

Team Intake with Provider and Nursing in Triage Leads To Significant Decrease

in ED Wait Times and Decrease in ED Length of Stay

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Common Goals Lead to Success

In September 2016, Kaiser Permanente and CEP America began a new partnership together at Kaiser Permanente - Moreno Valley Medical Center in the Emergency Department (MVED).

During an intensive operations assessment conducted together prior to onboarding of the CEP team, many challenges were initially identified. Two major performance measures that needed immediate improvement were the Time to Provider (TTP) and the length of stay for patients not admitted to the hospital, also known as the Turn Around Time to Discharge (TAT-d).

Amongst the many solutions offered, CEP America leadership purposed and received overwhelming support from Kaiser Permanente Hospital Administration, Southern California Kaiser Permanente Medical Group, Nursing Leadership, and Nursing and Union Team Partners in the implementation of a Nursing and Physician in Triage (PIT) process that would have a phenomenal impact on nearly every aspect of ED performance.

OBJECTIVES

- (1) Improve the quality of care, patient safety, and patient experience by having a nurse and provider, physician or PA, see each patient together as the patients arrive in the Emergency Department.
- (2) Decrease the amount of time patients wait to be seen in the department by a provider (TTP) after they arrive.
- (3) Maximize the use of limited bed space (12 beds) by decreasing the total time that each patient stays in the department (decreased turn around time to discharge, TAT-D). Of note a 16 bed expansion is planned to open in September 2016.

Implementation & Overcoming Obstacles

Team Building & Pre-planning

- CEP America Practice Management Consultant (PMC), Physician Medical Director/Department Chief, Nursing Director and Assistant Clinical Directors met weekly for months prior to the implementation of the Provider in Triage and Rapid Medical Evaluation (RME) process for planning.
- In the months leading up to implementation, the PMC and Nursing Leadership rounded with staff to provide education about the PIT process and Rapid Medical Evaluation, to discuss concerns about the change, and build support for the transition.
- The leadership team visited other KP and CEP sites to learn from other best practices.
- Department Chief met with all of the providers individually and collectively to communicate the goals and provide training for providers new to the RME and PIT processes.
- Nursing Union leadership was invited and actively participated in the workflow design from the beginning and eagerly partnered in the implementation

Implementation:

- CEP America provided RME PA consultants from other sites, led by the Regional Lead PA, to be onsite for the implementation and guide providers and nurses that were unfamiliar to the new process
- Additional nursing staff and providers were scheduled on the first few days of implementation to help with any inefficiencies that the new process might initially incur

RESULTS

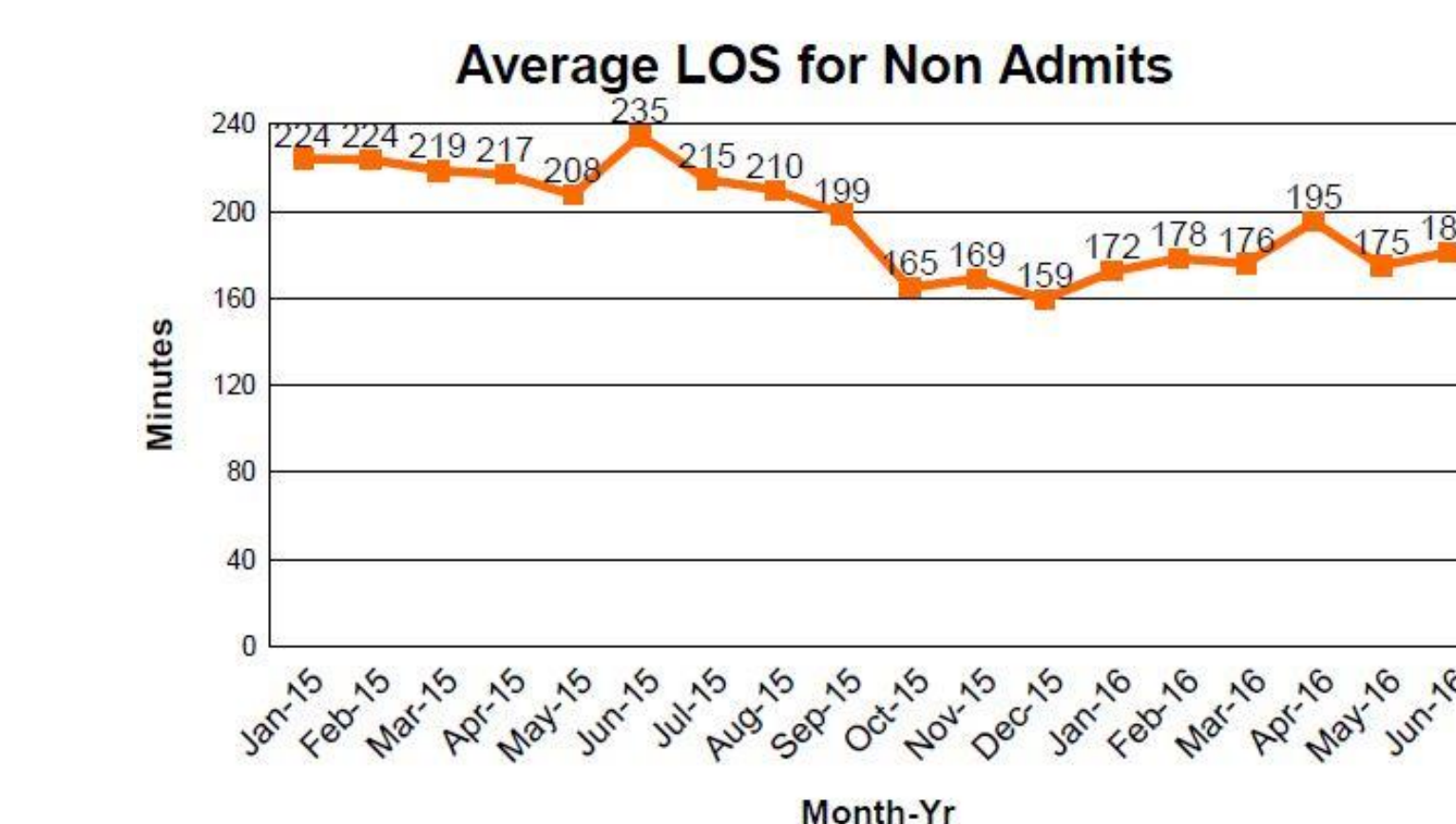
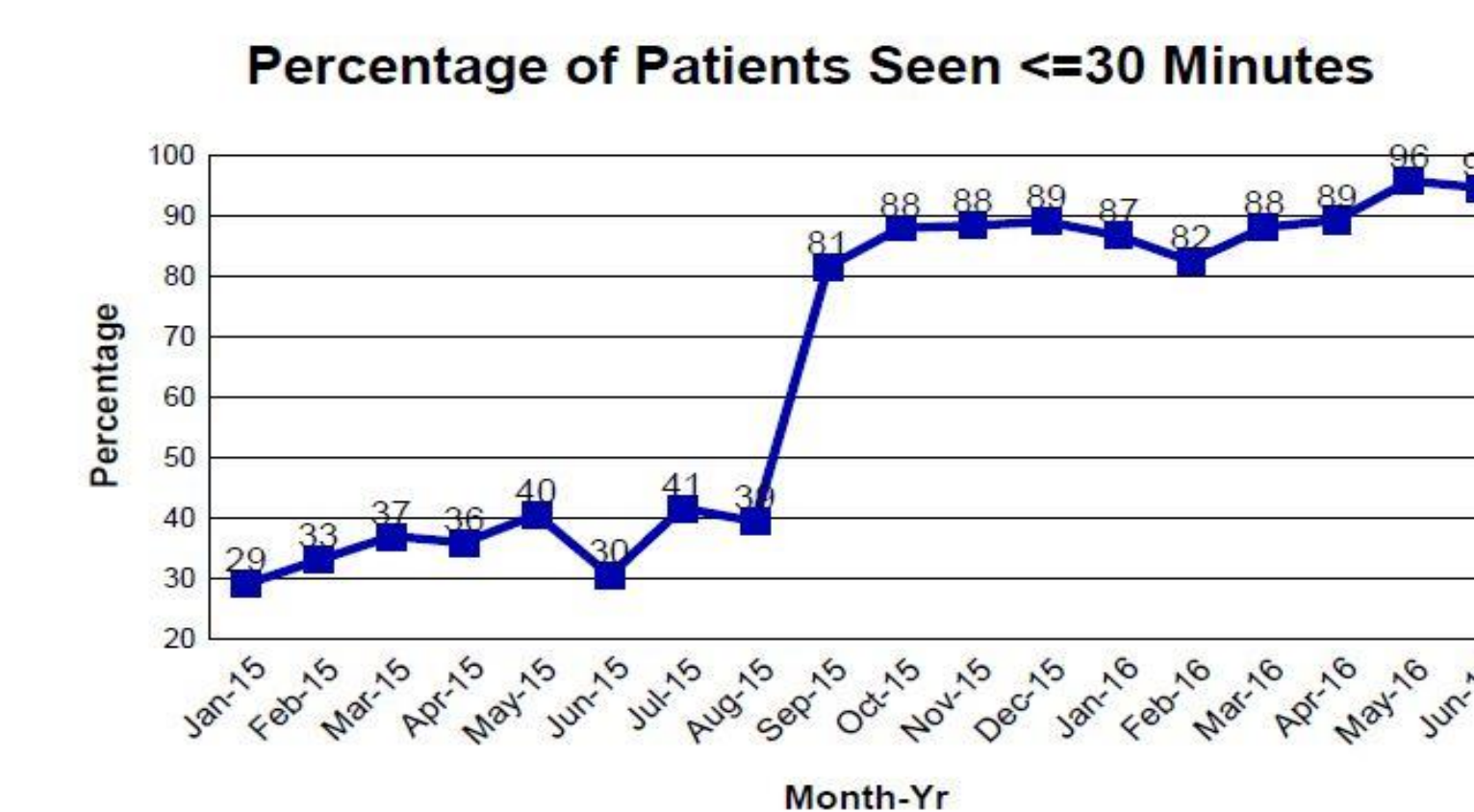
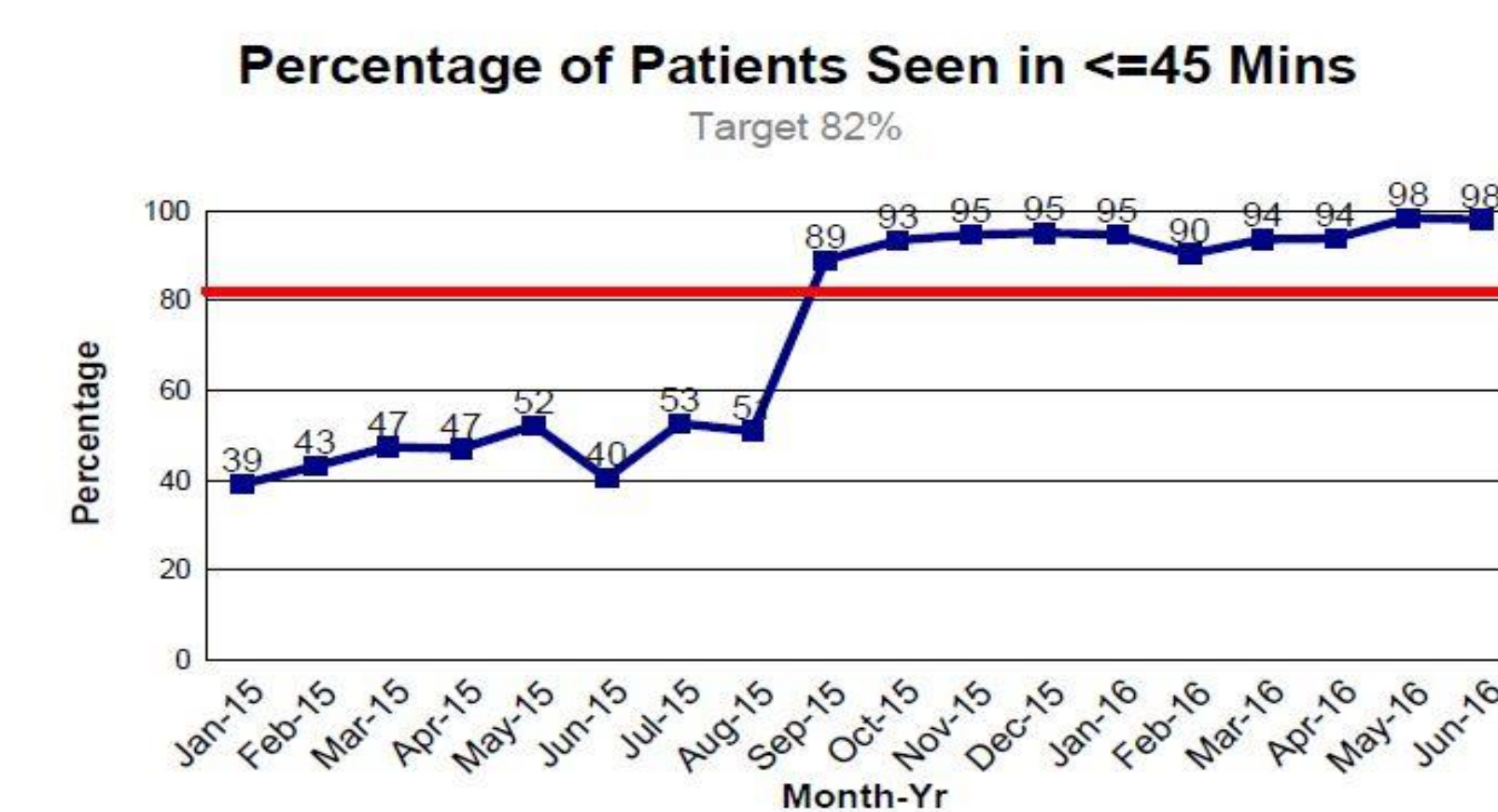
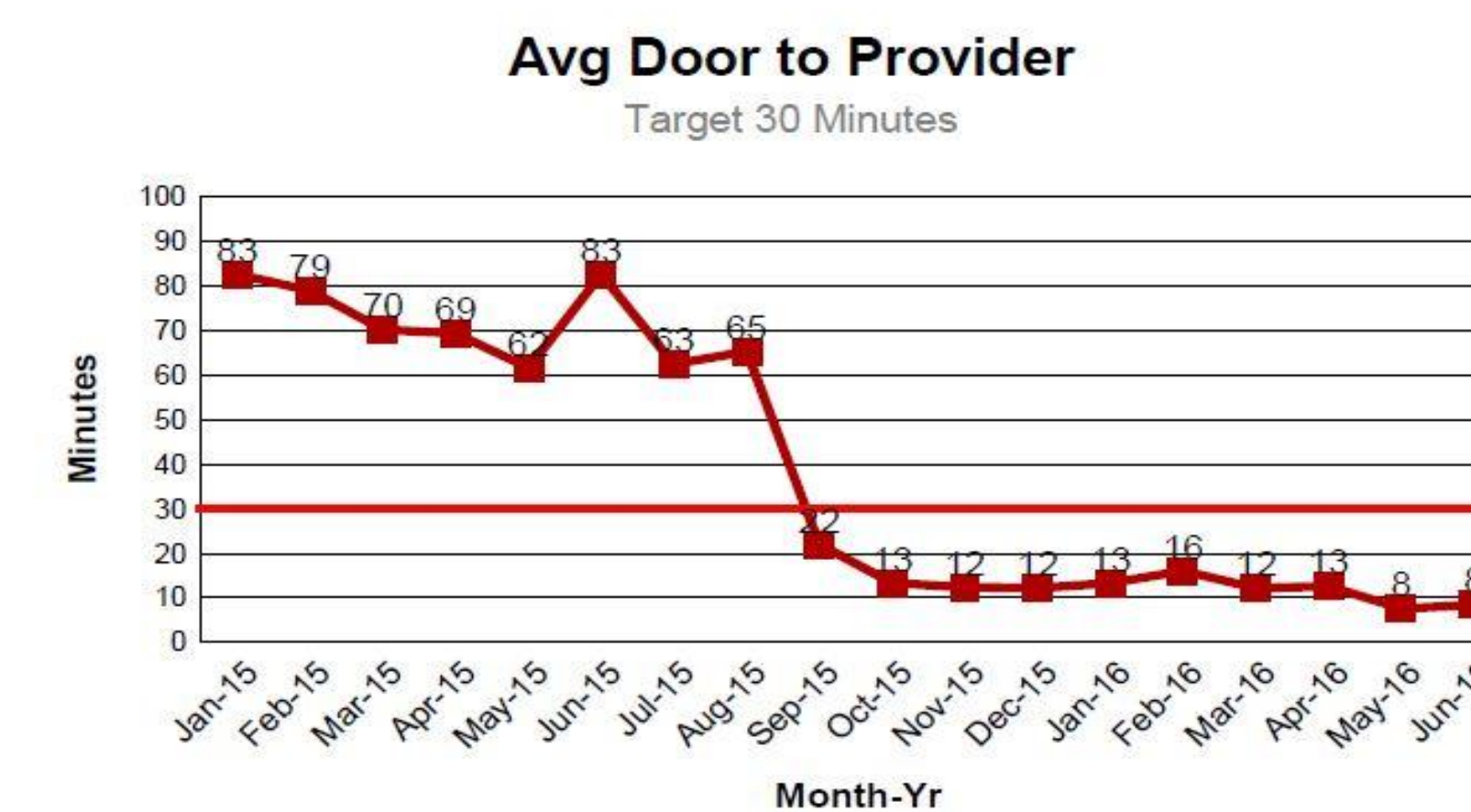
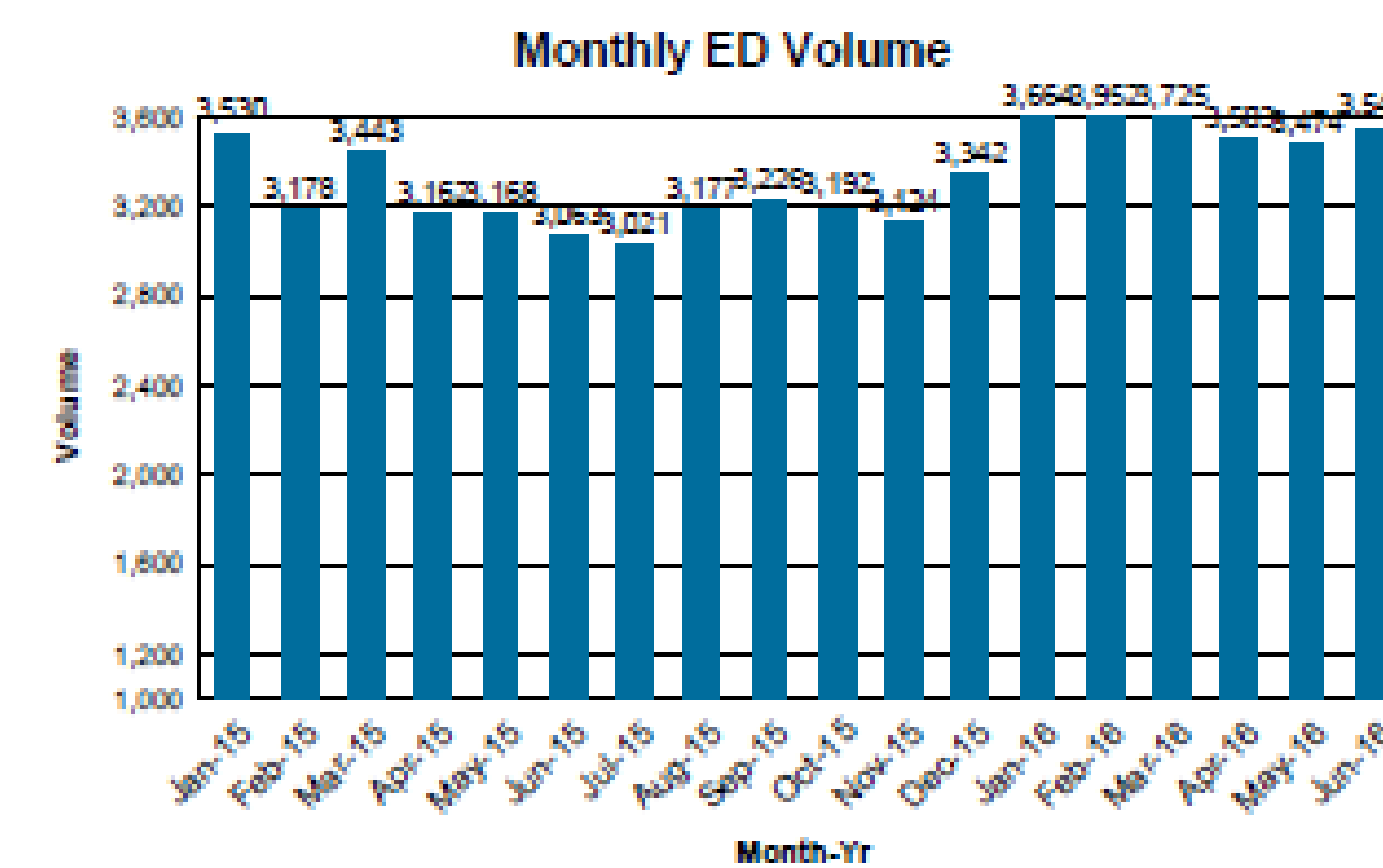


Table 1. ED Volume

Like nearly every ED in the country, there has been a significant increase in the ED patient volume over the past several years. This is multifactorial but necessitates the utmost efficiency in the ED to triage and treat all patients as safely and quickly as possible.

June 2015, there were 3,063 patient visits, in contrast in June 2016 there were 3,547 visits, a 14 percent increase.

Table 2.

The collaboration between KP and CEP America started on September 1st, 2016. The average wait time to see a provider immediately improved from 65 minutes in August to 22 minutes in September. This continued to improve with an average wait time of 8 minutes in June 2016.

Table 3.

KP Moreno Valley now sees 98 percent of all patients in under 45 minutes from the time of arrival.

Table 4.

KP Moreno Valley sees 95 percent of patients in under 30 minutes from the time of arrival.

Table 5.

In June 2015, the average patient see in the ED that did not require admission, spent 235 minutes in the ED. In contrast, in June of 2016, with a 500 patient increase in volume that month, the average time spent in the ED was 181 minutes. The KP-CEP America collaborative with the provider in triage, decreased the ED length of stay by 54 minutes.

Conclusions

Key Elements to the Successful Implementation of a Team Intake Triage Process:

- (1) Culture and Values are Everything
 - A mutual desire between nurses, physicians, physician assistants, and administration to put the needs of the patients first and a willingness to make changes to do so.
 - A willingness of all parties to bring additional resources forward, relinquish control, and adapt, recognizing that the initial changes may not be the end result.
- (2) Pre-planning and education is critical to morale and team building
 - Two months prior to implementation, the goals of the new triage process were developed as a multidisciplinary team in weekly meetings with administration, nursing, providers, and union partners.
 - All parties clearly understood the goals.
 - All parties contributed directly to the workflow design and logistics of the implementation. There was ample opportunity to address concerns early on and modify the plan as issues arose.
- (3) Learn from others that have already done this.
 - The site program was adopted from the successes and struggles of other EDs that had already made similar changes, including some sites from outside of the primary organization
- (4) Provide additional support at the time of implementation from providers that are not directly involved in patient care.
 - The presence of provider support not directly involved in patient care present in the ED at the time of implementation to help facilitate the change is incredibly helpful. This included Dr. Brian Anderson (CEP Regional Medical Director), Dr. Larry Mazur (KP Emergency Physician), CEP Practice Management Consultant Gillian Dargan, CEP America Regional Lead PA Jon Brummond, and CEP America PA consultants with additional MSE training.

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- Jonathon Brummond, P.A.C., CEP America Regional Lead PA
- Dessia Stokes-Berry, R.N., Megan Gill, R.N., MVED Assistant Clinical Directors

The Entire KP-MVED Team: Nurses, ED Technicians, Secretaries, Lab, Radiology, Registration, Physicians and P.A.s.
Truly a team effort!