The Emergency Department (ED) at Houston Methodist St John is a 20 bed community based ED in an acute care hospital. The ED embarked upon a six month project to redesign the triage care model in spring of 2016. The original triage model did not include a nurse in the waiting room greeting patients, but instead a registration clerk. A patient would enter the ED, be greeted by a registration clerk, be fully registered, then once the charge nurse noticed the patient on the tracker would take the patient behind locked doors to a triage room. There the patient would be triaged, seen by a mid level and protocols began. This triage practice created a dangerous situation, including long wait times, many leaving without being seen and leaving against medical advice.

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We have had great results from this project. We have had a 75% reduction in our door to triage times, a 78% reduction in our door to bed times and a 50% reduction in our door to provider times. We have had great results from this project. We have had a 75% reduction in our door to triage times, a 78% reduction in our door to bed times and a 50% reduction in our door to provider times. We are delivering high quality, fast, and safe care as evidenced by our results.

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By cleaning our front end process up we have had great results in our Key Performance Indicators. We are most proud that since starting this project in March of 2016 we have dramatically decreased our left without being seen rate to 0.3% for 2017 and our leaving against medical advice to 2% as well. We are delivering high quality, fast, and safe care as evidenced by our results.

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The reason our project is so successful and has sustained is because the entire process is built from a multi disciplinary team. The ED physicians, nurses, techs, admission team and formal leadership team were involved from the beginning. The project was born from the people that work daily at the front end, so they were able to own the process from the beginning. This project was owned by the ED team early on, so the team took it very personally when the project did well.

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Serious Glazer, MSN, RN

Serenity Glazer, MSN, RN

The team in March began to Direct Bed patients, by closing the triage room. A presenting patient is immediately seen by a triage nurse in waiting room (first face nurse). The patient is immediately placed into a ready room where triage, registration and assessment happen at the bedside. If no rooms available then triage nurse does a rapid triage, puts patient on EMR tracker and works with charge nurse to get patient a bed immediately or begin protocols in the former triage room.

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Door to triage: 2 minutes 75% Reduction
Door to Bed: 5 Minutes 78% reduction
Door to Provider: 12 minutes 50% reduction

*Reduction based on January 2016 data and May 2017 data.