Use of Rapid Medical Evaluation in the Emergency Department Setting

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Significance of the Problem

- In 2022, Advocate Condell Medical had an average left without being seen (LWBS) rate of 7.5% with some months exceeding >20% of patients they serve.
- Patients that are leaving prior to being evaluated or treated by MD and care team is a risk for potential safety events.
- The presence of high LWBS rate greatly impacted patients outcomes and patient experience.

Clinical Question / Objective

- Population: Emergency Department patients
- Intervention: Rapid Medical Evaluation (RME) process which provided initial screening and intake orders and care.
- Comparison: The throughput times and left without being seen rates pre- and post-implementation will be compared.
- Outcome: Decrease Left without being seen percentages.
- Time: Initially daily, then weekly, finally monthly.

Search Strategy / Approach

- Keywords: provider in triage, rapid medical evaluation, left without being seen, and emergency department overcrowding.
- As seen in Emergency Department Journals the national average of LWBS for Emergency Departments is a rate of <2%.
- Therefore, Condell identified an opportunity to improve our patient evaluation process and throughput.

Method

- Rapid Medical Evaluation (RME) is an Emergency Department process developed to decrease patients leaving prior to medical care and to increase overall team collaboration and engagement.
- Several months of surveyed data was collected to gain insight into potential areas where process could be enhanced to decrease patient waiting room times.
- Additionally, ED & Vituity Leadership Team utilized the process of observation to establish baseline team dynamics and overall functionality in the Emergency Department. Then correlated this data to patient wait times and satisfaction.

Practice Change

- The ED Leadership Team, Vituity Leadership Team and ED Model of Care Team (frontline staff) came together to develop the RME process and education.
- Two triage rooms utilized by the provider and the nursing team was identified within the unit. This allowed early screening and care implementation upon arrival of a patient.
- The evaluation of this process was reviewed through LWBS rates.
- This process has been implemented within Advocate Condell Emergency Department for approximately seven months.

Results

![Figure 1. Intake and RME area within ED](image)

<table>
<thead>
<tr>
<th>Month</th>
<th>Pre-Implementation</th>
<th>Post-Implementation</th>
</tr>
</thead>
<tbody>
<tr>
<td>January</td>
<td>30</td>
<td>20</td>
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<tr>
<td>February</td>
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<tr>
<td>December</td>
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</tr>
</tbody>
</table>

![Figure 3. Left without Being Seen Data for prior to implementation of the RME process and post implementation of the RME process](image)

Outcomes

- The LWBS decreased from an average rate of 7.5% prior RME initiation to 2.5% after initiation of RME.
- Utilizing a provider, in conjunction with the care team of nurses and technicians in the triage setting can increase Emergency Department throughput while decreasing the LWBS rates.
- An improvement in left without being seen decreased almost immediately due to increased presence of the provider at the beginning of their care.

Implications for Practice

- Implementing a dynamic team approach with a forward facing provider in the triage process, RME staff drives care starting from patient arrival by allowing medical providers to promptly identify patient needs and coordinate care easily.
- Therefore, the ED Leadership Team has devoted a team of nurses and technicians along with a provider each day during high census times to support the RME process for the patients being served.
- Additional research should be done to determine the impact on Emergency Department patient satisfaction rates related to improve door-to-provider times and ED length of stay.

References


Acknowledgements

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