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# Pediatric Emergency Department Rapid Care Model

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## Introduction /Background

•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).

## Project Goals

- 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).



*A rapid cycle change in patient and work flow to improve the current process was trialed utilizing the Plan-Do-Check-Act (PDCA) model.*

## Plan

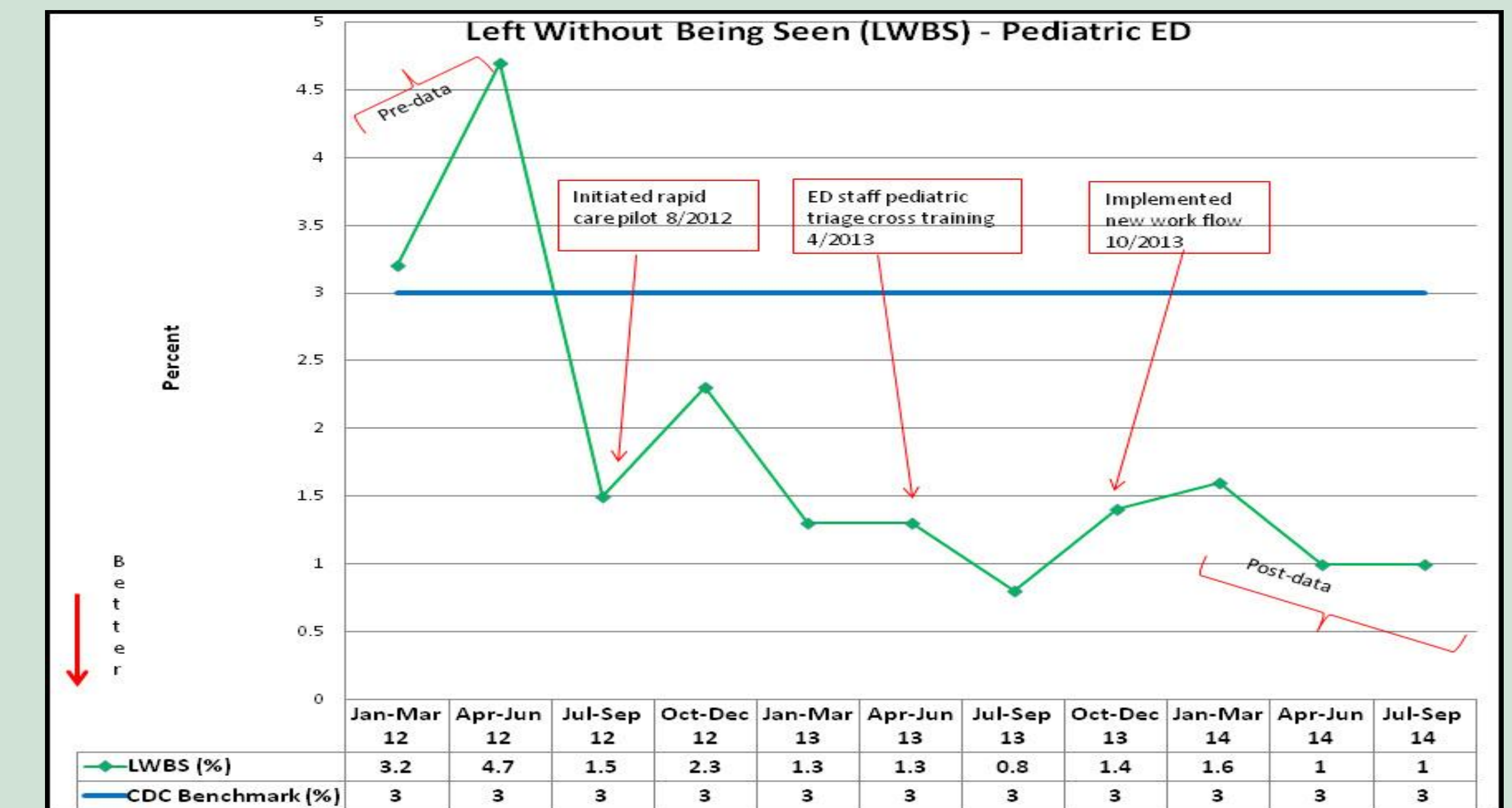
- In July of 2012 the unit practice council for the pediatric ED was asked to tackle the difficult task of improving door to doc times and left without being seen rates.
- A team of nurses, doctors, and technicians evaluated the problem with ED leadership and determined that a “rapid care model” may be the most effective way to achieve this goal.

## Do

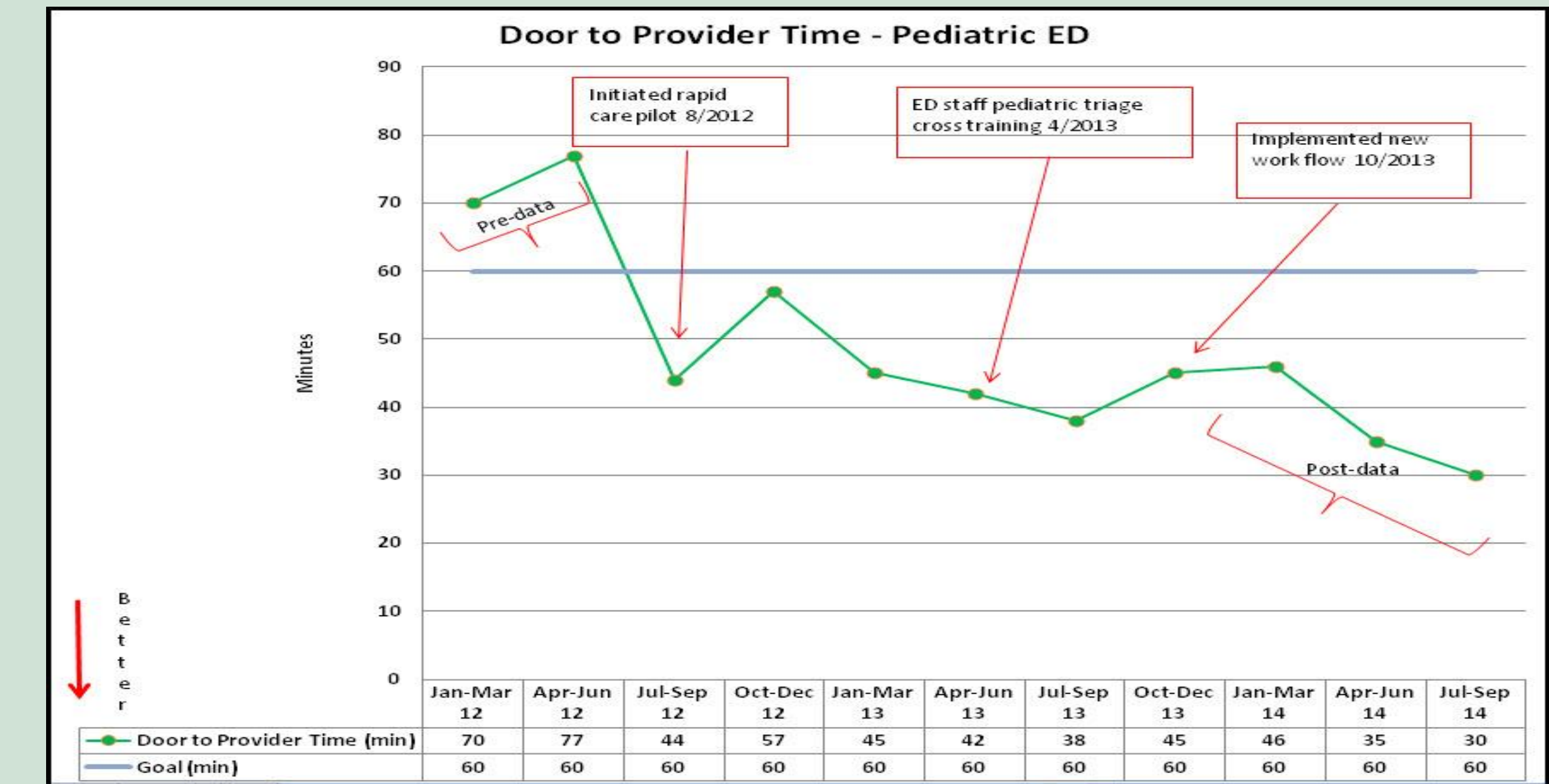
- The pediatric triage area was turned into an exam room.
- A triage class was created for the adult ED nurses to competently triage pediatric patients.
- A physician /NP was added to treat patients in the “rapid care” area.
- A set of guidelines for simple complaints that could be diagnosed and treated 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.

## Check

**Pediatric ED Left Without Being Seen**



**Pediatric ED Door to Provider Time**



## Act

- 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

Agency for Healthcare Research and Quality [AHRQ]. (2014). Timeliness. Retrieved from <http://www.ahrq.gov/research/findings/nhqrdr/nhqrdr10/measurespec/timeliness.html>

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