

# ACHE CHAPTER PANEL DISCUSSION TEMPLATE

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## #IP49: In-Person Learning Environment

*For ACHE In-Person Education Credits*

### Emergency Department Operational Standards in the 21st Century

**Length:** 1.5 hours

**Target Audience:** Chief Nursing Officer/Chief Medical Officers, Chief Operating Officers/VPs of Ambulatory Services, Chief Financial Officers

**Description:** The Emergency Department is considered the “Front Door” to the hospital. Hospital executives recognize that in many cases most hospital admissions come in directly through the ED. Over the past several years, there has been a significant push by hospitals across the country to promote emergency department service standards, with the objective of attracting new patients, retaining current patients, and positioning the hospital in a favorable light to the community. Before a hospital embarks on an emergency department service standard it is imperative that they recognize the comprehensive house-wide approach that is required to provide, sustain, and reap the benefits.

Focusing on a variety of emergency department types (suburban hospital ED; satellite ED and urban hospital ED) this presentation will address various approaches with respect to ED service standards. This presentation will address the operational requirements, the impact on patient safety, required resource allocation, physical plant requirements and marketing requirements necessary for the successful implementation of emergency department service standards across a variety of hospitals, in addition to addressing the commitment required by the C-suite and respective departments for long-term sustainability and success.

**Faculty:** *Each session should feature a moderator plus two to three panelists.*

Moderator: The moderator should be a healthcare executive with experience in emergency department operational models.

Panelists: Panelists should include other senior-level healthcare executives. The panelists should represent organizations using different models and discuss their experiences. A consultant, legal

counsel, or group practice leader may be considered.

**Interactivity:** *All sessions must feature a minimum of 10 minutes of dedicated audience Q&A time at the end of the session. Additional small-group breakouts or discussions are optional but encouraged.*

**Presentation:** *An optional presentation template has been included for use if the Chapter sees fit. If used, the presentation should include required slides as designated in the template, and no more than 3 additional content slides.*

**Questions for Discussion:**

- What are examples of best practices for ED service standards implementation?
- What are the biggest “lessons learned” from past attempts at operational improvements in this space?
- Discuss strategies for finding common ground between hospitals and medical staff and ways to build and maintain mutual trust.
- What benefits does the patient receive because of improved patient flow and throughput from the ED?
- How can clinical and financial data be used to foster effective decision-making in the ED?
- What efforts are most effective at decreasing wait times? What about readmissions?
- What is needed for long-term sustainability in ED operational success?

**Materials for Distribution:**

Finkel, E. “Changing Behaviors.” *Healthcare Executive* (July/August 2023).

Van Dyke, M. “Optimizing Operations and Capacity – Despite Personnel Shortages.” *Healthcare Executive* (July/August 2022).

**Additional Resources:**

<https://www.ahrq.gov/research/findings/final-reports/ptflow/index.html>

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5051606/>