Practical Implementation of Nursing Science

The Provider in Triage Model's Impact On Emergency Department Length of Stay and Left Without Being Seen Rates

PUBLISHED ABSTRACT

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Background: Emergency Department (ED) overcrowding can lead to increased length of stay (LOS) and left without being seen (LWBS) rates. In April and May of 2023, Mount Sinai Queens (MSQ), a 228-bed hospital in Queens, NY, experienced increased ED LOS for discharged patients and LWBS rate. The Provider in Triage (PIT) Model, where a physician or physician assistant is stationed in triage, has been shown to reduce LOS and LWBS by positioning the provider early in the care of patients presenting to the ED.

Purpose: The purpose of this project was to pilot the PIT Model as a method to decrease ED LOS and LWBS.

Methods: The PIT Pilot was implemented June 8th to August 3rd, 2023. First, the provider and nursing Teams developed the triage nurse PIT patient and provider ordering guidelines to specify which patients would go through PIT. The guidelines dictated specific chief complaints or symptoms rather than emergency severity index (ESI) and were developed based on existing PIT models and consensus from ED leadership meetings, and were pilot tested with the PIT teams, which consisted of registered nurses, physician assistants, and physicians. Next, the PIT teams redesigned the layout of the walk-in triage area for the provider. The triage nurse determined if the patient met criteria for PIT and the provider validated the decision. A designated space for treatment of PIT patients was created in the ED to hold upwards of 4 patients at a time. Patient workups were initiated there and then the patient was transferred to their primary ED location, where a new provider and nurse would take over. PIT documentation fields were added in the electronic medical record. A PIT pilot operational binder was created for reference, which contained guidelines and resources for the PIT process. The progress and data retrieved from the ED tableau were discussed in the huddles and displayed on the daily management board. Data metrics were discussed during daily shift change huddles to receive feedback from all staff.

Results: From 2021–2022, the MSQ ED sustained a median LOS under 190 minutes and LWBS rate under 2%, which increased in April and May 2023 to a median LOS of 250 minutes and LWBS rate of 4%. During the pilot period, the ED median LOS for patients that passed through PIT was 184

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TO CITE THIS ARTICLE:
Dearmas, M., Thomas, F., Ivers, T., & Nover, J. (2024). The Provider in Triage Model's Impact On Emergency Department Length of Stay and Left Without Being Seen Rates. *Practical Implementation of Nursing Science*, 3(2), pp. 11–12. DOI: https://doi.org/10.29024/pins.70

minutes compared to a median of 228 minutes for patients that did not pass through PIT. The LWBS rate for patients that passed through PIT was 1.09%, compared to 3.21% for patients that did not pass through PIT. Although the door-to-doctor time was not part of our primary goal, the PIT pilot resulted in a median door-to-doctor time of 11 minutes for patients that passed through PIT and were discharged, compared to a median of 38 minutes for patients that did not pass through PIT and were discharged.During the post-pilot period, August 4 to December 31, 2023, the median LOS for patients that passed through PIT was 223 minutes compared to a median of 251 for patients that did not pass through PIT. The LWBS rate for patients that passed through PIT was 1.4% compared to 2.7% for patients that did not pass through PIT, and the door-to-doctor time was 19 minutes for patients that passed through PIT and were discharged, compared to a median of 37 minutes for patients that did not pass through PIT and were discharged.

Conclusion: The development of a PIT model within the ED had a positive impact on operational metrics and staff workflow. There was positive feedback from the clinical staff regarding a sense of improved efficiency and discharging patients sooner. This gave the teams more time to focus on other clinical priorities. The PIT model was sustainable beyond the pilot period.

COMPETING INTERESTS

The authors have no competing interests to declare.

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Submitted: 10 November 2023
Accepted: 01 March 2024
Published: 17 May 2024

Practical Implementation of Nursing Science is a peer-reviewed open access journal published by Levy Library Press.