Design triage processes to ensure patients are seen by a medical professional within 5 minutes of their arrival

Develop triage protocols and guidelines for nurses to provide quality patient care when providers are unable to see patients quickly upon arrival

Within 15 months:

- Improve door to provider exam times to 15 minutes or less
- Reduce left without being seen rate by at least 30%
- Double patient satisfaction scores

Problem

- Annual ED volume > 32,000
- 12 beds dedicated to acute patient conditions and 6 beds dedicated to less acute patient conditions
- No triage protocols existed
- Negative comments on the Press Ganey surveys about the wait time to be taken to a room and seen by a provider
- The Joint Commission has revised recommendations effective in 2013 & 2014 for improved flow standards to address overcrowding in emergency departments

Plan

- Triage processes significantly effect:
  - Door to exam times
  - Door to discharge times
  - Left without being seen rates
  - Patient satisfaction
  - Patient safety
  - Quality of patient care

- Engaged bedside nursing leaders have a significant positive impact on process development and implementation of new processes

- Consistent & engaged ED leadership with administrative supportive promotes the development & implementation of process change

- Triage process changes did not impact admission throughput times.

Methods

In the first 3 months:

- Developed a team consisting of experienced ED leadership, ED physicians, and engaged bedside ED nursing champions with strong administrative support
- Identified shared visions and specific goals
- Reviewed evidence based literature on triage processes and ED flow
- Identified barriers to the existing triage model
- Developed new and revised triage processes using a direct bed triage triage model with bedside registration
- Developed and implemented triage protocol guidelines
- Engaged bedside nursing team members educated all ED staff and sought each staff member’s input prior to the new process implementation with leadership support
- Identified 3 additional exam rooms for use in high census
- Set April 3, 2012 as the go live date for the new process

For 3 months following go live:

- Weekly review and problem solving of process issues
- Engaged bedside nursing team members addressed resistance to change in real time
- Completed education on the Emergency Severity Index (ESI) for all nursing staff

Evaluation of the Data

- Throughput data and left without being seen rates are monitored daily through the hospital’s Emergency Department Performance Report
- Patient satisfaction data is monitored monthly through Press Ganey online reports
- Results were shared with staff daily for the first month then weekly to monthly as results became consistent.

Outcomes

<table>
<thead>
<tr>
<th>Process</th>
<th>Mar-12</th>
<th>Jun-13</th>
<th>Goal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Door to Bed*</td>
<td>13</td>
<td>3</td>
<td>5</td>
</tr>
<tr>
<td>Door to Provider Exam*</td>
<td>23</td>
<td>10</td>
<td>15</td>
</tr>
<tr>
<td>Door to Discharge*</td>
<td>115</td>
<td>94</td>
<td>100</td>
</tr>
<tr>
<td>Left Without Being Seen Rates</td>
<td>0.5%</td>
<td>0.2%</td>
<td>0.3%</td>
</tr>
<tr>
<td>Press Ganey Percentiles</td>
<td>33%</td>
<td>75%</td>
<td>66%</td>
</tr>
</tbody>
</table>

*Average times are in minutes

New Flow Design

Non-ambulance patient arrivals:

- Receive a quick registration in 30 to 60 seconds
- Triage nurse:
  - asks chief complaint and allergies
  - obtains height and weight
  - places patient immediately into the ED treatment area
- Triage assessment completed by primary RN

All ED treatment areas will be utilized

Future Plans

Develop and implement additional process improvements to improve admission throughput

References


UPMC Center for Quality, Safety & Innovation. (2013). UPMC Northwest’s emergency department performance report