METHODS

This quality assurance project was implemented by the ED Throughput Team in a private not-for-profit community hospital located in the urban southeastern United States. The facility has a 58-bed ED that provides care for approximately 70,000 patient visits per year. All patients assigned an ESI Level 4 or 5 were included and all ED staff members contributed to and followed the updated processes for care delivery. The ED Throughput team identified gaps in the flow of ESI Level 4 and 5 patients by process mapping. This ED already had a split flow process for ESI Level 4 and 5 patients in place prior to this project. Flow improvements were implemented including: first nurse lobby assessment and triage bypass, relocation of the ESI Level 4 and 5 waiting area, negotiation of patient placement between the charge RN and providers, and utilization of consistent staff in designated areas. Process changes were reviewed during staff meetings, through written education, and through direct observation and coaching of performance.

OUTCOMES

During the 12-month implementation period of this project, door-to-discharge time for ESI Level 4 and 5 patients was reduced by 16 minutes (128.12 minutes to 111.49 minutes). Patient satisfaction improved from a mean score of 83.6 to 85.6. LWBS rates decreased from 3.0% to 2.0%. This occurred while ED volume increased from an average of 191 visits per day to an average of 195 visits per day.

IMPLICATIONS

By improving flow for ESI Level 4 and 5 patients, the department was able to reduce door to discharge times, decrease wait times and decrease LWBS rates. Flow improvements that may be considered by facilities seeking similar results include: split flow and care area for ESI Level 4 and 5 patients, having a separate waiting area for the split care areas, implementing and utilizing the first nurse role to rapidly assess patients and sort them to the correct treatment area, as well as open lines of communication within the department to ensure appropriate placement of patients.