Purpose
The Emergency Department triage space was inadequate to meet the hospital’s mission and vision to provide a patient centered focus of care. The goal established for this project was to create an environment conducive to care which would place the patient and family at the center of triage activity, and facilitate assessment of all patients within the Emergency Department scope of service including those with special needs.

Design
This was an evidence-based project designed to apply principles of Relationship-Based Care®, the hospital’s selected professional practice model. The project took place in a community based, level II trauma center in the Midwest with 32,000 annual Emergency Department visits.

Participants
A convenience sample of Emergency Department patients who had experienced both the old and the new triage space were requested to voluntarily complete a survey which compared perceptions of the old and new triage designs. Additionally, Emergency Department patients are mailed Press Ganey® surveys to assess dimensions of patient satisfaction using the sampling processes established by that company, with results benchmarked against national comparison groups.

Methods
As the leader of this clinical ladder project, input regarding the redesign of the triage room was also obtained from other direct care nurses, as well as architectural engineering and design experts. A tool was designed to measure the effectiveness of the triage space redesign on patient care. The tool was a 10 question Likert scale survey which compared patient perceptions of the previous design to the newly redesigned space, which was based on care delivery and family dimensions extracted from concepts of Relationship-Based Care®. No validity or reliability for this instrument has been established. Patient satisfaction scores were also evaluated pre and post implementation.

Results and Outcomes
The ten-question Likert scale survey given to patients who have been in both triage rooms indicated a perceived improvement to the environment post-redesign. The Press Ganey® surveys from 4Q08 to 4Q09 showed an increase in patient satisfaction scores post-redesign.

Implications
The physical environment in which care is provided can facilitate the implementation and use of models of care. Leadership support is instrumental to obtain the funding necessary to drive structural changes.