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Background

PROBLEM STATEMENT: The emergency department is faced with throughput challenges due to a high demand for services, an increasing number of visits, boarding admitted patients and long wait times, therefore patients in need of emergency medical care are leaving without treatment.

GOAL: Improve front-end patient flow in the ED by redesigning the triage process to increase the efficiency and timeliness of initial patient contact with a licensed medical provider (Nurse Practitioner), increasing patient satisfaction, and decreasing the number of patients who leave without being seen.

- Decrease Door to Provider
- Improve Patient Engagement Scores
- Decrease Left-Without-Being-Seen (LWBS)

SCOPE: Delnor Hospital Emergency Department patients with an ESI of 3,4 or 5. These patients are those that utilize resources but are not in need of immediate life-saving interventions.

Figure #1: Door to Provider

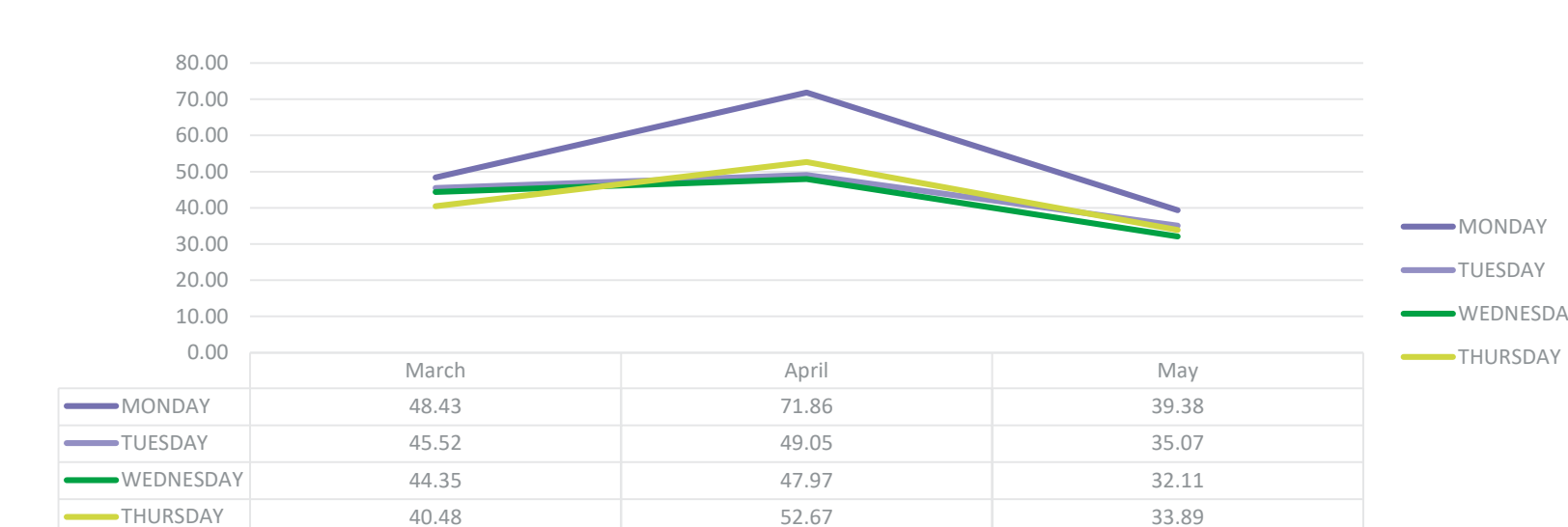


Figure #2: Press Ganey Wait Time in treatment area to be seen by provider

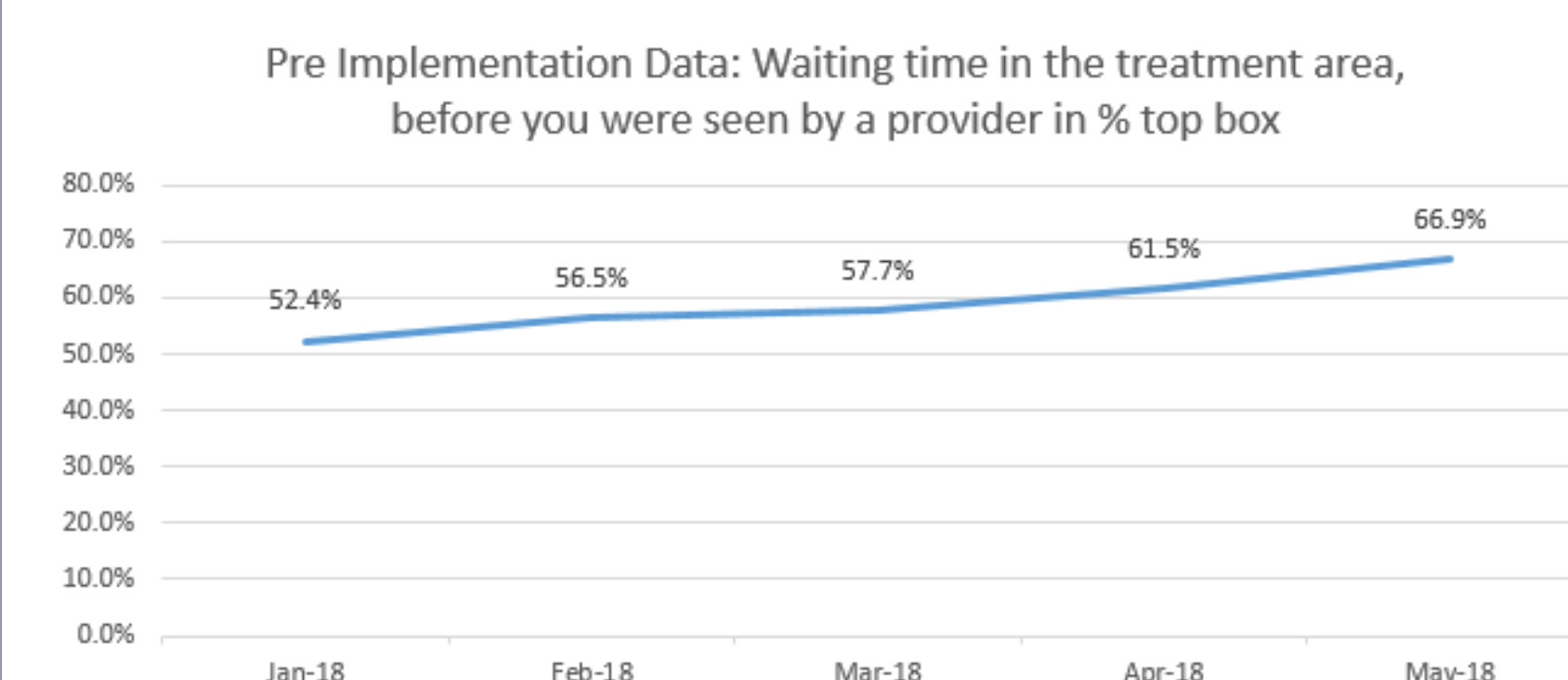
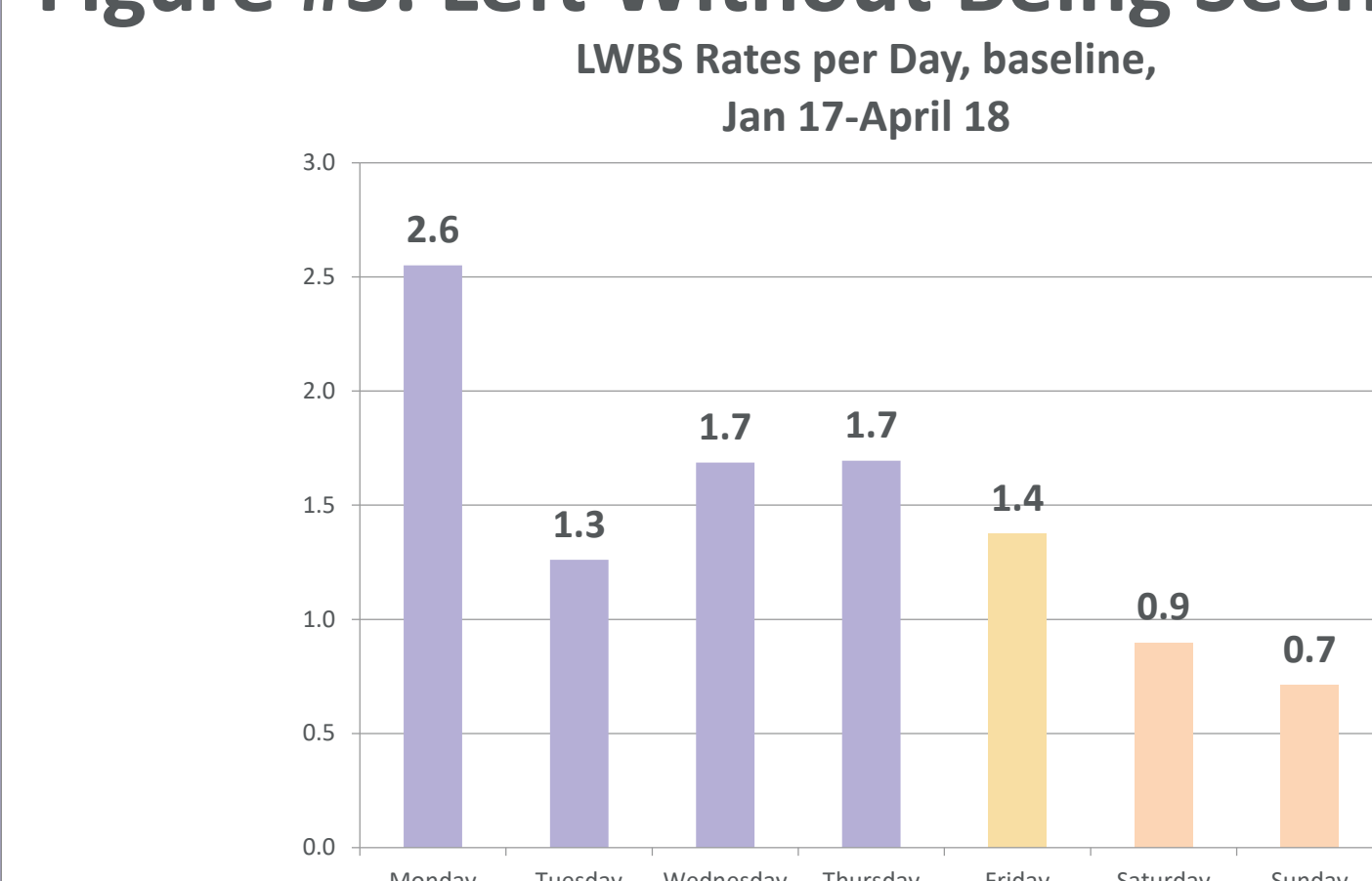


Figure #3: Left Without Being Seen



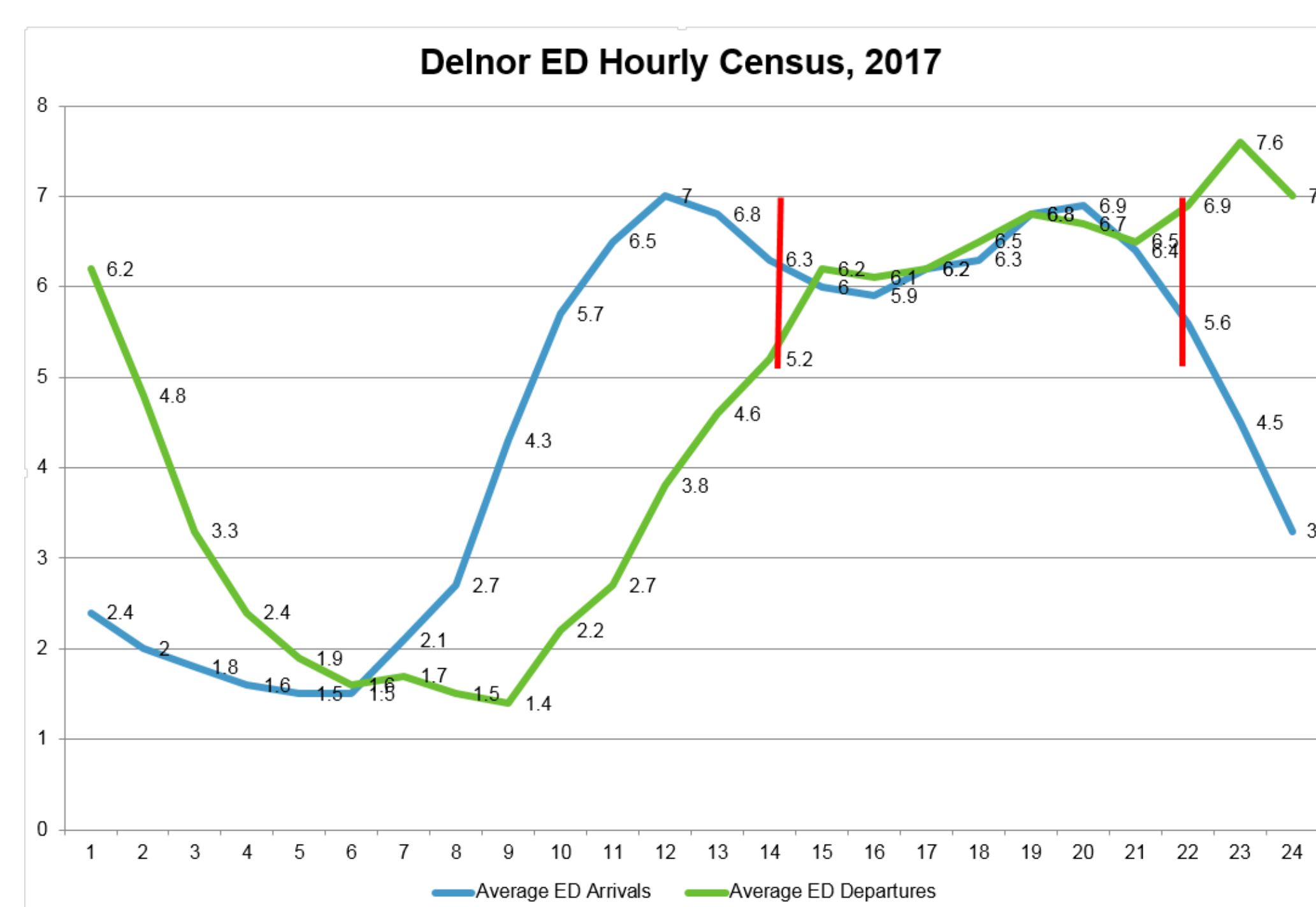
Methods



- What are the busiest time of day / day of the week?
- When are the patients waiting the longest to be seen by a provider?
- What were our patients telling us on the Press Ganey (PG) Surveys regarding wait times?
- What was the voice of the customer comments from Patient Advisory Council?
- What is our staffing plan to support the PIT process?

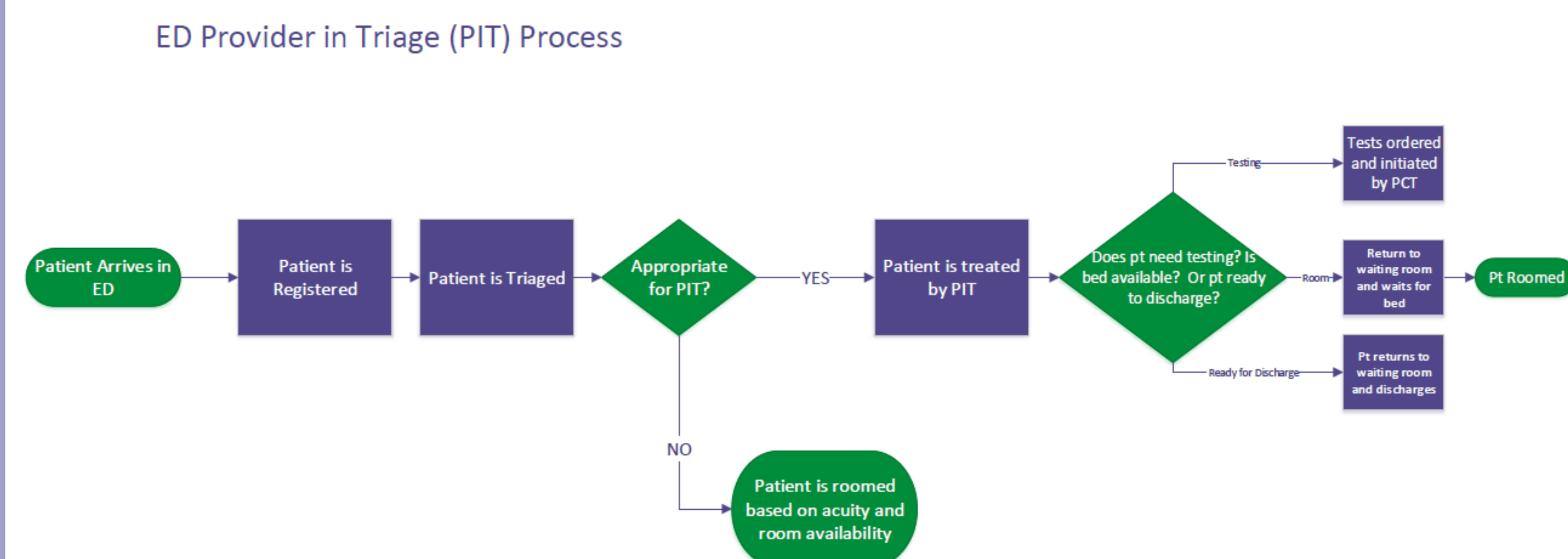
METHODOLOGY: We assembled a team of ED leadership, staff nurses, PCT and providers to understand the ED trends in volume and identified the busiest days of week and time of day. Based on the analyzed data, we implemented the Provider in Triage (PIT) Process in June 2018, for Monday – Thursday, from 2:00pm –8:00 pm. We assigned designated PIT staffing which includes a nurse practitioner (NP) and a Patient Care Technician (PCT).

Figure #4: ED Volume Day of Week / Time of Day



The PIT process was implemented to increase the efficiency and timeliness of initial patient contact with a licensed medical provider (NP) and to initiate care by the PCT, therefore reducing wait times. PIT Guidelines were developed by the team and adopted by the staff.

Figure #5: PIT Process Map



Results

ACHIEVEMENTS:

Through the implementation of the PIT process, the Delnor Emergency Department was able to achieve the following:

- Decreased LWBS rates 0.45% (1.3% to 0.85%)
- Improved “wait time in treatment area before seen by provider” PG survey results
- Decreased Door to Provider from 43 min (ave) to 30 min (ave) = 30% reduction

Figure #6: Left Without Being Seen

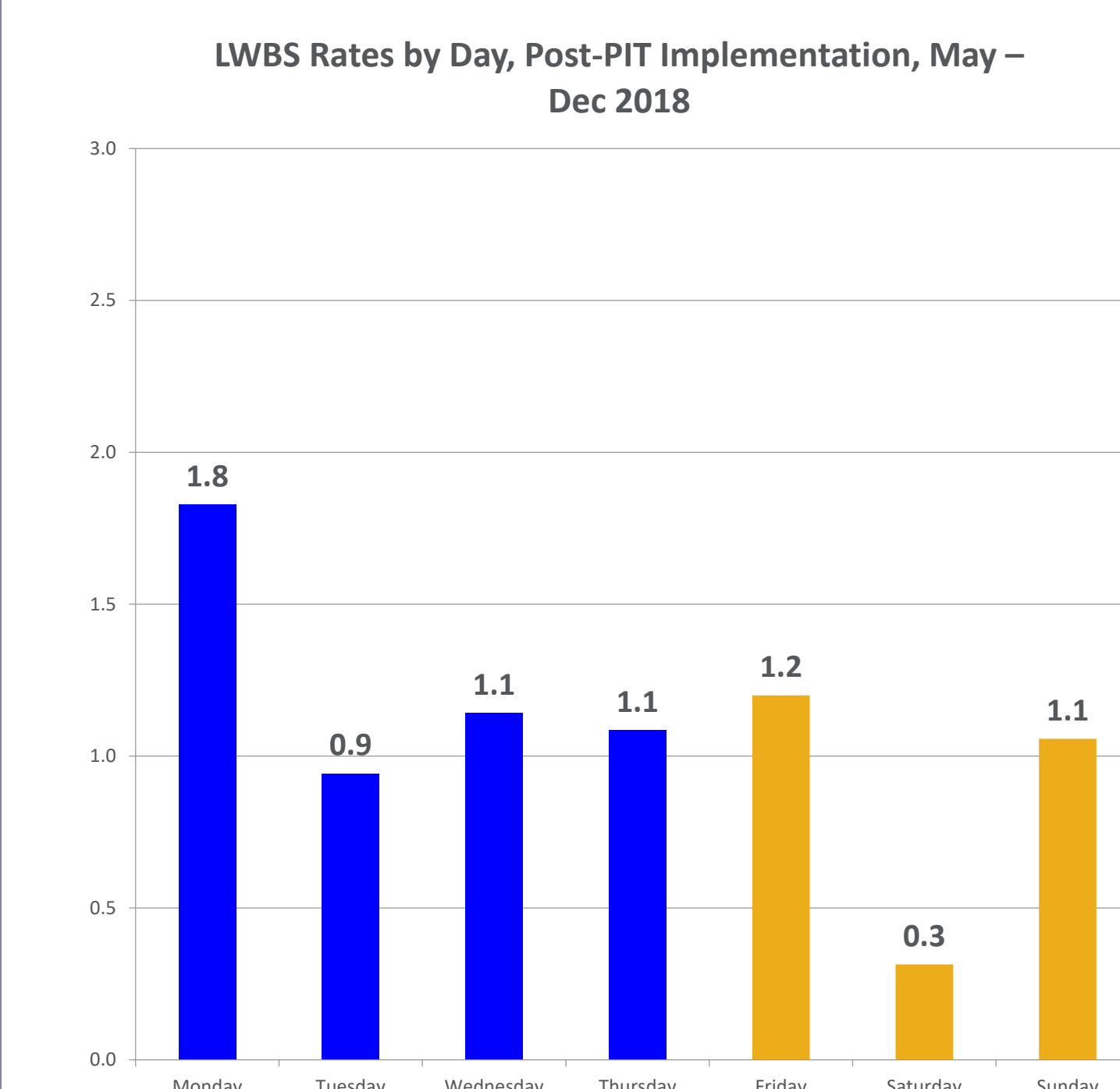


Figure #8: Door to Provider

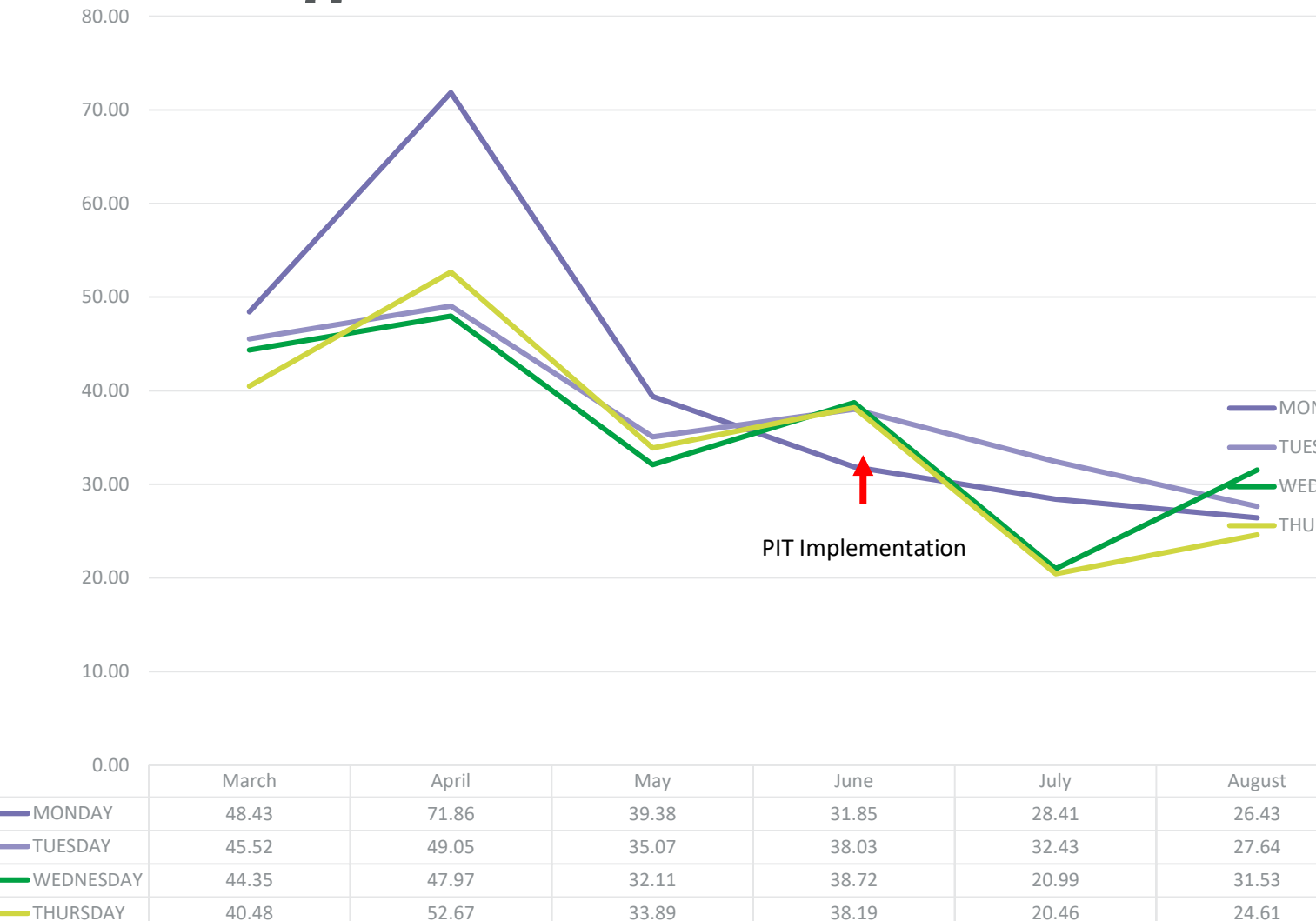
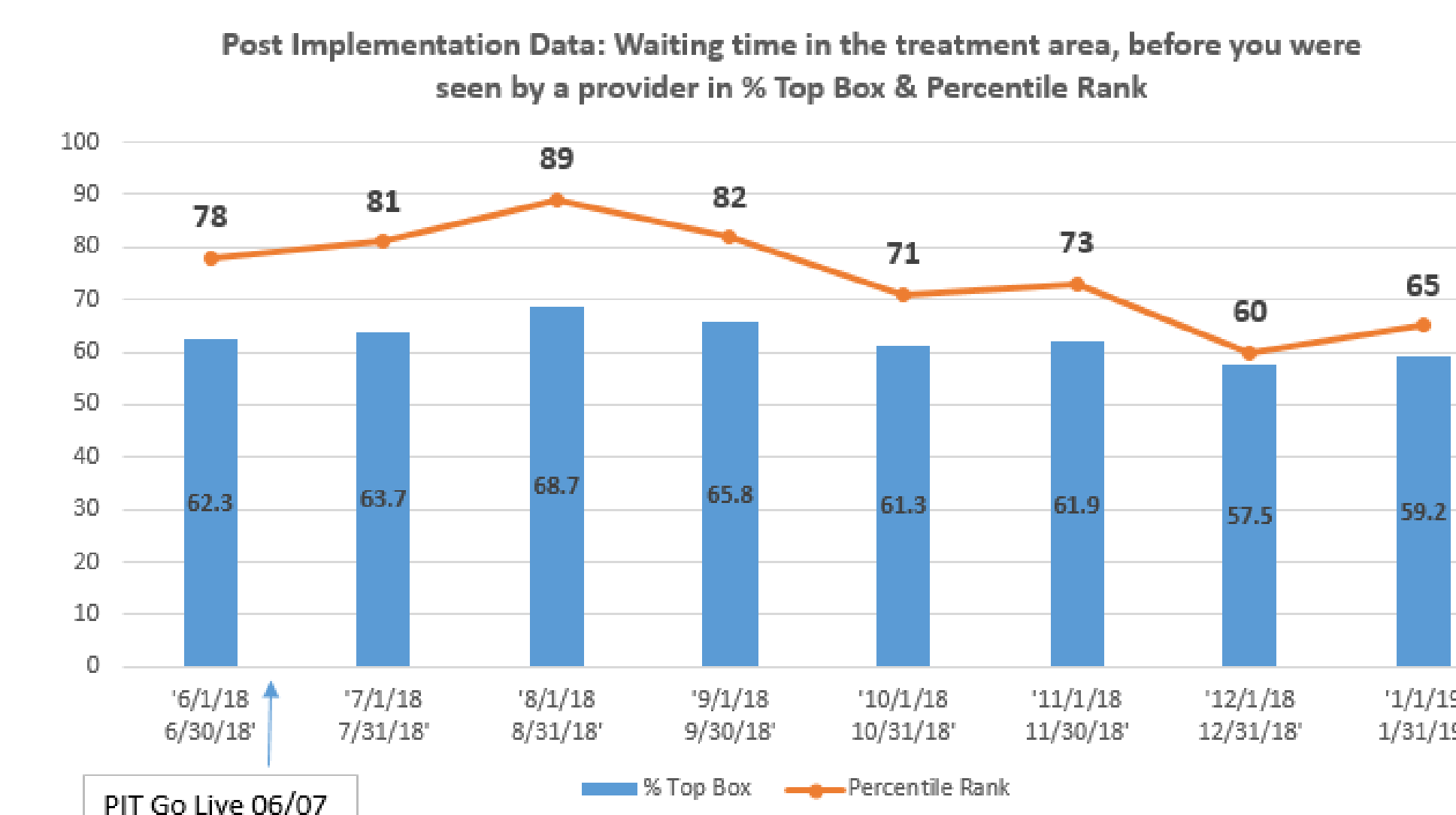


Figure #7: PG Wait Time in treatment area to be seen by provider



Conclusions

- Communication is key!
- Engaging Front line staff was critical to success
- PIT Guidelines developed which provide structure to the PIT process
- We learned quickly that we needed designated PIT Staffing
- Partnership with Registration Staff; increased communication for those patients discharged directly from the PIT
- Narrating Care / Explaining the PIT Process to the Patient
- Current physical space is a barrier- Redesign of Triage space around the PIT process (Construction starting Spring 2019)
- Potential to Expand Hours / Days of PIT