**BACKGROUND**
- The Triage Flow Project originated from an increased focus on decreasing the overall length of stay for obstetrics (OB) patients at Boston Medical Center (BMC). After meeting with departmental leadership, Triage was identified as a top priority for more timely assessment and treatment of Triage patients.
- Triage is the area of the Labor & Delivery (L&D) unit in which patients receive their initial evaluation for admission, and the Overflow area is the waiting area for those patients awaiting an evaluation or a room in Triage. Patients are evaluated by a nurse (RN) in Triage and assigned an acuity number (1–5; 1=most severe, 5=least severe) based on the severity of their chief presenting complaint. These patients are then assigned a Triage bed based on their acuity and bed availability.
- This project focuses on improving patient flow in order to have patients assessed and treated efficiently and moved out of Triage to the next appropriate level of care.
- At baseline patients spent an average of 5.7 minutes waiting in Overflow and 3 hours 8 minutes bedded in Triage.
- BMC L&D has a monthly average of ~420 visits to Triage and 244 deliveries.

**AIM**
- More timely assessment for Triage patients as measured by decreasing the average length of stay in Overflow and Triage by 10% for patients delivering during their admission from October 2017 to April 2018.

**METHODS**
- A multidisciplinary team was assembled including nurses, CNMs, obstetric physicians, and department leadership.
- Process mapped current state & ideal state of patient progression from registration to discharge from OB patient registration moved to floor: January 2018.
- Gap analysis employing fishbone diagram for obstacle identification and solution derivation.
- Prioritization matrix to rank & select countermeasures to barriers.
- Standardization of a paging system including paging number, paging script, and timeframe for pages from 8:00 to 10:00 for L&D.
- Continue monthly nursing audits & posting data updates on unit data board.
- Revised Triage Acuity Tool to better define (1) evaluation time parameters based on assigned patient acuity level, (2) paging system instructions for both nurses and providers, and (3) clear designation of responsible providers based on patient acuity and time to evaluation.
- Standardization of a paging system including paging number, paging script, and timeframe for pages from nurses to providers.
- Formalized expectations for nursing “comments” including standardizing scripting of clinical information to be entered on provider greaseboard.
- Patient registration moved onto inpatient OB floor for efficient and patient-friendly registration.
- Education of Triage nurses on standardized Triage intake workflow.
- Reordering of Triage Navigator in EPIC to mirror nursing assessment workflow.
- Swab guide to improve accuracy and efficiency of the collection of pre-term labs.
- Creation of a Triage Nurse-initiated Hypertension Order Set to improve delivery of clinical care to patients.
- Creation of Triage Orientation Guide for orientation of new interns and new hires.

**RESULTS**
- Between October 2017 and April 2018 we witnessed a 39% decrease in average LOS in Overflow from 57 minutes to 35 minutes (a 22 minute decrease), and a 19% decrease in average LOS in Triage from 3 hours 8 minutes to 2 hours 32 minutes (a 36 minute decrease).

**SOLUTIONS**
- Revised Triage Acuity Tool to better define (1) evaluation time parameters based on assigned patient acuity level, (2) paging system instructions for both nurses and providers, and (3) clear designation of responsible providers based on patient acuity and time to evaluation.
- Standardization of a paging system including paging number, paging script, and timeframe for pages from nurses to providers.
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**CONCLUSIONS**
- Triage workflow is more streamlined with a clear paging system, time sensitive interventions, and defined responsible providers.
- Updates to the Triage Acuity Tool focused on initial nursing evaluation in Triage had positive impact on patient wait time in Overflow.

**NEXT STEPS**
- Continue monthly nursing audits & posting data updates on unit data board.
- Monthly reminders of workflow, communication, and timing expectations in staff meetings.
- Consider alternative workflows for scheduled cesarean sections & laboring patients in order to bypass Triage.