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***Maura, earlier in your career you were a flight nurse. What lessons about leadership did you draw from this experience?***

As a flight nurse, I learned that people have high expectations of their healthcare providers, and they place their lives and trust in us. It is our responsibility to be competent and confident. It is not that I buy into a theoretical framework of patient satisfaction; it is actually the reason I became a nurse. You must be among your staff to get to know them, build relationships, share your experiences and lessons, and show them the way. You cannot lead from behind a desk or hidden in an ivory tower. All staff members want to know who the leaders are, what we are thinking, and why we want to change things. We owe that to our staff if we expect them to step up to the plate and perform.

***When The Valley Hospital recruited you in 2008, you had already demonstrated a talent for orchestrating emergency department turnarounds. What was it about the opportunity at The Valley Hospital ED that attracted you?***

When I was interviewed by a roundtable of The Valley Hospital Emergency Department staff members, they articulated their frustrations, roadblocks, and expectations. When I walked away, I thought to myself, I understand all of these issues. I have recent experience and expertise. I can give them a voice and make sure they have the tools necessary to provide extraordinary care and make a difference! Culturally, I could see that they all wanted to do right thing for the patients and provide quality care. They just required a leader who believed in them.

***Your approach blended elements of strong leadership, a heavy dose of operational redesign, and investment in new technology to improve both communication and resource management. But at the heart of it all, was a cultural makeover. Tell us about how you drove culture change.***

The number-one tactic in transforming a culture requires the leadership to walk the walk. This means that the entire Emergency Department Leadership Team must communicate in a consistent, positive, and effective manner. You must be a good listener to be able to hear the challenges from the staff that are in the trenches. In addition to taking feedback, 'coaching up' is crucial. Some staff members have been behaving in certain ways for decades and, therefore, it is imperative that leaders engage in open conversations with staff to articulate the vision for the future and what it will take for them to be successful on this team. This has been absolutely paramount to their transition.

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Prior to my arrival, a neighboring hospital closed and the Emergency Department was completely overwhelmed. The staff was inundated and could not even pick their heads up long enough to assess the operations. After a few hours observing some of the processes, we made immediate changes. First, we reallocated staff into teams so that the number of patients on each team was more manageable. The charge nurse supervises the entire department while the Team Leaders for each team—which consists of RNs, patient care associates, unit secretaries, physicians, and registrars—expedite patient movement and hold Team staff accountable. Each individual is responsible for following the new processes as designed; advancing the safe and efficient movement of all patients within the key performance indicators while keeping patients informed; and providing kindness, caring, and quality care. Our managers round on staff and patients in real time in the Emergency Department and coach, counsel, and reward staff as appropriate. This has had a tremendous positive impact on both staff and patients alike.

***The ASPIRE initiative, which is based on the principals of EMPATH, the operational improvement consulting firm, focuses on improving efficiency through some dramatic changes in staffing and operational procedures. What was the most important change this effort accomplished?***

ASPIRE is the name we gave our initiative to improve our efficiencies, as we are aspiring to new heights, which was launched about 18 months after I joined The Valley Hospital. In collaboration with EMPATH, our consulting group, we took a look at our processes, compared them to best practice models, and made some significant changes in the way we looked at our patient flow and who owned each step of the patient's journey. We accomplished this by empowering frontline staff to build, tweak, and initiate change. This included patient care associates, registrars, unit secretaries, nurses, and physicians. We would test a change over a specific time period during which we solicited feedback from staff regarding any issues they experienced. The frontline staff would then make either modest or major changes based on the feedback, construct a learning module, and mentor staff on the unit with the solution. We would then pick a 'go live' date for the final changes made to the system or process as designed. The single-most-important change this effort accomplished is that we built a TEAM! Prior to this difficult task of asking all members to change, we all worked alongside one another. Today, we have a backup and buddy system and we reallocate resources in real time to provide support to any area that may be overwhelmed. This has improved the transparency of our systems and processes while also elevating accountability at every level.

***In addition to an electronic white board that tracks patient LOS, status of lab results, and disposition, you also have a PC-based application that serves as an early warning system for problems in patient through-put. How does this work?***

As an organization, we recognized that we did not ask for help until we were 'in too deep.' With ASPIRE, we have learned to ask for help earlier in the process, which allows for resources to be allocated quicker. In utilizing the Emergency Department Status Board, or EDSB, we are able to predict trends based on updates every 30 minutes. Portions of the data come directly from our patient tracking system, so we know where each patient is located as well as total volume, census, and staffing.

Our clinical shift supervisor (charge nurse) provides answers to five or six specific questions relating to ancillary departments being able to meet their key performance indicators or time frame expectations, such as how many admitted patients we may be holding or any staffing challenges we may be facing. This information calculates a cap level, which translates to a 1- to 5-point spectrum with an action plan built in for each level. This allows us to direct, delegate, and reallocate resources within the department to implement a buddy or backup system.

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***Each individual is responsible for following the new processes as designed; advancing the safe and efficient movement of all patients within the key performance indicators.***

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These are hardwired escalation plans for requesting or offering help early in the curve so that we may decompress the areas that are lagging behind and get back to a steady state. This aids us in managing appropriate staffing in order to meet our targeted times, which allow us to safely and efficiently care for patients.

***Of course, no ER turnaround is feasible without the partnership of the physician staff. Tell us about the role of the doctors in the transformation of the ED.***

In looking at all of the research surrounding patient satisfaction, the feedback tells us that when the physicians lead the way, staff and patients feel cared for. Our Valley ED physicians were on board from the beginning. Of course, change is not easy and each of us has our own tolerance and threshold for how much change we can endure. We partnered from the outset with two physicians on our action team and they became the role models and mentors, along with our Medical Director. Together, they walked the walk and shared their experiences and early wins with fellow physicians and administration. Without our physicians, we would not have been successful in making such a significant impact on patient care.

***Looking back on the changes you and your team have made, what, if anything, would you have done differently?***

Looking back can be dangerous! Actually, we would tweak a few of our delivery methods regarding communications to staff. We would increase the amount and methods of getting information to all staff. We found that utilizing staff at the bedside as well as our physician partners enabled us to implement changes and take feedback on issues and solutions. This information would go back to the action team who would tweak the process and we would then 'go live' with the new process. These same individuals would mentor our new way of moving patients safely and efficiently. Overall, it was a great way to make change stick!

***To close, Maura, what is the most important step forward that hospital leadership must take to make meaningful and sustainable change in ED performance?***

Our goal is to build a solid foundation by which we can maintain an accountable, sustainable environment. Clear, concise, consistent communications from the leadership team is the most important step to sustaining change over the long haul. Holding all staff accountable to the new processes as designed is a close second.

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The Emergency Department of The Valley Hospital, located in Ridgewood, N.J., achieved distinction in 2011 through the *J.D. Power and Associates Distinguished Hospital Program*.<sup>SM</sup> The hospital's inpatient services have been recognized for service excellence eight consecutive times by J.D. Power and Associates.

***For more information on how J.D. Power can help improve patient experience or the Distinguished Hospital Program, please contact:***

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