



PROJECT NAME	
Long Wait Times	
PROBLEM STATEMENT/DESCRIPTION	
Long wait times in the emergency department (ED) leading to patient dissatisfaction & potential delays in care.	
SIGNIFICANCE/IMPACT	
Background: Recent patient feedback have highlighted that the average wait time in the ED has increased by 20% over the past 6 months.	
MISSION & VISION STATEMENTS	
<p>Mission Statement-To enhance patient care by significantly reducing wait times in the ED through innovative processes, dedicated teamwork, & a commitment to continuous improvement.</p> <p>Vision Statement-To create an environment where every patient receives timely, efficient, & compassionate care, setting a new standard for emergency services & patient satisfaction.</p>	
TEAM MOTTO	
Quick Response, Quality Care	
PRIMARY OBJECTIVES	
<p>Primary Goal: Reduce the average patient wait time in the ED by 15% within the next 3 months.</p> <p>Secondary Goal: Improve patient satisfaction scores r/t wait times by 10% within the same time frame.</p>	
PERFORMANCE ASSESSMENT	
<ul style="list-style-type: none"> • Wait time metrics- current avg. wait time from arrival to initial assessment/from assessment to start of treatment/from treatment to discharge/admission/transfer. • Use patient satisfaction surveys to focus on ED experience. • Assess current patient flow-utilize flow mapping. • Look at the staffing levels during ED peak times. • Assess equipment/technology/documentation/education changes that were implemented to streamline the process. • Utilize staff & patient feedback. • Conduct regular audits & benchmarking to compare with similar hospitals to gauge progress. 	
SCOPE/PARAMETERS	TIMELINE
In Scope: All processes r/t patient intake, triage, & initial assessment in the ED.	Planning Date/Implementation Date/ End Date: <ul style="list-style-type: none"> • Initiation: Project charter developed & approved (1 week).

KHA PI TEAM CHARTER 2025



Out of Scope: Processes r/t inpatient care & other hospital depts.

- Planning: Specific tasks & strategies to achieve goals defined (2 weeks).
- Implementation: Project carried out (8 weeks).
- Monitoring: Project progress observed, & results documented (ongoing).
- Ending: Project ended, & summary report written (1 week).
- Sustainment: See below.

S.M.A.R.T. GOAL (Outcome Measure)

(Hospital name) will reduce the average patient wait time in the ED by 15% within the next 3 months by implementing process improvements & staff training, as measured by the hospital's EHR system, staff feedback, & patient feedback surveys.

GOAL STRATEGIES

- Train all triage nurses on & initiate rapid triage protocols- prioritize patients based on severity of condition.
- Bed management system- to ensure allocation of beds & reduce bottleneaking.
- Enhance communication-use interdisciplinary rounding to communicate/collaborate.
- Use real-time updates on patient's location, status, & wait times to keep staff informed.
- Streamline documentation in EHR to reduce delays.
- Increase staffing at peak times.
- Keep the patient/families in the loop-use pre-arrival instructions & explanations, use ADIET and ask for patient feedback.
- Regular touchpoints with team & staff for feedback to improve process & communication.

MEASURES (Process, Balancing, Structure)

Process: Time measurements of-Average time from patient arrival to triage or average time from triage to physician/APRN/PA. The number of patients seen per hour by triage nurse (measures the workload and notes peak times).

Outcome: Average wait time. Percentage of patients LWBS. Patient satisfaction scores.

STAKEHOLDERS & PROJECT TEAM MEMBERS

Team Member Role	Stakeholder Name	Meetings held/Who Attended	Responsibility Assignment
Sponsor: Chief Operating Officer			Allocation of resources.
Team Lead: ED Director			Provides overall direction. Presents touchpoints & findings



			along the way to the COO, CMO, and Board.
Process Owner: ED Manager			Manages day-to-day operations & ensures project milestones are met.
Team Members: <ul style="list-style-type: none"> • Triage Nurses • ED Physicians • ED frontline staff • ED Registration • Data analyst • Patient/families 			Implement changes in triage processes. Provide input on patient flow improvements. Assist with data collection & patient feedback surveys. Feedback given via surveys.
RISKS/BARRIERS			
Risk Barrier(s)		Plan to Address	
Potential Barrier: Resistance to change from staff.		Strategy: <ul style="list-style-type: none"> • Conduct training sessions & involve staff in the planning process to gain buy-in & ensuring that all team members understand their roles & the project's objectives. 	
SUSTAINMENT PLAN			
<ul style="list-style-type: none"> • Performance Audits • Staff/Patient Feedback Surveys • Ensure ongoing commitment from leadership- continually prove proof of concept/ROI • Incorporation of a project champion 			
EXPANSION			
<ul style="list-style-type: none"> • Identify targeted areas/departments/other hospitals in system. • Set goals & have stakeholder engagement/Leadership commitment to expansion project. • Form expansion Team. 			



- Use best-practice guidelines.
- Training/education.
- Budget & adequate staffing.
- Monitor & report: Data collection.
 - Use communication avenues to keep stakeholders, team & frontline staff of progress via:
 - ✓ System emails
 - ✓ System news blasts
 - ✓ Tell stories of success