IFC International Finance Corporation WORLD BANK GROUP
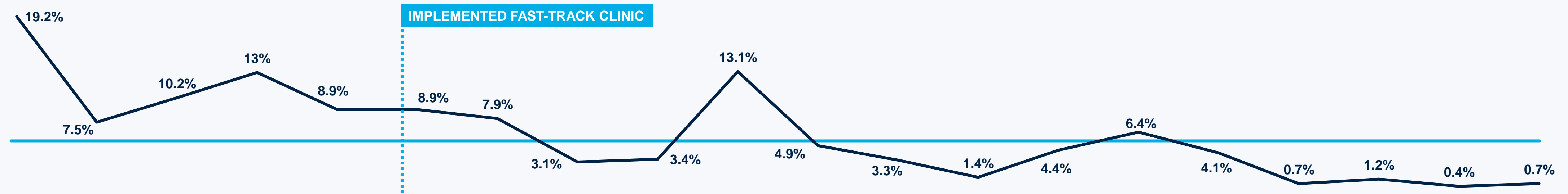*Creating Markets, Creating Opportunities*

THE BUSINESS CASE:
FAST-TRACKING EMERGENCY TRIAGE

DAR AL SHIFA HOSPITAL, KUWAIT

STAFF: 2,700+ | **BEDS: 249** | **SIZE: 34,972 m²**

Dar Al Shifa Hospital (DASH) was established in 1963; it was the first private hospital built in Kuwait. The hospital provides inpatient facilities and emergency medical services across the region. In 2022, staff observed that patients left the emergency room without receiving care. What followed was an intensive quality improvement project focused on enhancing Emergency Department (ED) practices and patient flow.

PATIENT CANCELLATIONS DUE TO "CANNOT WAIT" FROM TOTAL CANCELLATIONS IN ADULT EMERGENCY DEPARTMENT
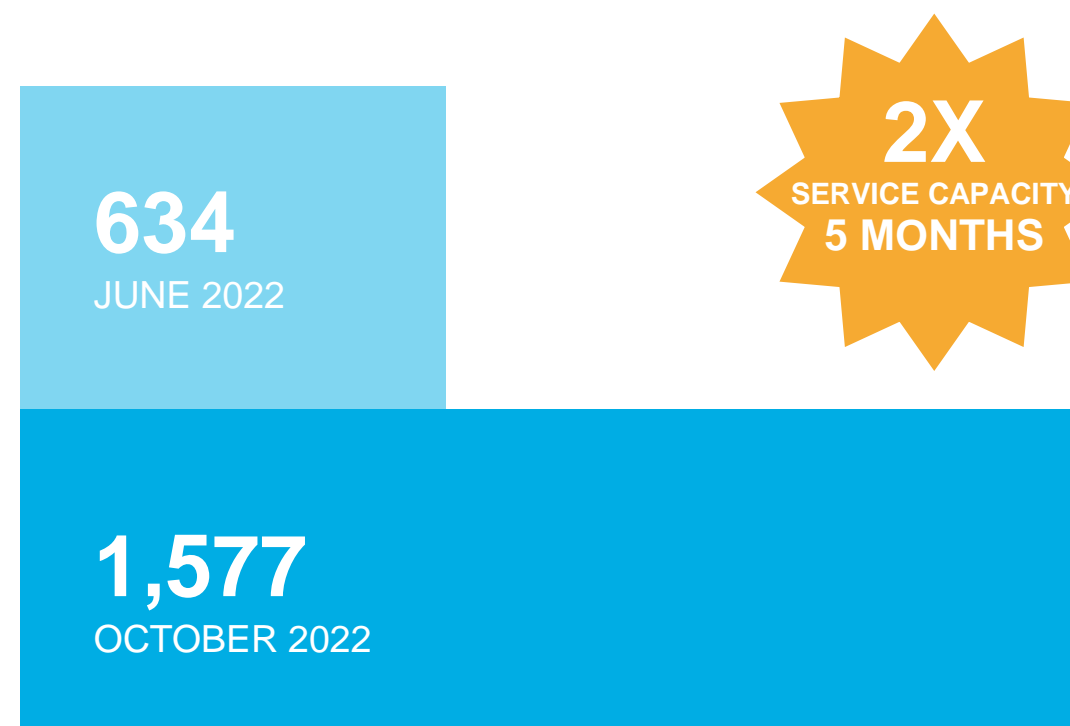**COMPARED TO 5% DASH TARGET**

IMPLEMENTED FAST-TRACK CLINIC

Month	Value
January (2022)	19.2%
February	7.5%
March	10.2%
April	13%
May	8.9%
June	8.9%
July	7.9%
August	3.1%
September	3.4%
October	13.1%
November	4.9%
December	3.3%
January (2023)	1.4%
February	4.4%
March	6.4%
April	4.1%
May	0.7%
June	1.2%
July	0.4%
August	0.7%

2022 — **2023**

INCREASED PATIENTS SERVED
THROUGH FAST-TRACK CLINIC

634 JUNE 2022

1,577 OCTOBER 2022

2X SERVICE CAPACITY 5 MONTHS

In June 2022, the fast-track clinic served 634 patients. This number grew to 1,577 patients by October 2022. As of August 2023, 16% of emergency department patients were being served in fast-track clinics.

BETTER EMERGENCY ROOM ACCESS
BY INDEXING EMERGENCY SEVERITY

ACHIEVED **85%** SATISFACTION

16% CAN WAIT
Redirected to fast-track clinic
Level 5: Non-Urgent Condition
Level 4: Less Urgent Condition

84% CAN NOT WAIT
Level 3: Urgent Condition
Level 2: Emergent Condition
Level 1: Life-Threatening Condition
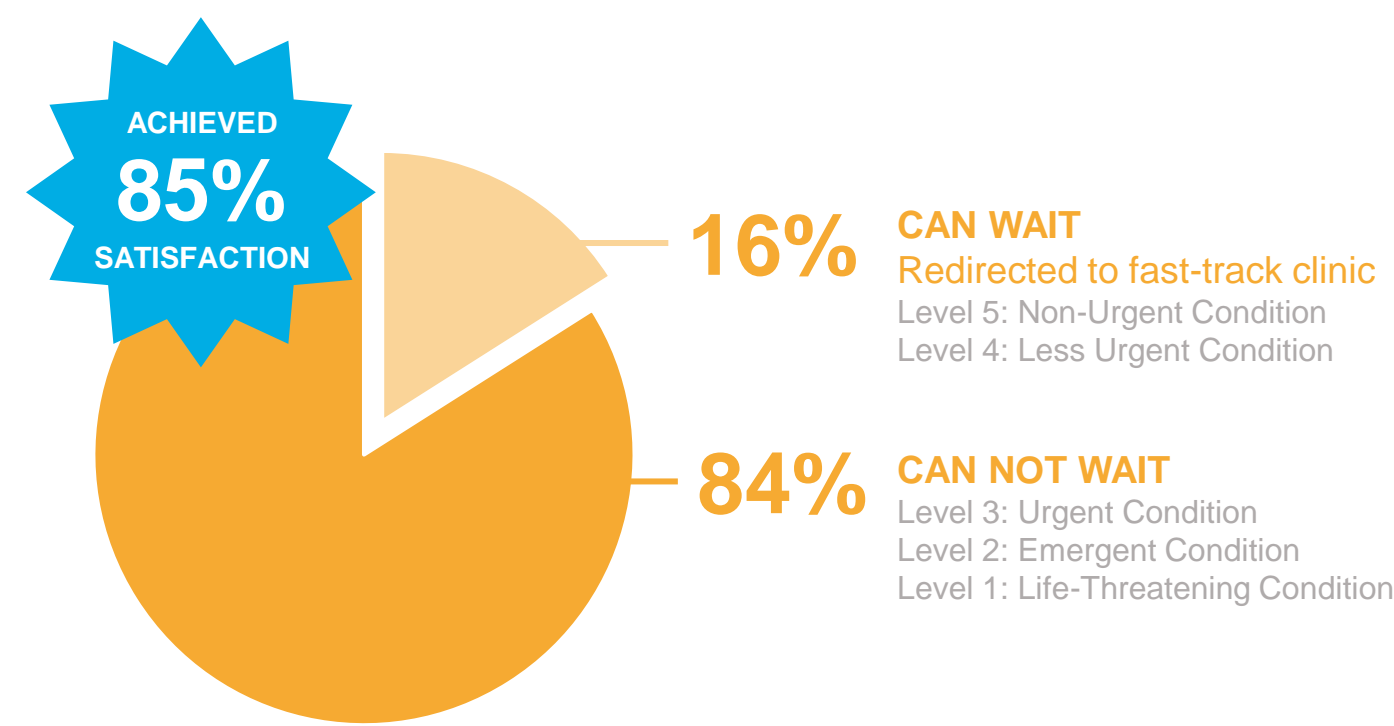
DASH emergency department observed that 16% of patients triaged were Emergency Severity Index Levels 4 and 5, meaning the cases were less urgent and non-urgent. Fast-tracking these less-urgent and non-urgent cases led to shorter wait times and increased patient satisfaction.

FINANCIAL RESULTS
IMPACT OF INTERVENTION, IN US DOLLARS

IMPROVED REFERRAL SYSTEM

$60K LOSS OF REVENUE PREVENTED PER YEAR
AFTER INTERVENTION

-$5K MONTHLY LOSS OF REVENUE
BEFORE INTERVENTION

The number of emergency department cancellations in January 2022 resulted in a financial loss of about $5,000 per month. After implementing fast-track clinic operations, the losses prevented amounted to over $60,000 annually.

RESHAPING EMERGENCY CARE
AMONG KUWAIT'S LARGEST HOSPITALS

In an interview with IFC, Dar Al Shifa Hospital describes sweeping changes implemented after it observed almost 20 percent of patients leaving the Emergency Department without being treated.

Jessy Jacob
Quality Director
Dar Al Shifa Hospital

How Dar Al Shifa Hospital used data as its first line of defense in improving satisfaction, reputation, patient volume, and revenue.

The IFC Business Case for Healthcare Quality contest is sponsored by IFC's IQ-Healthcare program in partnership with the governments of Japan, Norway, and the Netherlands.

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www.ifc.org/iqhealth
ifc_healthcare@ifc.org

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What problem did the hospital face?
In January 2022, we noticed a 19% increase in canceled invoices in the Emergency Department (ED). This resulted in an estimated financial loss of 5,000 USD per month. Because we are a private facility, anybody can walk in at any time. Patients come to the ED, check in, and receive an invoice followed by an appointment to be seen by a doctor. At some point in that process, patients began to leave the hospital. We discovered that our 20-minute wait to see a doctor was too long for most patients.

How did the hospital alleviate the situation?
We brought together the ED doctors, nurses, customer service, and IT staff from the Health Information department to hear from patients. Many of the ideas generated were simple but highly effective. For example, our patient's top concern was having their feedback heard. So, we monitor it via an online platform called Press Ganey. When there were comments that required follow-up, our ED head called the patients directly to ask about their experiences and how we could improve. This had the greatest impact on return visits.

We noticed that 20% of our patients were level 4 or 5 on the Emergency Severity Index (ESI), which meant they were less severe and did not need hospital resources. The question was how non-serious patients could bypass occupying an emergency bed, which added to wait time. Some of those patients needed sick leave notes. Others needed to be seen by a doctor because insurance demanded it, even

if it was just a medication refill, lab, or routine checkup. Patients would even walk in for a copy of their medical report. So, we realized if we targeted this group differently, it could improve patient satisfaction and revenue. We decided to implement a fast-track clinic and educated patients and staff on the importance of using these services to reduce wait times.

Can you talk more specifically about the steps taken to improve the situation?
We assigned four additional nurses in the female section and three in the male section of the hospital during evening shifts. We installed screens in the waiting area to show each patient's turn based on the queue number and triage level. We began using a color-coded process on ID bands that displayed the expected wait time. We changed the priority of lab tests to urgent if needed. We implemented a bedside payment process across the ED. Our ED charge nurse closely monitored patient discharge records via electronic medical records. Ultimately, we reduced the number of patients leaving without treatment within a month or two.

Why does data make a difference?
Data always provides insight into larger situations. For us, it was critical to identify patterns. In the case of the ED, we correlated the data to see which interventions would have the greatest impact on positive patient feedback, patient volume, and ED revenue.

What challenges did the hospital face?
We had a huge manpower shortage at this time, which made it difficult to effectively distribute staff across the hospital. One of the biggest obstacles was finding doctors who could be dedicated to staffing the fast-track clinic. These physicians do

"We correlated the data to see which interventions would have the greatest impact on positive patient feedback"

not see very critical cases, so for multiple reasons, there was less interest in staffing this function. So, we started with dedicated fast-track nurses. They were trained on patient intake, collecting and recording basic information, and were responsible for calling the doctor so that no time was wasted.

Are there plans for the future?
Yes. We have recently expanded our overall hospital with the addition of three new wings. This allows us to offer additional inpatient services. One of the closest areas to the emergency department was the laboratory. Due to the success of our fast-track clinic, the lab will be shifted out to create a full-fledged expansion of the Emergency Department. This expansion will actually double the emergency department capacity. We plan to have dedicated fast-track areas, areas for the Adult Emergency Department, Pediatrics, and Obstetrics.