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Wake Forest University: CNS 786 Consultation

Assignment 4-1 Consultation Case Study: Model Application & Intervention Plan

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An administrator at the local hospital has hired me as a consultant to help them address a few problems related to patient and staff satisfaction, specifically in the Emergency Department (ED). Our first conversation made clear that the catalyst for change is an overall reduction in the patient census numbers, resulting in reduced profits, and an increase in employee turnover. According to patient satisfaction surveys, the bedside manner of the ED physicians has some patients willing to drive further away for care. These factors have been influenced by the recent opening of new health care facility six months ago. Administration has acknowledged that the ED doctors feel their time is being wasted by non-emergency cases in the ED. They also acknowledge the changing demographics of the local population related to a decrease in overall socioeconomic status and access to healthcare outside of the emergency room.

I propose a solution-focused, program centered administrative consultation. In program centered administrative consultation, I will work collaboratively with the administration in examining ways to improve the hospital's performance, rather than working with the individual doctors (Scott, Royal, & Kissinger, 2015). Our primary goal will be to improve the organization's overall functioning. I use a solution-focused approach, which means I will highlight the organization's strengths, which should also help to boost morale. We will avoid a "historical accounting" (Bloor & Pearson, 2004, p. 47) of the so-called problems, and instead focus of the goals and how to move forward, which also aids in boosting moral by avoiding the assignment of blame which is a risk when viewing issues from a problem-focused perspective.

The first question to be answered is the "miracle question". This involves asking the administration to imagine that a miracle has occurred, and the result of that miracle is that everything is just the way it ought to be in terms of how the organization operates and is

perceived by the staff and its patients. The response is the jumping off point for determining goals. To further clarify these goals, I used the following scaling questions to further clarify the goals (Bloor & Pearson, 2004):

- Where are we now in terms of miracle (10 being the day after the miracle happened and the "best" outcome"; the point at which my services would not be needed.
- Why that score? Explain what is working to deserve the score provided.
- What would it take to move that score closer to a 10.

To further my understanding of the environment and help the administration find the best solutions, I need to spend time in the facility, especially in the ED. I also need to ensure that the administration views our work as a collaborative effort, so they are comfortable allowing me access to the patient survey data I will need to collect in my work, as well as granting me the authority to call meetings and interviews with the various staff members (Mendoza, 1993).

After interviewing many of the ED physicians, nurses, and reviewing the patient satisfaction surveys, as well as seeking further information from some of the patients who had indicated their willingness to elaborate on their surveys, I will hold a meeting with the administration to discuss my recommendations. This meeting will also include information gleaned from my additional research into workable solutions.

Providing quality medical care is a strength of this hospital. All doctors are perceived as knowledgeable and competent by both the patients and the supporting staff. The ED is run efficiently and wait times are low compared to surrounding local facilities. The administration's response to the miracle question was in line with the information I obtained from my interviews with the emergency room physicians: both would like the see a reduction in non-emergency

cases in the ED, while remaining true to the hospital's mission statement to provide everyone with a healing experience.

According to research by Small (2011), vulnerable populations such as those who are homeless, diagnosed with severe mental illness, victims of violent crime, HIV/AIDS patients, and those individuals who receive public assistance are more likely to utilize emergency room services or be hospitalized, especially if they have multiple vulnerabilities. There are many effective measures a facility can take to reduce ED utilization including patient education, increase non-ED settings capacity such as extended hours, implementation of managed care, the use of prehospital diversion, and the implementation of patient financial incentives including copayments and deductibles (Morgan, Chang, Alqatari, & Pines, 2013).

In keeping in line with the hospital's mission, my recommendation is that the hospital offer patient education to the community, specifically regarding the management of chronic illnesses, since they account for 75% of healthcare costs in the United States (Harris & Wallace, as cited by Ahn et al., 2013). One such program is the Stanford Chronic Disease Self-Management Program (CDSMP), which has been shown to be effective in "improving health outcomes and reducing healthcare utilization" (Ahn et al, 2013, p.2). CDSCMP is a six-week program in which participants meet weekly and develop skills to manage their chronic conditions from medical, social, and emotional perspectives. Anh et al (2013) found that ED visits were reduced over time, with 18% at baseline, down to 13% at the six and twelve months follow ups and hospitalizations also showed a reduction from baseline (14%) to the six months follow up (11%).

My recommendation is to offer a program similar in length and style to the CDSCMP several times per year to the community for free. Ahn et al (2013) were able to demonstrate that this sort of program can be a cost-effective means to reduce ED utilization without the ethical concerns

that other interventions may carry. By reducing non-emergency cases in the ED, the physicians should feel less over-burdened and as such, improve their interactions with patients. Additionally, it is my recommendation that the hospital seek out partnerships with local organizations that offer low-cost health care to the community. By partnering, it is possible the hospital can refer non-emergency cases to an appropriate facility.

If the administration decides to implement this suggestion, it is my recommendation that the ED doctors are surveyed after the program has concluded and the scores from the patient satisfaction surveys are reviewed to see if the program has been effective in both reducing the non-emergency cases in the ED and improving patient satisfaction overall. Once the scores have improved on both counts, my services can be terminated.

References

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