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Development of an RCU Vertical Care Expedites Low Acuity Patients Through the ED

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Background

The number of Emergency Department (ED) visits increased in the United States by 34% between 1995 and 2010. During the same period, the number of EDs decreased by 11%. As a result, EDs experience overcrowding which hampers the delivery of safe and quality care. Factors that influence the degree of overcrowding include patient volume, flow within the ED, boarding, and physical space limitations. Overcrowding in the ED can lead to decreased patient satisfaction, rushed and unpleasant treatment environments, suffering for those who wait, and poor patient outcomes.

Urgent care centers effectively treat lower acuity patients thereby diverting them from EDs. In turn, nearby EDs may experience a higher percentage of patients who require extensive and lengthy evaluations, delaying the evaluation and treatment of lower acuity patients who do present to the ED.

To encourage EDs to address these issues, the Centers for Medicare & Medicaid Services (CMS) implemented throughput benchmarks that must be met and are nationally reported. These include:

1. OP18-Median time from ED arrival to ED departure for outpatients (includes observation patients). National benchmarks are top decile: 91 minutes, median: 131 minutes
2. OP20-Median time from ED arrival to diagnostic evaluation by a qualified medical personnel for outpatients (includes observation patients). National benchmarks are top decile: 11 minutes, median: 23 minutes

Since opening its doors in 2011, the ED at West Kendall Baptist Hospital (WKBH) has experienced yearly volume increases of 10-15%. With insufficient space to develop a separate “fast-track”, we developed a Rapid Care Unit (RCU) in our triage area to address the issues listed above.

Project Goals

The main goals of this project were to:

1. Reduce the median length of stay in the ED for low acuity patients
2. Reduce the median time from arrival to diagnostic evaluation by qualified medical personnel for low acuity patients
3. Maintain patient satisfaction scores at or above the 90th percentile
4. Utilize existing staffing and space within the ED

Methods of Implementation

A triage room is designated for private evaluation, testing, and treatment of Emergency Severity Index (ESI) Level 4 & 5 patients.

Instead of lying in beds, patients sit in recliners in a previously underutilized discharge lounge adjacent to the triage area, facilitating movement and results. Staying “vertical” facilitates the patients’ movement through the ED.

This Rapid Care Unit (RCU) is staffed by an Allied Health Professional (ARNP/PA), a registered nurse, and an ED tech. An ED physician located in the main treatment area is immediately available for consultation.

Discussion

During the same period, the number of EDs decreased by 11%. As a result, overcrowding include patient volume, flow within the ED, physical space limitations. Overcrowding in the ED can lead to decreased patient satisfaction, rushed and unpleasant treatment environments, suffering for those who wait, and poor patient outcomes.

The Press-Ganey patient satisfaction scores remained above the 95th percentile throughout the process.

References

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