that outline measurable performance expectations for each department and performance is tracked and reported. Current or similar process: NO Rate the effectiveness of your current/similar Best Practice: Implemented/Effective Implemented/Not Effective
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Current or similar process: NO Rate the effectiveness of your current/similar Best Practice: Implemented/Effective Implemented/Not Effective
Rate the effectiveness of your current/similar Best Practice: Implemented/Effective Implemented/Not Effective
☐ Implemented/Effective ☐ Implemented/Not Effective
☐ Under Development
Rate your interest in implementing this new/improved practice: (HIGH = 5)
Diagnostic Results Flagging: A system to establish clear processes for pushing test results to providers
immediately. This includes sending results to the Physician's portal and flagging results on the Patient Tracking
Board.
Current or similar process: YES
Rate the effectiveness of your current/similar Best Practice: Already in place
☐ Implemented/Effective ☐ Implemented/Not Effective with EMR
Under Development No Process in Place N/A
Rate your interest in implementing this new/improved practice: (HIGH = 5)

Inter-Departmental Surveys: In-house Satisfaction Surveys for all Ancillar with ED, that rate Responsiveness, Communication, Courtesy and Overall reported and trended.		•
Current or similar process: YES Rate the effectiveness of your current/similar Best Practice: Implemented/Effective	□ _{N/A}	Not necessary. Already implemented & highly effective
Proactive Blood Draws: A process for earlier blood draws on IV patient advance of physician orders.	ts, and transp	orting samples to the lab in
Current or similar process: NO Rate the effectiveness of your current/similar Best Practice: Implemented/Effective Implemented/Not Effective Implemented/Not Effective No Process in Place No Process in Place	□ _{N/A}	Used occasionally in ED with orders
Dedicated Phlebotomist: A dedicated phlebotomist responsible for all E samples, and flags results for rapid EP review.	D blood draw	rs, order entry, transport of
Current or similar process: NO Rate the effectiveness of your current/similar Best Practice: Implemented/Effective	□ _{N/A}	Depends on staff availability & not necessary when ED is slow



Bottleneck IV: Communication	
Patient Liaison Position: An employee responsible for circulating through information, answering patient questions and serving as a liaison between Current or similar process: NO Rate the effectiveness of your current/similar Best Practice: Implemented/Effective	
Key Words and Sentence Starters: All staff use influential phrases they be conversations with a patient or family especially around difficult issues. own words, for communicating key service standards. Current or similar process: YES Rate the effectiveness of your current/similar Best Practice: Implemented/Effective Implemented/Not Effective Implemented/Not Effective No Process in Place Rate your interest in implementing this new/improved practice: (HIGH = 5)	
AIDET: All staff are trained on utilizing the AIDET technique (Acknowledge Thank You) for all Patient and Visitor encounters. Current or similar process: YES Rate the effectiveness of your current/similar Best Practice: Implemented/Effective	ge, Introduce, Duration, Explain and Always needs improvement & implemented followed up on the depts. (i.e. housekeeping, die

ning and end of shifts and ilies.
out how they are doing and npted on every ED Patient
o Fess Up and Dress Up when er up to a specified dollar



Bottleneck V: Patients Who Are Admitted

Expedited Admission Authority: A policy that allows ED Physicians to write initial action duration) after phone consultation with the Hospitalist. The Hospitalist often does not prior to admission. This requires a strong working relationship between the ED Physic Current or similar process: N/A Ours is the same provider Rate the effectiveness of your current/similar Best Practice: Implemented/Effective Implemented/Not Effective Implemented/Not Effective No Process in Place N/A Rate your interest in implementing this new/improved practice: (HIGH = 5) 5	actually see the Patient
Centralized Bed Control: Empower a bed control 'czar' to ensure that: Hospitalists m discharges; patients who are discharge actually leave or go to a discharge area; hosturns the room over quickly; and nursing is staffed and ready to accept a new patien available. Current or similar process: NO Rate the effectiveness of your current/similar Best Practice: Implemented/Effective Implemented/Not Effective Implemented/Not Effective No Process in Place N/A Rate your interest in implementing this new/improved practice: (HIGH = 5)	usekeeping is notified and
No-Delay Nurse Report: A system whereby patient report is sent to the inpatient unit that the patient will be admitted. Patient transfer occurs immediately following. Current or similar process: YES Rate the effectiveness of your current/similar Best Practice: Implemented/Effective Implemented/Not Effective Implemented/Not Effective No Process in Place N/A Rate your interest in implementing this new/improved practice: (HIGH = 5)	t as soon as it is confirmed Phone call & now EMR notice. Can improve.

Face to Face Handoff for Patients: The ED Nurse who has been caring f Inpatient unit (ICU or Med/Surg and gives final verbal report directly to Current or similar process: YES Rate the effectiveness of your current/similar Best Practice: Implemented/Effective	
Preemptive Bed Request: A preemptive bed request whereby the adm simultaneously. Current or similar process: NO Rate the effectiveness of your current/similar Best Practice: Implemented/Effective	ission order and bed request happen N/A
Instant Bed Status Alerts: An automated system to relay bed status info Current or similar process: NO Rate the effectiveness of your current/similar Best Practice: Implemented/Effective	Census prints at selected locations N/A



Bottleneck VI: Discharge Process
Auto Results Reporting to Primary Care Physician: A record of the ED visit is sent to the Primary Care Physician listed by all ED Patients. Current or similar process: YES Rate the effectiveness of your current/similar Best Practice: Implemented/Effective
Repeat Back Discharge Instructions: After complete discharge instructions are given to Patients, they are asked to repeat them back to the Nurse in their own words to ensure they are understood completely and correctly. Current or similar process: NO Rate the effectiveness of your current/similar Best Practice: Implemented/Effective
Streamlined ED Checkout: A process for the hospital to redirect patient flow in the ED to facilitate collection of patient co-pay at time of service. The goal is to set patient expectations in relation to payment and alleviate inconvenience associated with billing. Current or similar process: NO Rate the effectiveness of your current/similar Best Practice: Implemented/Effective Implemented/Not Effective Implem



 \square 4

 \square 3

Bottleneck VII: Staff Attitude and Service Skills

Service Excellence as part of Onboarding: All new ED personnel are provided special training on Service Excellence that covers all the tools for providing an excellent Patient experience. Current or similar process: YES At NEO & at dept. level -Rate the effectiveness of your current/similar Best Practice: Needs improvement ☐ Implemented/Effective Implemented/Not Effective ☐ Under Development □ _{N/A} No Process in Place Rate your interest in implementing this new/improved practice: (HIGH = 5) \square 4 □ 3 \square 2 Caregiver's Promise: Every ED employee signs a Caregiver's Promise committing to follow the 14 skills and Best Practices outlined. This becomes part of their formal evaluation process. Current or similar process: YES We call it our values & Rate the effectiveness of your current/similar Best Practice: standards contract -Implemented/Effective ☐ Implemented/Not Effective signed yearly during ☐ Under Development ☐ No Process in Place □ _{N/A} evaluations Rate your interest in implementing this new/improved practice: (HIGH = 5) \square 5 \Box 4 \square 3



ED Best Practice Gap Analysis Summary

Description		Effectiveness					Priority					
		Α	В	С	D	E		5	4	3	2	1
I. Registration & Triage												
Quick Registration Followed by Full Bedside Re	gistration			X				X				
Dedicated Triage Nurse						X						X
Triage Short Form		X										図
Doctor in Triage				X				K I				
Comprehensive Treatment Protocols				X						X		
Dedicated Fast Track for non-Acute Patients						X						X
II. ED Providers												
ED Physician Bedside Charting Utilizing a Scrib	е					X I						X
Comparative Ranking of ED Providers						X		X				
Emergency Physician First Look						X						X
Expediting Pain Relief						X				X		
III. Diagnostic Testing and Support Services												
Service Level Agreements						X						X
Diagnostic Results Flagging		K										X
Inter-Departmental Surveys						X		X				
Proactive Blood Draws		X										X
Dedicated Phlebotomist						X						IXI
IV. Communication												
Patient Liaison Position						×					X	
Key Words and Sentence Starters					X			ΙXί			â	
AIDET				X				⊠				
ED Nurse Leadership Rounding		K						X				
Call Backs						X		X				
Empowering Service Recovery Program						X		×				
V. Patients Who Are Admitted						4		74				
Expedited Admission Authority						X		×				
Centralized Bed Control						X						×
No Delay Nurse Report		X						Ø				
Face to Face Handoff for Patients		X						X				
Preemptive Bed Request			×					×				
Instant Bed Status Alerts						X						×
VI. Discharge Process						EZI						V
Auto Results Reporting to Primary Care				X				X				
Repeat Back Discharge Instructions					×			X				
Streamlined ED Checkout		☒						X				
VII. Staff Attitude and Service Skills		'A'						IZJ				
Service Excellence as part of Onboarding					X			IXI				
Caregiver's Promise						K		\ \				
Annual Service Excellence Workshop						X		<u> </u>				
KEY								-A				
A Implemented / Effective D No Process in Place	Total	/33							/33	í		
B Implemented / Not Effective E Not Applicable		Total (A)					Total (5) High					
C Under Development 5 = High / 1 = Low		Implemented / Effective				roidi (5) riigii						