The Emergency Department (ED) at Houston Methodist St John is a 20 bed community based ED in an acute care hospital. The original triage model did not include a nurse in the waiting room greeting patients, but instead a registration clerk. A patient would enter the ED, be fully registered, then once the charge nurse noticed the patient on the tracker would take the patient behind locked doors to a triage room. There the patient would be triaged, seen by a mid level and protocols begun. This triage practice created a dangerous situation, including long wait times, many leaving without being seen and leaving against medical advice.

There were big problems with the ED process. The reason our project is so successful and has sustained is because the entire process is built from a multi disciplinary team. The ED physicians, nurses, techs, admission team and formal leadership team were involved from the beginning. The project was born from the people that work daily at the front end, so they were able to own the process from the beginning. The ED team developed a triage model that stipulated if there was a bed open than a patient would come back to a room, be triaged, registered and assessed immediately. If no rooms available then triage nurse assesses and places patient in protocol room to be seen by a provider.

The ED team formulated our triage group immediately to redesign our process. The team held each other accountable and had buy in very early in the process. The project gave birth to our shared governance council that has made many great changes.

The ED team has been very successful because of the way the process was defined. We didn’t assign someone to own the process, we assigned the process. We have made many changes. This project has only been more successful as we have sustained our superior results. This can be attributed to the fact that this project was born from concerned triage nurses who were worried about an outdated antiquated triage process that was not safe for our patients. With leadership assistance the triage nurse team formulated our triage group that met weekly to redesign our process. The team held each other accountable and had buy in very early in the process. The project gave birth to our shared governance council that has made many great changes.

This project has only been more successful as we have sustained our superior results. This can be attributed to the fact that this project was born from concerned triage nurses who were worried about an outdated antiquated triage process that was not safe for our patients. With leadership assistance the triage nurse team formulated our triage group that met weekly to redesign our process. The team held each other accountable and had buy in very early in the process. The project gave birth to our shared governance council that has made many great changes.

ED Metrics
Door to triage - 15 minutes
Door to bed - 39 minutes
Door to provider - 34 minutes
*January 2016 Median time before change implementation.

Changes Implemented
The ED team developed a triage model that stipulated if there was a bed open than a patient would come back to a room, be triaged, registered and assessed immediately. If no rooms available then triage nurse assesses and places patient in protocol room to be seen by a provider.

What worked well
• Door to triage: 2 minutes
• Door to Bed: 5 Minutes
• Door to Provider: 12 minutes
75% Reduction
78% reduction
50% reduction
*Reduction based on January 2016 data and May 2017 data.

2017 data through May 31
<table>
<thead>
<tr>
<th></th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Left Against Medical Advice</td>
<td>2.4%</td>
<td>2.38%</td>
<td>2%</td>
</tr>
<tr>
<td>Left without being seen</td>
<td>2.1%</td>
<td>0.25%</td>
<td>0.3%</td>
</tr>
</tbody>
</table>

Immediate Bedding To Reduce Throughput Times
Serenity Glazer, RN, MSN, NE-BC

Patient Satisfaction

<table>
<thead>
<tr>
<th></th>
<th>2015</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>86.7</td>
<td>88.1</td>
</tr>
</tbody>
</table>

Acknowledgments
Katherine Walsh, MS, DrPh, RN, NEA-BC, CNO Houston Methodist St. John Hospital for her commitment to our teams success.

Emergency Department nurses, techs and physicians who live and breathe this process daily.

Next Steps
We added additional staff in to support the triage nurse. Our next step is to add more staff once census increases so we can have covered at triage 24/7. One lesson learned in this project was the use of our shared governance and team approach. By allowing the team to define the process and create the new triage, they had buy in earlier on in the project. Management was not pushing the process down to them, but instead pushing the process up to leadership. This is approach is being used in a new throughput committee that focuses on back end processes to decrease lengths of stay in the emergency department.