

Emergency Department Throughput

Immediate Bedding To Reduce Throughput Times

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Problem

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 begun. This triage practice created a dangerous situation, including long wait times, many leaving without being seen and leaving against medical advice.

Patient enters ED through front door. → Patient fully registered

Once noticed by Charge RN, PT taken to triage room to have full assessment.

↓
ED Room

ED Metrics

- Door to triage- 15 minutes
- Door to bed- 39 minutes
- Door to provider- 34 minutes

*January 2016 Median time before change implementation.

Changes Implemented

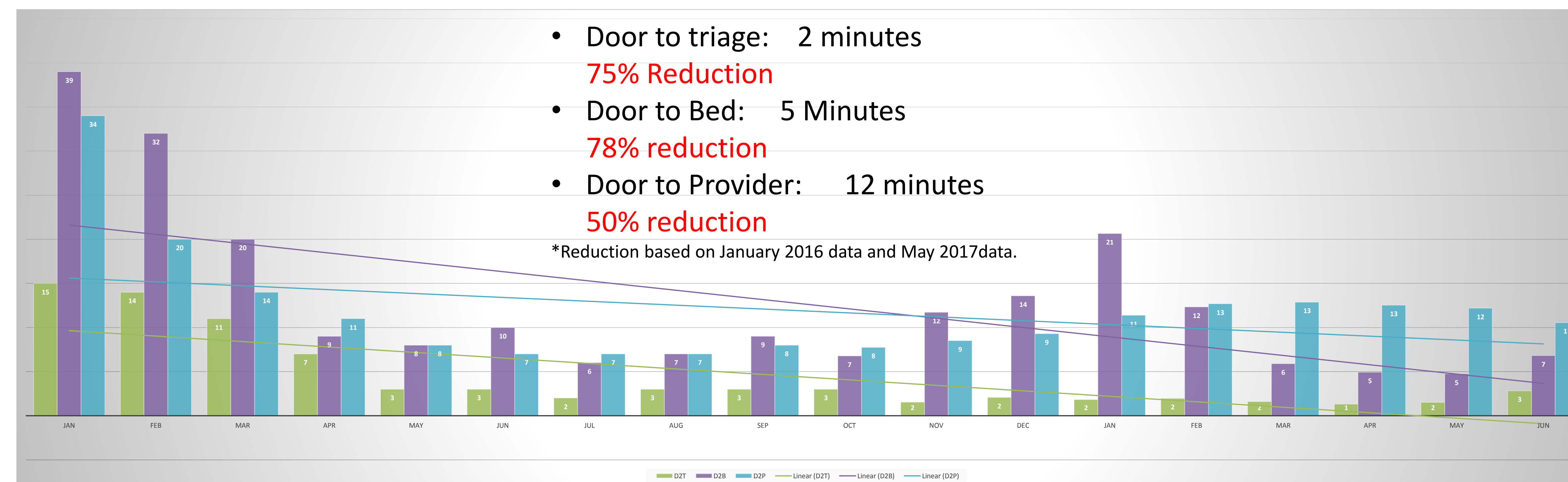
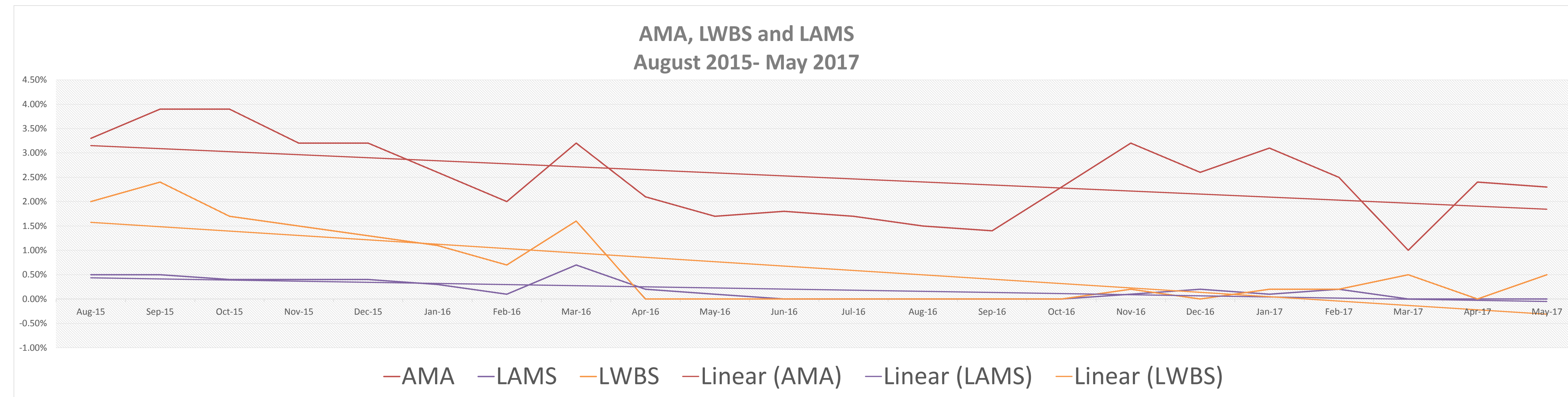
The team in March began to Direct Bed patients, by closing the triage room. A presenting patient is immediately seen by a triage nurse in waiting room (first face nurse). The patient is immediately placed into a ready room where triage, registration and assessment happen at the bedside. If no rooms available 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.

Pt enters ED through front door. → ED Room

Results

2017 data through May 31

	2015	2016	2017
Left Against Medical Advice	2.4%	2.38%	2%
Left without being seen	2.1%	0.25%	0.3%



Patient Satisfaction

2015	2016
86.7	88.1

Implications

There have been many implications for this project. We added additional staff in to assist the triage nurse from 11a-11pm. Our next step is to add more staff once census increases so we can have covered at triage 24/7. One lesson learned in this project was the use of our shared governance and team approach. By allowing the team to define the process and create the new triage, they had buy in earlier on in the project. Management was not pushing the process down to them, but instead pushing the process up to leadership. This approach is being used in a new throughput committee that focuses on back end processes to decrease lengths of stay in the emergency department.

Future Actions

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.

ED Metrics- 2017 YTD

- Door To Triage- 2 minutes
- Door to Bed- 5 minutes
- Door to Provider- 12 minutes

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.

What worked well

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.

Acknowledgments

Katherine Walsh, MS, DrPh, RN, NEA-BC, CNO Houston Methodist St. John Hospital for her commitment to our teams success. Emergency Department nurses, techs and physicians who live and breathe this process daily.