Research by Mercy Health Nurse Determines Most Effective Way to see Patients in the Emergency Department, Reducing Length of Stay

(CINCINNATI; January 3, 2017) – It’s an experience many of us have had – arriving at a hospital emergency department worried and in pain, or accompanying a loved one who is, only to wait for what seems like a long time to see a doctor and continue waiting to get a diagnosis and treatment before being discharged.

Beth Pierce, DNP, MSN, BA, RN, NEA-BC, is director of emergency services at Mercy Health - West Hospital and she set out to find if there was a better way to move patients through the emergency department to reduce the amount of time they spent there.

Pierce launched a quality improvement research project that compared the length of stay of 68,603 patients in two similarly busy emergency departments, evaluating the departments’ different models for emergency patient care. One emergency department split the patient flow and employed a provider in triage model and the other blended the patient flow and employed a traditional nurse triage model.

“Triage is the process by which medical providers assign a degree of urgency to injuries or illnesses to determine the order in which we see patients,” says Pierce. “My research found that the split flow provider in triage model enhanced the speed of patients’ medical assessments, as well as patient flow within the emergency department. The key was allowing emergency medicine providers to immediately evaluate patients at the point of triage when the patient first comes to the emergency department.”

The central principal of the split flow model is that the sooner patients enter the hospital system, the sooner the care team can treat and release them. The provider in triage (PIT) model helped ensure that providers evaluated patients quickly, sorting patients as they entered the hospital and placing them in the emergency department area best designed to meet their needs.

“The split flow model creates a second flow stream of patients with less complex problems through the emergency department, parallel to the regular acute/critical care flow stream,” says Pierce. “The research showed that the split flow model alone reduced time to discharge for all emergency department patients and when coupled with the provider in triage model, it realized an even greater reduction. The model also showed an improvement in how quickly patients got a bed and saw a provider in the emergency room.”

Based on the research, the emergency department at West Hospital adopted the split flow and PIT models. It continues to see reductions in both the amount of time it takes for patients to enter a treatment room from sign in and the amount of time it takes for
patients to see a provider from sign in. An increasing number of patients see a provider in less than 30 minutes. The patient length of stay until discharge from the West Hospital emergency department is also below the national benchmark of 159 minutes.

The Journal of Emergency Nursing published Pierce’s research online earlier this year and in the November 2016 print edition. Pierce was the lead researcher and she worked with Denise Gormley, PhD, RN of the University of Cincinnati College of Nursing. Pierce also presented her findings at Emergency Nursing Association National Conference in Los Angeles, CA in September.

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