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St. John's cuts errors, increases efficiency

By Kathleen O'Dell
News-Leader

The next time you or a loved one are spared a long, agonizing hospital wait before emergency or scheduled surgery at St. John's Hospital in Springfield, you can thank a Boston-based, Russian professor and statistician named Eugene Litvak.

He's the man who offered St. John's a better way to schedule surgeries so patients had fewer delays and were moved to the appropriate floor for recovery. The overall goal of the project: reduce complications or patient deaths due to hospital errors.

St. John's staff heard Litvak's idea at a 2001 meeting and took the challenge as part of its long-term effort to improve hospital efficiency and outcomes. This was a project of the Institute for Health Care Improvement. St. John's and most area and U.S. hospitals are tweaking — sometimes overhauling — their practices to halt the mistakes that can lead to patient deaths.

St. John's emergency department project was such a success that the Institute of Medicine took notice and profiled the case study in its recent report, "Improving the Efficiency of Hospital-based Emergency Care."

TACKLING A PROBLEM

St. John's faced serious patient-flow problems in 2002 that affected the safety and quality of patient care, said Christy Dempsey, vice president of perioperative (surgical) and emergency services.

The main problems: The scheduling process for elective (nonemergency) surgeries created unpredictable and excessive staff overtime.

Also, doctors were apt to schedule a glut of surgeries mid-week, which backed up surgery admissions and caused recovering patients to be placed in beds on the wrong floors. That alone jeopardized staff's ability to provide safe, post-surgical care, Dempsey said.

St. John's made several changes, based on Litvak's challenge.

All of the changes were designed to reduce variability — uneven demand and usage — "because variability is the enemy of quality," said Dr. Ken Larson, a trauma and burn surgeon and medical director of the burn unit.

St. John's set aside one operating room solely for elective and unplanned surgery overflow. The hospital also booked elective orthopedic surgeries evenly through the week instead of allowing a mid-week peak.

Physicians were wary when they agreed to a trial period, Larson said. Trauma surgeons had to give up an operating room that had always been set aside for them. Other surgeons and physical therapy staff had to change their work schedules to mesh with a more evenly spaced, weeklong surgical schedule.

In the end, patient flow improved so much that everyone agreed to make the changes permanent, Larson said.

The changes had a profound effect on efficiency and numbers — which means patients are cared for in a more timely way to help reduce the chance of errors, Larson said.

Patient flow is tied to patient safety, he said.

"When patient flow is not working well, (a hospital) tends to be at maximum capacity all the time. That leads to things like diversions (sending cases to other hospitals) in the emergency room and cancellation of cases because you're too crowded," Larson said.

"Just like in any industry when you're running at a maximum ... although it's a safe environment, intrinsically there is an increased risk for error when everybody is at full speed," he said.

And when a hospital can be "off-peak" in patient flow, that allows for the patient to be in the right place at the right time, he added.

"There are a lot of studies in the country that when you get (the patient) in the right place with the right nurse at the right time, you decrease errors and the patient gets out of the hospital about a day faster, with better outcomes."
