

Eliminate Triage in the Emergency Department

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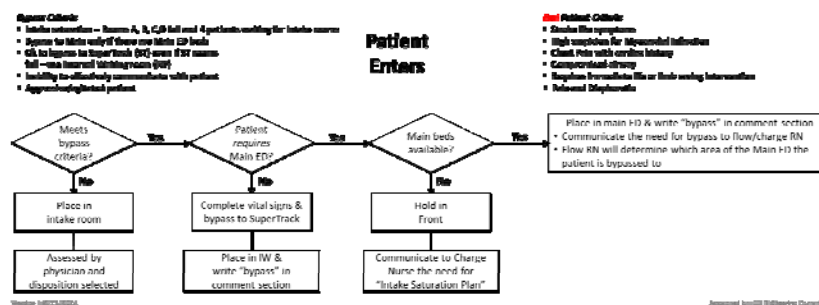
Purpose

- CDC reports only 25.1% of patients are seen by an ED provider within 15 minutes
- Improving efficiency and patient flow leads to improved patient safety and patient satisfaction
- New physical space offered opportunities in improving patient throughput

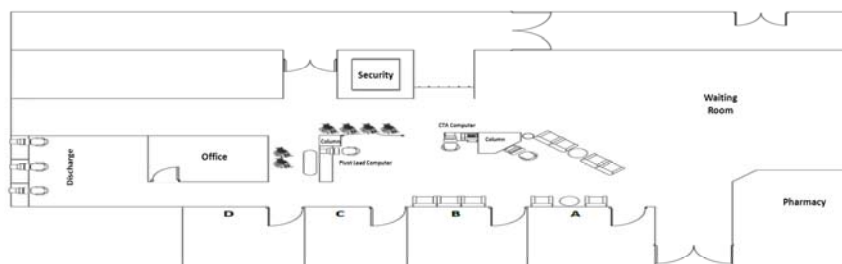
Methods

- 611 bed, Academic, Level II Trauma Center, ED volume over 100,000 patients per year
- Eliminated triage and implemented a quick registration/intake process
- Added Attending Physicians to front end process to assess the patient and decide a disposition

Patient Flow Through the ED: ED Pivot Lead Bypass Tool



Front End Set Up



Outcomes

- Increased average daily census from 196 to 278
- Decreased door to provider from 37 min. to 13 min.
- Left without being seen decreased from 3.5% to less than 0.4%
- Median discharge length of stay decreased from 239 min. to 142 min.
- Increased Patient Satisfaction
- Zero divert hours since implementation

Implications for Practice

- Flexibility must be part of the process redesign
- Interdisciplinary stakeholders
- Ensure a saturation plan is in place prior to go-live
- Redesign the process prior to redesigning physical layout – make the space fit the process, instead of the process fitting the space
- Acknowledgments: Kelly Bookman, MD, Robert Leeret, BSN, RN, Robin Scott, MS, RN, Richard Zane, MD
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References: National Hospital Ambulatory Medical Association, National Hospital Ambulatory Medical Care Survey: 2010 Emergency Department Summary Tables. Atlanta: Center for Disease Control, 2010.



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