Pediatric Emergency Department Rapid Care Model

Netonua Reyes
*Homestead Hospital*, NetonuaR@baptisthealth.net

Rene Bascoy
*Baptist Hospital of Miami*, ReneB@baptisthealth.net

Rosa Rousseau
*Homestead Hospital*, RosaRo@baptisthealth.net

Francisco A. Medina Mejia
*Homestead Hospital*, FrancisM@baptisthealth.net

Julian Diavanti
*Baptist Health South Florida*

See next page for additional authors

Follow this and additional works at: [http://scholarlycommons.baptisthealth.net/se-all-publications](http://scholarlycommons.baptisthealth.net/se-all-publications)

Part of the [Emergency Medicine Commons](http://scholarlycommons.baptisthealth.net/se-all-publications), and the [Pediatric Nursing Commons](http://scholarlycommons.baptisthealth.net/se-all-publications)

Citation

Reyes, Netonua; Bascoy, Rene; Rousseau, Rosa; Medina Mejia, Francisco A.; Diavanti, Julian; Marin, Pedro; Jones, Tanisha R.; Young, Sandra; and Gibson, Andrea, "Pediatric Emergency Department Rapid Care Model" (2015). *All Publications*. 595.

[http://scholarlycommons.baptisthealth.net/se-all-publications/595](http://scholarlycommons.baptisthealth.net/se-all-publications/595)

This Conference Poster -- Open Access is brought to you for free and open access by Scholarly Commons @ Baptist Health South Florida. It has been accepted for inclusion in All Publications by an authorized administrator of Scholarly Commons @ Baptist Health South Florida. For more information, please contact Carrie@baptisthealth.net.
Authors
Netonua Reyes, Rene Bascoy, Rosa Rousseau, Francisco A. Medina Mejia, Julian Diavanti, Pedro Marin, Tanisha R. Jones, Sandra Young, and Andrea Gibson

This conference poster -- open access is available at Scholarly Commons @ Baptist Health South Florida:
http://scholarlycommons.baptisthealth.net/se-all-publications/595
In order to address the increasing ED volumes and the requirement to meet national benchmarks for ED throughput, one of Homestead Hospital’s strategic goals for fiscal year (FY) 2013 was to explore ways to decompress the ED and meet established “left without being seen” and “door to doctor targets” (TL2 01 Homestead Hospital FY 2013 Strategic Goal).

Decrease left without being seen (LWBS) occurrences equal to or below the national benchmark of 3% (Agency for Healthcare Research and Quality [AHRQ], 2014).

Reduce door to provider times to less than 60 minutes, as measured by median time in minutes, from time of arrival to time seen by medical provider (AHRQ, 2014).

In July of 2012 the unit practice council for the pediatric ED was asked to tackle the difficult task of improving door to doc times and left without being seen rates.

A team of nurses, doctors, and technicians evaluated the problem with ED leadership and determined that a “rapid care model” may be the most effective way to achieve this goal.

The pediatric triage area was turned into an exam room.

A triage class was created for the adult ED nurses to competently triage pediatric patients.

A physician /NP was added to treat patients in the “rapid care” area.

A set of guidelines for simple complaints that could be diagnosed and treated quickly were created and staff were educated regarding appropriate patients for the rapid care area.

The process would allow less sick patients to be seen quickly by a physician, tests to be ordered, and the patient to await diagnosis in the ED lobby. Thus allowing patients who were less sick to safely await results in the lobby, while creating a faster turnover of the rapid care room.

Pre- and post- implementation electronic data was monitored for overall door to doctor times and LWBS.

The rapid care model was reevaluated and discussed at staff meetings and UPC meetings to gain staff input and continue to improve the process.

The rapid care model resulted in a significant decrease in the percent of Pediatric ED LWBS and door to provider times.

The model exceeded the national benchmarks and has sustained the results for consecutive quarters.

The rapid care model has been implemented permanently within the flow of the Pediatric ED. It is currently being reevaluated to reach a new goal of top 10th percentile rank within the nation.

References

Acknowledgements
Julie David, ARNP, Magnet Project Director – Support of Pediatric UPC, financial support for this poster; and Maria Ojeda, ARNP, Nurse Scientist – Consultation on the project & assistance with the development of this poster.