

PROBLEM

Increased ED crowding has resulted in greater demand and longer time-to-triage and time-to-provider waits, making accurate triage critical to avoid poor patient outcomes and possible hospital liability. When staff at an 18-bed emergency department in a rural hospital suspected potential quality deficiencies related to extended wait times and patients leaving without being seen, a panel of nurses was formed to characterize the problem by conducting a chart review to develop potential solutions.

METHOD

A group of 5 nurses conducted a random chart review to determine whether any patterns could be identified with respect to time to triage or time to provider among level 1 and level 2 patients, who have the greatest risk for deterioration and the greatest risk of financial liability to the hospital. A total of 30 charts were reviewed, with equal numbers of level 1 and 2 patients from both peak and off-peak times.

A SYSTEMATIC APPROACH TO EVALUATION OF PERFORMANCE DEFICIENCIES IN EMERGENCY DEPARTMENT TRIAGE

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RESULTS

- Level 1 and 2 patients were seen within the recommended periods during nonpeak times
- Recommended wait times were not observed during peak times (10AM to 10PM)
- During peak hours, wait time for level 1 patients was up to 10 minutes
- Mean wait time for level 2 patients during peak hours was 22 minutes (range = 12-60 minutes)
- It was extrapolated that 5-10 patients per day left the ER without being seen by a provider

REFERENCES

- Carter EJ, Pouch SM, Larson EL. The relationship between emergency department crowding and patient outcomes: a systematic review. *J Nurs Scholarsh.* 2014;46(2):106-115.
- Reinhardt, M. R. (2017). A Systematic Approach to Evaluation of Performance Deficiencies in ED Triage. *Journal of Emergency Nursing* (In Press).

DISCUSSION

Although wait times during nonpeak hours were acceptable based on established standards, time to provider frequently increased to unacceptable durations in periods of peak demand. The panel recommended the following solutions:

- Monitor arriving patients to ensure prompt triage and care for ESI level 1 or 2 patients
- Reassessment of all patients at least every 30 minutes until they are assigned to a bed
- Triage nurse clear level 1 and 2 patients with a provider while awaiting an open bed
- Additional triage staff during peak times or whenever wait times exceed 30 minutes

CONCLUSION

Forming a panel of skilled nurses to assess problems and recommend potential solutions may foster active nurse participation in emergency department quality improvement, positively impacting patient outcomes and reducing hospital liability.