



## Inspiring Excellent Care: Using STEMI as an example

The most effective emergency physicians work hard and make good decisions. But to achieve optimal patient care results, they must also succeed in motivating their clinical staff to excel. Given clear goals and sufficient resources, staff members will provide the best patient care when they are inspired to do so.

Complex processes can be broken down into measurable actions. For example, when someone walks into the emergency department with an acute MI, best practice usually requires performing percutaneous coronary intervention (PCI) in record time. To do so, each of the following ten sub-goals need to take place without delay. The first five occur in rapid succession, the next four are concurrent, and finally, the patient transfers.

1. Triage and assign adult chest pain cases at an Emergency Severity Index level 2 (ESI-2).
2. Assign a room immediately to all ESI-2 cases, even if a less sick patient must be moved to do so.
3. Complete an ECG on all adults with chest pain within a few minutes.
4. Recognize STEMI as soon as the ECG is completed.
5. Call a [STEMI Alert](#) that automatically summons the cardiologist to the emergency department and the catheterization team to their lab with 'no questions asked' (and no complaints for false alarms).
6. Screen for complications. The emergency physician examination must treat or exclude airway/breathing problems, cardiogenic shock and pathologic murmurs and also address co-morbidities (diabetes, malignant hypertension etc.).
7. Ready the patient. The emergency nurses give medications, place lines, and prepare the catheter puncture site etc.
8. Order a portable chest radiograph from the radiology technician (to assure a narrow mediastinum).
9. Obtain registration information at the bedside, notify family, and keep the patient/family informed.
10. Transfer patient to the PCI lab when the cardiologist arrives.



Minimizing time to PCI requires planning, staff education, practice, confidence, and cooperation. The team leader must keep staff on track and remain calm. Once the dust clears, the team should be congratulated. When available, the metrics and patient outcome can be shared in a manner that makes every participant feel their contribution was meaningful.



# EXCELLENCE MATTERS

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Everyone enjoys positive feedback and knowing they bettered someone's life. And, since each of us is motivated in slightly different ways, it makes sense to develop a variety of techniques even when the mission remains constant. By observing and asking what methods work best, we are more likely to create positive momentum.

Breaking down initiatives into sub-goals that are specific and realistic allows staff to work "smarter." [External benchmarking](#) affirms that achieving top performance with each component is within the capabilities of the institution and staff. Achieving best practices across meaningful metrics requires appropriate education and reallocation of resources. The benefit is that most staff remain professionally satisfied and unintended attrition is lowered.

The time-to-PCI example demonstrates that pride is a key driver of efficiency. Pay-for-performance opportunities do keep patient flow optimized in more mundane circumstances, which is much of what we do. Unfortunately, hospitals have not yet created substantial reimbursement formulae for nurses and technicians even though such a practice induces the best possible results in terms of quality, satisfaction, and efficiency.

At times, situations do not conveniently fit into a defined protocol and the team leader's expectations must be overtly stated, especially during time-sensitive emergencies. It is still possible to foster creativity. When the directive is "we need to get this patient to CT in the next 5 minutes", the team can decide how to best make this happen (e.g., calling for reinforcements or reprioritizing other tasks).

Command and control models of leadership are detrimental and must be abandoned. These methods rely on fearmongering, which works in the short term, but is ultimately and irreparably destructive to team building and sustained excellence. Great leaders are firm and fair. They articulate the organization's mission, align employees to the important goals, and lead by example. True leaders are internally motivated and their enthusiasm is contagious. However, the stress they create in themselves is also contagious, best confined to reasonable levels, and usually well concealed.

Not everyone chooses to excel in delivering emergency care. Leaders should convert their frustration with indolent staff by mandating that procedures and guidelines are followed. When noncompliance is apparent, document the details and initiate a strict behavior modification plan. It is usually the case that recalcitrant staff "fire themselves" in short order.

Try these suggestions. Talk to your staff about what motivates them during your next shift. Praise good performance and make a huge deal about excellent performance. And, make sure employees regularly hear praise from both you and their satisfied patients, which is the most effective way to reproduce great results.