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Improving Emergency Department Left Without Being Seen Rates: A Quality Improvement Project

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Background

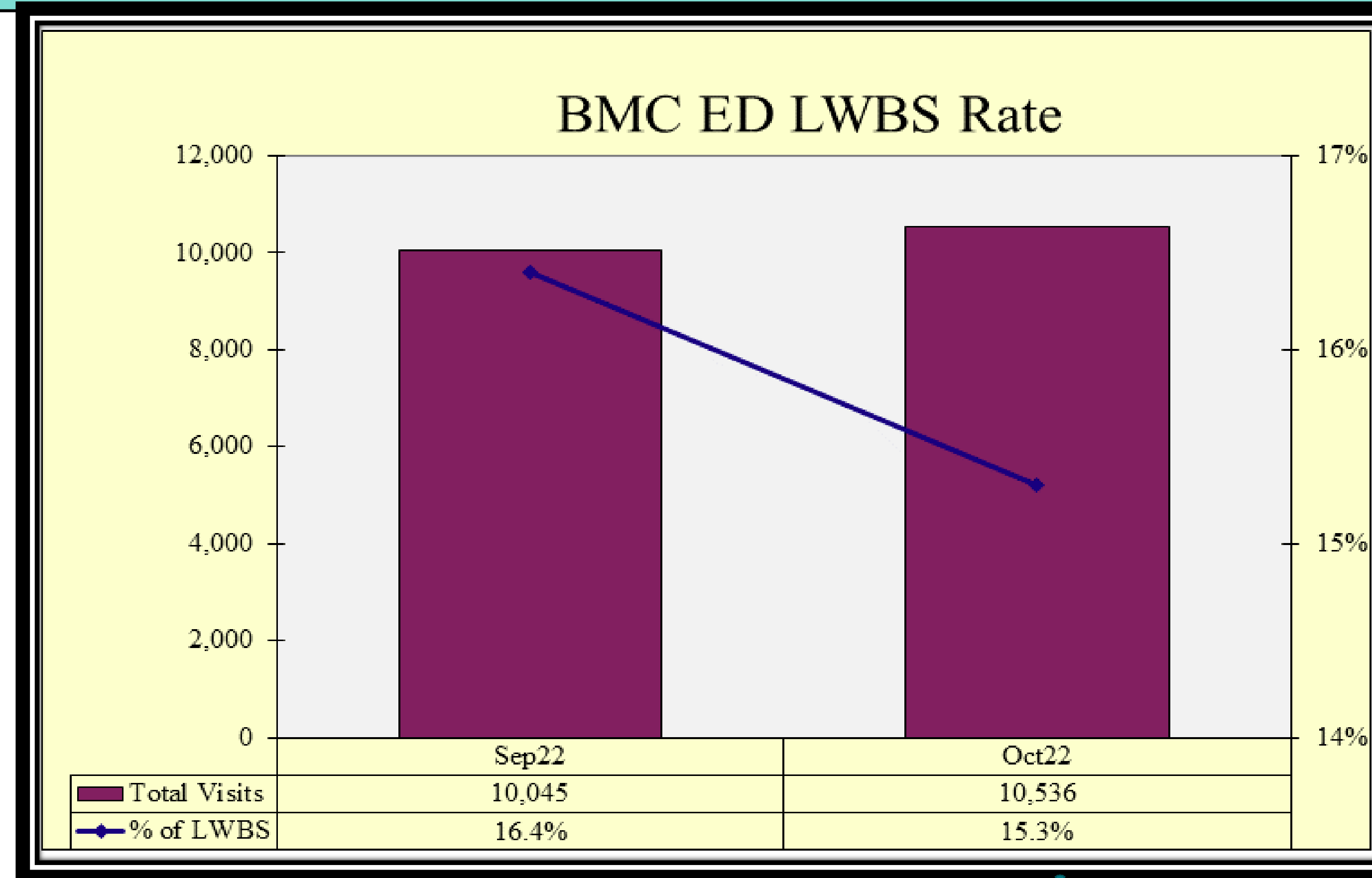
High rates of Emergency Department (ED) patients who Leave Without Being Seen (LWBS) compromise patient experience, safety, quality of care and risk management and negatively impact institutions' revenue which may present a significant financial loss to the institution (Rathlev, 2020). In fiscal year 2021, the LWBS rate was 10.68 % . The gap between this figure and the 2% strived for nationally, represents an alarming gap in safety for the community BMC serves.

Purpose

The goal of this quality improvement project was to reduce the number of patients in BMC's ED Triage area who leave without being seen by a doctor implementing an interventional change idea

Methods

- Mixed method cross-sectional study consisting of two phases
- Phase I implemented standardized education of the patient flow process for the emergency department's Triage and Flexible Care Areas to a cohort of 71 nurses.
- Six item Likert Scale survey offered pre- and post-education to assess nurse understanding and attitude toward process. Phase II consisted of collecting total visits and LWBS data daily over a period of 4 weeks in October 2022.
- **A Wilcoxon Sign Test** was used to analyze the impact of the education on nursing knowledge and attitude.
- **A Pearson Chi Square Test** was used to analyze the impact of the educational intervention on the rate of LWBS.



Despite higher volume, higher acuity, staffing challenges, diminished capacity and the impact of a Pediatric Respiratory Crisis on the department, the Left without being seen rate improved by 1.3% in the post interventional period of October 2022.

Results

- A cohort of 71 nurses identified; 100% received education
- Survey participation was 28% pre-education and 11% post.
- **Wilcoxon Sign Test** performed on 11 pairs of pre- and post- survey participants produced no significant change in knowledge or attitude
- **The Pearson Chi Square Test** produced mixed results.
- Analysis of the month October 2022 to October 2019 resulted in a significant p-value of 0.001, however the LWBS rate doubled.
- Analysis of the month of October 2022 to September 2022 resulted in a statistically significant p-value of 0.022.
- An impressive 1.3% improvement in the rate of LWBS patients was observed.


**1.3%
 Improvement**

Conclusions

- A standardized educational tool to inform and guide the process of triaging patients in a high-volume ED can be an important instrument in improving the rate of LWBS patients.
- Results, though mixed, indication a positive impact
- While the month-to-month October 2019 to October 2022 analysis eliminated the major confounding factor of seasonality, a wide degree of variability and multitude of challenges stemming from the Covid Pandemic may mitigate the significance of the finding.
- The September 2022 to October 2022 time period was impacted equally by challenging internal and external factors and provide a more meaningful illustration of impact.

Implications

- This study supports the concept of standardized work as a means for nursing to assess patient care pathways and interventional processes to improve efficiency, reduce waste, and improve outcomes.
- Illustrated is a method for nursing to lead restructuring of their care environment while demonstrating the ability to steward the organization's reputation and financial viability.
- The clinical significance of a reduced number of patients who LWBS is that patients did not walk out dissatisfied, frustrated, and still at risk, potentially for a high harm event.

References

Rathlev, N., Visintainer, P., Schmidt, J., Hettler, J., Albert, V., & Li, H. (2020). Patient characteristics and clinical process predictors of patients leaving without being seen from the emergency department. *Western Journal of Emergency Medicine*, 21(5). <https://doi.org/10.5811/westjem.2020.6.47084>