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LSU Emergency Department Measures Included in NQF Recommendations

Baton Rouge (December 3, 2008)—The National Quality Forum (NQF) has included two measures recommended by the LSU Health Care Services Division (HCSD) in the 10 national voluntary consensus standards that NQF has put forth for improving care in the nation’s hospital emergency departments.

The two HCSD measures— Door to Provider and Left Without Being Seen—join eight other national voluntary consensus standards for hospital-based emergency department care that the NQF has endorsed to improve efficiency and care coordination in emergency departments, where high demand and capacity issues have increased patient wait time and decreased physician productivity.

The goal of the NQF is to reduce overcrowding, decrease patient wait time, and improve quality of care in hospital emergency departments including transitions to in-hospital services and ambulatory care, with particular emphasis on clinical quality, coordination, and efficiency.

“Quality emergency department care is a hallmark of HCSD,” said Dr. Michael K. Butler, acting HCSD CEO. “The inclusion of our measures by the NQF in its consensus standards reiterates the prominence HCSD has in this specialty area, and the current HCSD Qual ED project further refines the standard for the delivery of emergency care.”

Qual ED is redesigning HCSD emergency departments, improving throughput and decreasing the door-to-doctor time in the departments. It is moving HCSD hospitals from a push system to a pull system so that hospitals are ready and able to accept emergency department patients, accelerating the delivery and improving the quality of patient care.

The consensus standards for emergency department care are part of a broader NQF goal to improve the quality and efficiency of health care nationwide.

Besides HCSD, the Centers for Medicare and Medicaid Services provided three measures, American College of Emergency Physicians provided two measures, and Henry Ford Hospital, Cleveland Clinic Foundation, and the American Academy of Pediatrics each provided one measure.

The Door-to-Provider measure refers to the time of first contact in the emergency department to the time when the patient first sees the physician. The Left- Without-Being-Seen measure refers to the percent of patients leaving without being seen by a physician. The NQF considers both important for improving health care quality and access. Dr. Kurt Braun, a member of the analytic group, oversees the measurement of these indicators currently for HCSD and oversaw the discussions with NQF concerning the standardization of the definitions of these measures for national use.

The NQF reports that in the U.S. visits to hospital emergency departments account for about 10 percent of all ambulatory medical care visits. From 1994 through 2004, the number of emergency department visits nationwide increased by 18 percent while the number of emergency departments decreased by more than 12 percent.

As a whole, the ten measures address the safety and effectiveness of emergency care, care coordination and communication, and efficient management of patient flow through the emergency department. Measures are sensitive to unique needs of vulnerable patients including racial and ethnic minorities, Medicaid patients, and emergency department care in rural settings.

In the formulation of the "National Voluntary Consensus Standards for Emergency Care – Phase II: Hospital-based Emergency Department Care," NQF received comments from 23 responders representing 21 NQF members and two nonmember organizations addressing a wide variety of issues.

An NQF steering committee representing the range of stakeholders' perspectives considered a total of 20 candidate hospital-based ED standards. Ultimately 10 measures from the aforementioned six institutions were endorsed. The complete list of measures is available at www.qualityforum.org/news/releases/102908-endorsed-measures-hed.asp.

The mission of the National Quality Forum is to improve the quality of American healthcare by setting national priorities and goals for performance improvement, endorsing national consensus standards for measuring and publicly reporting on performance, and promoting the attainment of national goals through education and outreach programs. NQF, a non-profit organization (qualityforum.org) with diverse stakeholders across the public and private health sectors, was established in 1999 and is based in Washington, DC.

The LSU Health System - Health Care Services Division is one of the largest public health care delivery systems in the country. It has over 31,000 admissions, 180,000 patient days, 981,000 outpatient visits, and over 270,000 emergency department visits. Each year 1100 residents and fellows from the LSU and Tulane Schools of Medicine and Ochsner Health System and 2,200 nurses and allied health students from many colleges and universities are trained in LSU facilities.

LSU is the largest single provider of uncompensated inpatient care in Louisiana. LSU HCSD hospitals have an economic impact of over \$1.4 billion in asset business activity, \$568 million in personal earnings, and generate over 12,000 jobs.

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