Editorial

Revitalizing Emergency Rooms Nationally: Strategies and Insights

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Abstract

Description

Throughout the United States, the post-COVID-19 pandemic period has been marked by profound disruption to health care operations, coordination, and care capacity. These disruptions have been especially serious in the emergency room (ER) setting. While intensely challenging, the post-pandemic period has also presented opportunities for health care systems to approach classic challenges facing the ER with fresh eyes. In this editorial, the authors discuss key strategies being used to help revitalize ERs nationally and reflect on future challenges and directions.

Keywords

leadership training; nurse-physician collaboration; unit-based councils; emergency room; leadership; strategy; revitalization

Introduction

Throughout the United States, the post-COVID-19 pandemic period has been marked by profound disruption to health care operations, coordination, and care capacity. These disruptions have been especially serious in the emergency room (ER) setting, where soaring patient volumes, steady (and in some cases increasing) acuity of patients presenting to the ER, issues with throughput, staffing, and the influx of new nurses and other ER clinicians nationally have coalesced to produce one of the most difficult periods in recent health care history.

While challenging, the post-pandemic period has also presented opportunities for health care systems to approach classic challenges facing the ER with fresh eyes, and, in some cases, to reset expectations. This was certainly true for our organization, HCA Healthcare, which, following a 2-year period of intense reflection, listening, and self-study, launched an enterprise-wide initiative across more than 180 hospital-based and 160 free-standing ERs known as "ER Revitalization."

Key Strategies

One of the cornerstones of our ER Revitalization Program has been efforts to strengthen leadership training, for both nurse and physician ER leaders, many of whom were new to their roles. Nationally, during the pandemic, nurse leadership turnover reached alarming rates,[1,2] particularly in the ER, underscoring the importance of focusing on leadership retention and succession planning in the ER.

Another key strategy to our ER Revitalization initiative has been efforts to strengthen communication between nursing and medical staff in the ER. In particular, during the COVID-19 pandemic, we learned that the relationship between Nursing and Medical Directors, as a dyad, was vital to not only stabilizing performance in the ER but also setting the tone for collaborative teamwork and communication between staff nurses and providers. Because of this, now during every ER leader orientation, we take the time not only to discuss the importance of building a strong ER Nursing-Medical Director dyad but also to encourage leaders

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to set weekly meetings in their ERs to ensure that they have dedicated time to communicate, identify challenges, and develop solutions.

In addition to strengthening our Nursing-Medical Director dyads, another strategy for revitalizing our ERs has been to invest in unit-based councils as engines for collaborative problem-solving. While the concept of unit-based councils was not new to our organization, during the pandemic, it became clear that within our ERs, unit-based council membership, focus, reporting structure, and output varied considerably.

To ensure that HCA Healthcare's workforce was ready to create high-functioning ER unit-based councils, ER leadership began by standardizing the vision, structure, roles, reporting, meeting frequency, and pathways staff use to escalate concerns through their unit councils. We also started providing ER leaders classes to ensure they have the skills needed to lead these councils. These leaders were then able to teach their teams about how these structures can help resolve their barriers and better drive quality patient outcomes.

Key Insights

As with all learning organizations, not a day goes by that we do not learn lessons from our front-line clinicians and each other about how to optimize our unit-based ER councils. However, during the initial 15 months of the program, we learned several lessons which have proven to be helpful, especially for building consistent engagement through our ER councils at scale:

- **Create a Clear Structure and Ensure Strong Participation of Multidisciplinary ER Leadership:** In HCA Healthcare, this process included ensuring that (a) both the ER Nursing Director and the Medical Director are present at every unit council meeting to help facilitate meetings; (b) our Hospital-Based ER Steering Committees (which, among other tasks, help support and remove barriers for our unit-based councils) are led by facility executives; and (c) our larger division ER council is led by the Division Chief Nurse Executive and Division Chief Medical Executive.
- **Provide ER Leaders (Especially New Leaders) Training on How to Lead Unit-Based Councils:** As a part of our ER Revitalization, we offered 2 ER immersion sessions. These sessions provide ER leaders with "train-the-trainer" style education designed to ensure that they can train their own division leaders on how to lead unit-based councils in a consistent way.
- **When Possible, Deliver Training In-Person:** We have learned that, whenever possible, providing ER leaders training on how to lead unit-based council in-person using hands-on pedagogy not only improves uptake but also engages leaders and leads to better outcomes.
- **Include Ancillary Departments and Focus on Cross-Functional Coordination:** Another key to creating effective, consistent unit-based ER councils has been an intentional focus on coordination and collaborative problem-solving by ensuring ancillary departments are included. In our case, this includes radiology, security, pharmacy, environmental services, inpatient nursing, patient transport, and others.
- **Create Accountability Metrics and Reports and Use Them to Provide ER Executives with Updates and to Standardize the Process:** Finally, a key part of laying the foundation for our ER Revitalization was strengthening our accountability and reporting metrics. In particular, requiring councils to develop structured agendas addressing standard topics (eg, quality, operations, etc) as well as providing ER leaders with reports indicating whether critical elements of each council's agenda were met have been vital to creating both insight into process and accountability for outcomes.

After 15 months of implementing the ER Revitalization initiative, specifically the unit-based council program, we have already seen improvement in our nursing leader turnover, key care delivery and efficiency metrics, employee engagement, and patient experience, to name a few.

Conclusion

ER Revitalization has proven to be a successful initiative that supports a refocus on ER operations. We have seen improvements in leadership retention, care delivery metrics, and efficiency metrics. As we continue with this effort,

council structures, as well as provider and staff engagement in those councils, remain a critical element to success.

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Conflicts of Interest

The authors declare they have no conflicts of interest.

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References

1. Colosi B. 2024 NSI national health care retention and RN staffing report. NSI Nursing Solutions, Inc; 2024. Accessed May 15, 2024. https://www.nsinursingsolutions.com/Documents/Library/NSI_National_Health_Care_Retention_Report.pdf
2. Woodward KF, Willgerodt M. A systematic review of registered nurse turnover and retention in the United States. *Nurs Outlook*. 2022;70(4):664-678. doi:10.1016/j.outlook.2022.04.005