

BACKGROUND

The triage process at the hospital was recently improved. It changed from a two-bed triage area with batched protocol order processing in separate areas to a four-bed triage area with all processes completed in the same room, concurrent with or immediately following the RN triage.

PROBLEM STATEMENT

The problem is that the triage teams become overwhelmed with newly arriving patients and are unable to manage the triage flow. This results in patients waiting in the lobby for the initial triage process. In addition, the triage team is unable to reassess the patients who are waiting to be placed into a room.

CURRENT STATE

All waiting patients must be reassessed as follows:

- ESI 2- every hour
- ESI 3- every two hours
- ESI 4/5- every four hours

For FY 2010, 10.75 patients per hour presented to triage during the peak demand period of 11a-11p.
Takt= 5.6 minutes /patient

Dedicated RNs 11-11	#patients
Charge	1 0
Fast Track	1 5
Flex	1 5
Triage	3 10.7/hr to process plus waiting 14-26
Neuropsych Hold	1 5
CDU-ED	2 10
main floor	9 25 max 11 hallway, 2 traumas

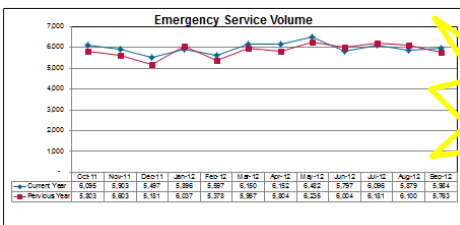
Time in Minutes	12-Jan	12-Apr	12-Sep	12-Oct	12-Nov
ave wait to triage	17	7	10	15	11
ave triage time	4.7	5.4	4	4.5	7
ave wait to vp	63.9	18.3	24	17.5	21

	12-Apr	12-Oct	12-Nov
Protocol Usage	89	95	81

Goals:
To stay within Takt during periods of high volume
To assess all waiting patients within the policy requirements

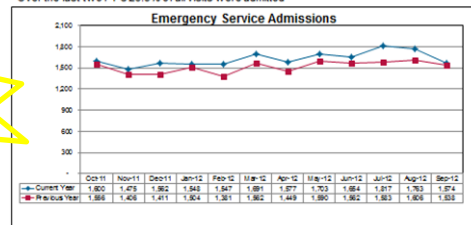
ANALYZE

Overall ED volume for FY13 YTD is down 0.5% compared to the same time period in FY12



Emergency Service Metrics – Admission Volume

Admissions volume for FY13 YTD is up 9% compared to the same time period in FY12
For the first three months in FY13, 28.8% of all visits were admitted
Over the last two FYs 26.3% of all visits were admitted



Lower volume, higher acuity

Increased boarders, increased admissions

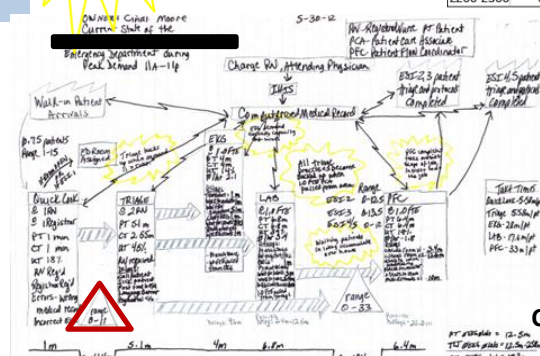
triage walkins 11-11 x 3 days

	23-Apr	24-Apr	26-Apr
1100-1200	14	7	1
1200-1300	13	7	12
1300-1400	15	4	12
1400-1500	10	5	14
1500-1600	11	2	9
1600-1700	12	5	11
1700-1800	11	5	7
1800-1900	15	6	9
1900-2000	1	2	10
2000-2100	7	6	7
2100-2200	10	5	4
2200-2300	6	3	6

Takt times:

- Triage :5.58min/patient
- EKG: varies from 0-6
- EKG/hr=60m-10m/pt
- Lab draw :varies from 0-8lab/hr=60m-7.5m/pt

No area to pull resources

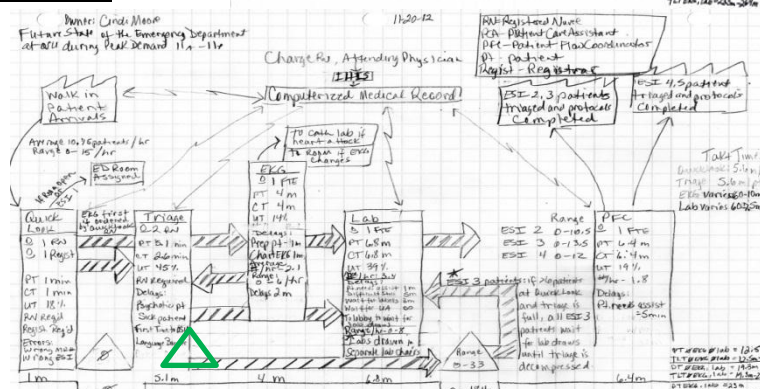


Large numbers of patients waiting in the lobby

COUNTERMEASURES

Average number of patients waiting during the peak demand of 11a-11p

	Mon	WES12	WES13	# ESI4/5	Tues	WES12	WES13	# ESI4/5
1100-1200	16	3	6	6.5	2	1	0	1
1200-1300	19	3.5	7.5	8	5.5	na	1.5	na
1300-1400	20.5	5	5.5	8.5	7	na	na	na
1400-1500	25.5	10	8	9.5	11.5	2	6.5	3
1500-1600	30	11	9	10	16.5	na	na	na
1600-1700	33	12.5	12.5	8	21	2.5	9.5	4.5
1700-1800	29.5	12.5	13.5	6	17.5	3	11.5	6
1800-1900	30	9.5	8.5	10	18	5	7.5	5
1900-2000	27.5	9	7.5	11	15	4	8	6
2000-2100	31.5	8	11.5	12	17	5.5	9	2.5
2100-2200	na	na	na	na	18	7	9	2
2200-2300	na	na	na	na	na	na	na	na



COUNTERMEASURES	IMPACT	DATE	OWNER	RESULT	BARRIERS
Increase RN staff during peak period	can reassess waiting patients	11/25/2012	Director	exploring RN liaison job description	RN staffing below optimum
Call-in RN for sudden increase in volume	can reassess waiting patients	11/25/2012	Director, RN staff	unable	RN staffing below optimum
RN draws labs when PCA busy	move the processes forward	11/25/2012	RN staff, triage committee	effective at times, can slow triage	lab draw holds triage bed and slows processes
audit protocol for proper usage	protocols are not done consistently by subset of RNs	11/25/2012	triage committee	small subset of RNs don't order protocols	education for protocols is not standardized
call-in PCA for sudden increase in psych volume	avoids pulling PCA from triage to sit	11/25/2012	Director, PCA staff	unable	PCA staffing below optimum
Quick look RN to direct patient flow to triage during high volume	avoids triage RN looking for pt in lobby	11/25/2012	triage committee	education to begin Dec 2012	Cultural, education done in phases
Triage space renovation to include 3 separate lab draw chairs	frees triage chair	11/2013	director	waiting for hard deadline	no timeline
Stop drawing labs on all cat 3 patients when >6 in line	frees triage chair	11/2013	triage committee	TBD	education done in phases
PCA supplemental A3	to reduce waste in PCA processes	6/18/2012	Cindi		