

Patient Arrival: A Pivotal Point In Emergency Care

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Purpose

- To provide rapid initial assessment of ED patients
- Properly screen patients upon arrival to the ED
- Patients are greeted by an RN
- RN makes a clinical judgment to properly place patients prior to a formal triage
- Reduce door to provider time
- Reduce the number of patients LWOT

Setting

- Community based hospital
- >53,000 visits per year
- 36 beds and 12 hall beds
- 9 of 36 beds are used for lower acuity patients.
- 95% of patients arriving through the front door
- Teaching facility with a residency program
- ED utilizes "pull to full" process

Evidence Based Practice project to provide a rapid assessment of all patients presenting the ED, to promote proper placement of patients and reduce door to provider time and patients leaving without medical treatment (LWOT)

Pivot Nurse:

- Introduces self to arriving patient
- Promotes sense of security
- Obtains chief complaint
- Quick registers the patient
- Communicates the patient needs to the ED team
- "Pivots" the patient to appropriate treatment area, quickly and efficiently

Methodology:

- Increase in LWOT
- Increase in door to provider time
- Process mapping occurred to seek the best practice change
- Algorithm created
- Education completed
- Experience staff trained
- A 30 day trial of the pivot nurse role completed

Results:

- Patient door to provider time, decreased from 26 minutes in 2017, 15 minutes in 2018, 19 minutes in 2019 with increased patient volume
- A reduction in LWOT from 3.9% in January 2017, to a consistent reduction of 1% during and following the trial period; less than 1.0% 2018 and less than 1.0% 2019
- Positive patient response as evidenced by staff rounding on patients and patient follow up survey responses

Results	LWOT	Door to Provider
Jan. 2017	3.9%	26
2017	1.1%	26
2018	<1.0%	15
2019	<1.0%	19

Implications: Following the successful results of the 30-day pivot nurse trial, the process was adapted for the peak times of patient arrival in the ED. The process is now utilized routinely and positive results continue today.

References: Gilboy, N., et. al. *Emergency Severity Index (ESI)*, A Triage Tool Kit for Emergency Care, *Version 4*, AHRQ Publication NO. 12-0014. Rockville, MD. Nov. 2011. Christianson, M., et. Al. (Sept. 2016), Pivot Nursing: An Alternative to Traditional ED Triage, *Journal of Emergency Nursing*, Vol. 4, Issue 5, p. 395-399.