**Completion Document Exemplar**

**Project Title**: Emergency Department Fast-track System and Triage Team

**Measures of Success/Expected Outcomes**:

1. The implementation of a fast-track system with a triage team will effectively screen patients arriving to the Chamberlain Hospital (CH) Emergency Department (ED) and decrease the arrival-to-triage time from 17 minutes to 2 minutes in the next 6 months.
2. Incorporating the use of the Emergency Severity Index (ESI) to appropriately categorize level of acuity for patients coming to the ED will assist with efficient triaging and patient throughput by decreasing patient waiting time that is greater than 15 minutes for a bed by 50% in the next 6 months.
3. ED patients will report an increase in satisfaction rating related to their care in the ED from 5/10 to 8/10 by improving arrival-to-provider time and increase staff availability to perform regular rounding on patient in the next 6 months.
4. Restructuring of the ED and developing a space for an ED fast-track triage desk away from the main ED waiting room will decrease overcrowding to reduce the rate of patients leaving without being seen (LWBS) from 4.6% to 2.3% within the next 6 months.

Major Project Milestones:

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| --- | --- | --- |
| **Milestone** | **Estimated**  **Completion Date** | **Actual**  **Completion Date** |
| Development of fast-track system and triage area | 12/1/2022 | 12/15/2022 |
| Waiting room renovation | 1/2/2023 | 1/16/2022 |
| Develop Fast-track system standard of practice | 11/27/2022 | 12/15/2022 |
| ED staff education on fast-track system | 1/31/2023 | 1/31/2023 |
| Fast-track system progress and assessment audits | 3/1/2023 | 3/1/2023 |
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Project Sponsor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_

Current Project Manager: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_

Receiving Project Manager: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_

**Lessons Learned Exemplar**

Project: Emergency Department Fast-track System and Triage Team

Date:

Project Sponsor:

Project Manager:

Project Dates: September 1, 2022-March 1, 2023 Final Budget: $749,905.00

1. How well did the project meet the goals of scope, time, and cost?

The project was able to meet all the expected critical milestones which included the construction of the fast-track system desk and triage area, the waiting room renovation, the development of a fast-track system standard of practice, emergency department (ED) staff education of the fast-track system, and a process to audit the fast-track system progress. These milestones were accomplished within the 6-month timeframe goal. Despite the 25% budget cut early on in the project, the key stakeholders were able to come together to discuss ways to cut costs while ensuring the goals of the scope were not compromised. There was about a 2-week set-back for the construction of the fast-track system and waiting room renovation, however in the end the team was able to pull together to complete the project on time.

1. Reflect on the success criteria, and explain how you did or did not meet each criterion.

There were several success criteria that were met. Although the timeline for the construction of the fast-track system triage space and waiting renovation was pushed back by 2-weeks. It did not disrupt operations of the ED, as the temporary triage desk was still fully-functional to resume daily workflow. The delay in construction and renovation did not impact the other milestones as they were able to stay on track. It was very beneficial for engineering to have clear and ongoing communication with me, as the project manager and the rest of the project team to keep us in the loop in case of delays. Clear communication through in-person meetings and email follow-up allowed for transparency and strategic planning to ensure we continued to work towards the 6-month goal. Although we did meet the allotted budget with consideration of the budget cut, it was challenging to determine where to cut costs mid-project. The project team was able to prioritize the budget based on necessary items that could not be removed from the budget such as additional staffing. All other budget items we adjustable based on what is critical to have such as reducing meeting times to cut back on labor costs and removing fixed assets such as supply storage by utilizing pre-existing omnicells that were not being used in other areas.

As far as meeting measurable objectives, we were able to reduce the arrival-to-triage time from 17 minutes to 5 minutes. This did not meet our 2-minute goal by the end of the 6 months, but considering staff are still getting adjusted to the system, there is potential room for continued improvement in triage wait times. There were some staff that were more resistant to change, which required on-going education and addressing concerns. With that said, staff are coming around and there is protentional for continued improvement in the use of the triage system, thus improving triage wait times. The implementation of the fast-track system, was able to reduce patient wait times for an ED bed by 55% which was the target goal. This was due to the improvement in the use of ESI assessment tool in the fast-track system allowing for more efficient care of patients with lower acuity patients while simultaneously improving bed access for patients with high acuity level. After the first quarter of the year, patient satisfaction scores regarding ED experience improved from 8/10 to 4/10 which exceeded the expected goal of 5/10. Staff were pleased with the reduced crowding of the ED as well as the increased chair availability. Most importantly the improvement in wait times greatly enhanced their ED experience and being able to see a provider in a timelier fashion. And lastly, the rate of leaving without being seen (LWBS) reduced from 4.6% to 2.3% within the 6-month goal. Although it did not meet the goal of meeting the national benchmark of 2%, there is evidence that the fast-track system has greatly improved ED throughput. Continuing to utilize education regarding the fast-track system amongst ED staff and frequent staff huddles to improve the fast-track process, the Chamberlain Hospital is headed in the direction of exceeding the national benchmark of LWBS rate.

1. What were the lessons your project team learned from participating in this project?

* Having a strong communication plan helped to keep everyone on track and accountable.
* When given a budget, it would be wise to leave a little wiggle room just in case unexpected costs occur.
* Being aware of risks and having a plan to address risk can help reduce potentially delays (i.e., budget cuts and construction/renovation delays)
* Ensure to spend the time to assist those who are resistant to the change. By doing so, the effort made to help them understand the reason for change and how it impacts their work environment and patient outcomes, it will greatly improve buy-in and sustainability of the practice change.
* Daily ED huddles should have started sooner in the project to give earlier opportunities for staff to be adjusted to the new workflow. This could have tackled resistance from ED staff early on. Once the daily ED huddles were conducted, it was beneficial for the staff because it helps team members to be on the same page and the understand the fast-track system workflow.

1. Describe two to three examples of things that went right on this project.

* Providing ED staff awareness of the change project. The project teams strategically presented the change based on Kotter’s 8-step Change Model to help being awareness and understanding of the change. Focusing on creating a vision and helping those who expressed resistance help to enhance buy-in and acceptance of the change.
* The audit tools to measure arrival-to-triage time, ED bed wait times, rate of LWBS and patient satisfaction scores was a great way to provide key stakeholders and end-users with data showing the results of the fast-track system. It showed the organization the improvement and enhanced buy-in and motivation to be more engaged in interventions to improve ED throughput.

1. Describe two to three examples of things that went wrong on this project.

* Not giving a longer timeframe to complete construction of the fast-track system triage desk area and the renovation of the waiting room. Although the 2 week delay did not impact the end results at the expected time of completion, it did require additional meeting time to address the delay and ensure it did not impact the ED workflow.
* A 25% budget cut placed a challenge on the financial budget of the project shortly after the project started. It did add a delay to the construction/renovation time. This unforeseen issue required additional meeting time the key stakeholders, but we were able to prioritize what budget items were most critical and others we were ablet to forego once more funding is provided down the road.
* Not giving initial time for the ED staff to discuss the proposed change and incorporate it in daily huddles to discuss the process of the new change in workflow. There was some resistance from staff, that made it challenging, but once we began incorporating the process change and vision in their daily huddles and staff meetings it enhances buy-in and acceptance.

1. Describe the areas that could be improved.

Incorporate more ED staff meetings and communication in the communication plan. Bringing more awareness and address questions/concerns of the frontline ED staff would help reduce resistance and possible ambiguity in the new fast-track system process. In addition, providing a little wiggle room when putting together the budget can also help mitigate possible risk of going over budget or unexpected budget cuts. Any additional money left over can certainly be used towards anything to enhance the project. The construction/renovation plan could have also had some slack as well considering where possible setbacks would occur. Although it did not impact the outcome of the project or the timeframe, it is something that could be considered for future projects.

1. Based on your experience with this project, what will you do differently on your next project?

The project had a very strong foundation with an amazing group of key stakeholders that collaboratively worked together to complete essential project management tools such as the scope & charter, literature review, communication plan, deliverables, CSF, Gant Chart, RACI chart and so forth. These tools helped support the various processes and set milestones of the project, especially when certain things did not go as expected as mentioned above. What I would do differently for my next project is take a closer look at my communication plan and ensure to include not only the stakeholders but the end-users to help with knowledge transfer and acceptance of the change. I would also be more mindful of how to utilize the set budget and prioritize items are most important to get the project complete. That way if there are potential issues with the budget, my team can easily identify what items can be deleted without impacting the progress of the project. Overall I am very pleased with my project outcomes and foresee it succeeding when I move on to future projects.