Carolinas HealthCare System

# Implementation of a Vertical Care Area and Enhancement of The Triage Process for Patient Throughput in a Freestanding Emergency Department

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## TRIGGER

***The Problem or New Knowledge***

In the fall of 2015 it was identified that the movement of patients through the Freestanding Emergency Department at Kannapolis needed to be assessed to reduce the number of patients that leave without being seen, thus contributing to low overall patient satisfaction scores. All of these issues affect the financial side of health care but more importantly it impacts the patient's perception of not feeling cared for. With each patient that leaves it is estimated that there is a financial loss of approximately $1400.00. In 2015, Kannapolis Freestanding Emergency Department lost approximately $1,530,200.00

***Organizational Priority***

Indicate CHS strategic priority: Quality and Patient Experience

Potential value to CHS: The potential value to CHS would be increased HCAHPS scores/patient experience with decreased length of stays from enhancement to the throughput process and improvement in revenue with a decrease in the number of patients that have Left Without Being Seen in the Freestanding Emergency Department.

Innovation Level: Potential Better Practice Thinking

***Form the Team***

Katharine McLary, BSN, RN, Leader
Mark Robbins, RN, Clinical Supervisor
Teresa Davis, RN, Nurse Manager
Gregory Geers, MD, Kannapolis ED Medical Director
Kathleen Clark, RN, staff round table participant
Leigh Meier, RN, staff round table participant
Christina Glosson, RN, staff round table participant
Jennifer Myers RN, staff round table participant
Stacy Mullins, RN, staff round table participant
Delores Pritchard, RN, staff round table participant
Sherri Goss, RN, staff round table participant
Anita Paige, Patient Care Partner, staff round table participant
Kim Vaughn, Patient Care Partner, staff round table participant
Janet Schmitt, Patient Care Partner, staff round table participant

***Is there Sufficient Research Evidence?*** Yes, this project is EBP. Research states that fast tract and split flow models can increase patient satisfaction and decrease left without being seen rates by providing quicker service to lower Emergency Severity Index (ESI) level patients, thus increasing the financial gain of the organization. In regards to a vertical care area it is suggested that additional research needs to be conducted to ensure that patients and nurses have an optimal environment designated for safe care. This is a viable care model for increasing throughput of all patients presenting to the Emergency Department.

## PILOT THE CHANGE

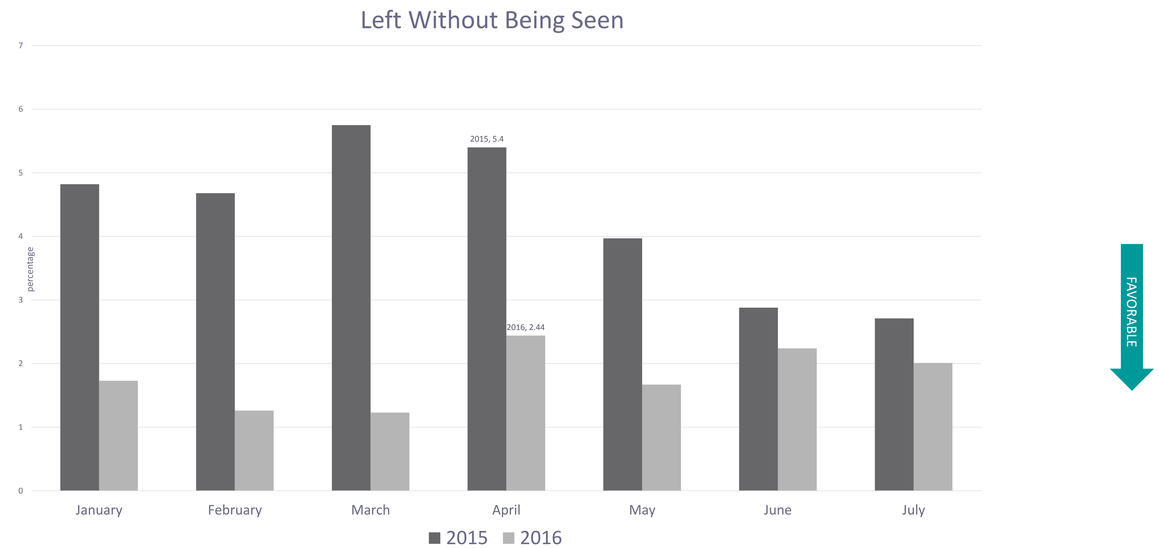
***Outcome to be Achieved***

Goal: To improve the triage process by creating a vertical care area for low ESI level patients over a four week time frame as measured by left without being seen monthly rates

***Design and Implement Project***

- Retrieve and compile data for pre-pilot length of stay for discharged patients, left without being seen rates and Press-Ganey overall patient satisfaction scores.
- Streamline triage; every RN must take a triage class for uniformity of the ESI level assignment.
- Add a Patient Care Partner to assist the triage RN with vital signs and rooming patients.
- Use the "Pull till Full" concept of in room triage of patients when there are open beds in the department
- Initiate "Code Triage" if there are 5 or more patients in the waiting room to be triaged.
- Creation of 2 Vertical Care beds and 2 lower acuity rooms to improve throughput of ESI level 4s and 5s.
- Integrate the use of a rolling triage cart to improve overall triage times, thus decreasing overall length of stay.
- Collaboration with radiology to pull patients from the waiting room post triage for x-rays.

## EVALUATE THE PROCESS AND OUTCOMES




***Compare and Describe the Baseline and Post-intervention results***

A pilot study was initiated over four weeks from 5/6/2016-6/2/2016. There was a decrease in length of stay from 148 minutes to 132 minutes. The left without being seen rate also decreased from 2.44% to 1.24%. Overall patient satisfaction increased from 38% to 93%.

***Modify Practice due to Lessons Learned:***

This is an ongoing project. Post data is still pending.
Key Accomplishments include decreased overall length of stay for discharged patients with a rise in the average daily patient census. Our department exceeded the top box score on Press-Ganey overall patient satisfaction with implementation of a vertical care area and streamlined triage process. Barriers identified include staffing challenges, initial staff buy in and inconsistent ESI triage level assignment prior to all RNs taking a standardized triage class. Another factor of consideration is the continual rise in patient volume. It was identified that Mondays had the largest volume of patients and the highest left without being seen rates.

CHS strategic priority and values were achieved as evidenced by increased overall patient satisfaction in the Freestanding Emergency Department with improved throughput decreasing overall length of stay and reducing left without being seen patients.

## IS CHANGE APPROPRIATE FOR ADOPTION INTO PRACTICE?

***Next Steps to sustain and integrate OR seek new trigger and repeat***

This pilot study was successful and has been adopted as a new practice change. The implementation of a vertical care treatment area is an ongoing project. The next steps for integration and growth include the expansion of the vertical care area, additional staff education on appropriate patients to be treated in the vertical care area and the introduction of a split flow model for ESI level 3 patients that could appropriately be cared for in the vertical care area. In addition the planning and construction of an new triage area is being investigated. This process change has also been adopted at our sister Freestanding Emergency Department, Harrisburg.

***References***

Fenn, H., Carman, M., & Oermann, M. (2015). Vertical patient flow: Is it safe and effective? *Journal of Emergency Nursing*, *41*(3), 240–241. doi:10.1016/j.jen.2014.12.006 Level V

Harris, M., & Wood, J. (2012). Resuscitate ED metrics with split-flow design. *Healthcare financial management*, *66*(12), 76-79. Level VII

Hwang, C., Lipman, G., & Kane, M. (2015). Effect of an emergency department fast track on Press-Ganey patient satisfaction scores. *Western Journal of Emergency Medicine*, *16*(1), 34–38. doi:10.5811/westjem.2014.11.21768 Level IV

# CHS PNCAP Project Template Using the Iowa Model

**This template has been designed to follow Magnet standards to include a graph with accompanied table**

- ***The "favorable" arrow can be rotated in order to align with your goal statement***

**To edit the graph:**

- **Right click on the graph and select "Edit Data"**

- **A data table will appear (see example below)**
  - **Step 1. Enter in your "performance measure" and "goal" across the rows**
  - **Step 2. Enter in new dates**
  - **Step 3. Once you are done click the "X"**

- **Edit the title by double clicking on the word "chart title"**