

## Introduction

The purpose of this quality improvement project was to evaluate how wait times in the Emergency Department (ED) could be decreased by increasing efficiency of the triage and registration process.

## Objectives

Data was collected by research assistants (RA) at triage in the Kern Medical Emergency Department from January 8, 2017-September 14, 2017, between 0600-2100. Data was collected each quarter over a 2-week period. ED triage staff was blinded to the study.

The time from when the Quick Look RN (QLRN) saw a patient until Registration was the first data collection. Time from Registration until time patient was triaged was used to calculate the Registration to Triage wait times. The Time to Room (TTR) is the time from when the patient saw the QLRN until they were placed in an exam room or into the Intermediate Care Center (ICC) internal waiting room, and at this point were available to be seen by a provider. This TTR was documented by the RA, which was in real time, and was compared to the Length of Stay (LOS) time that was documented on the McKesson tracking board. These two times were compared to see the difference in what the actual time was as recorded by the RA, and the time shown on the McKesson tracking board.

## Figures

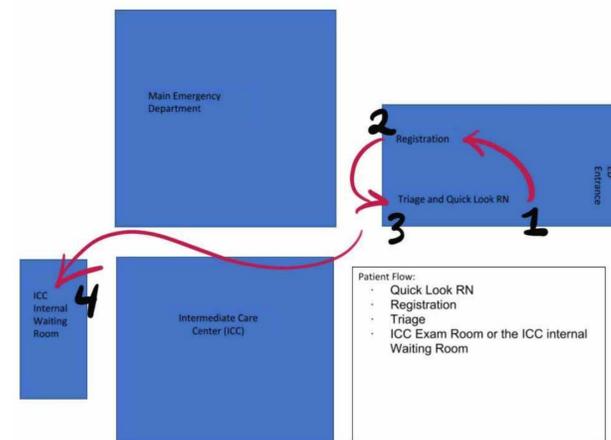


Figure 1: Layout of the Kern Medical Emergency Department



Figure 2: Timeline of transition through the Emergency Department

## Results

1st Data Collection January 2017	Mean Values
Time from QLRN to Registration:	16.05 minutes
Time from Registration to Triage:	19.32 minutes
Time from QLRN to ICC:	35.37 minutes
LOS McKesson Board & Time Discrepancy:	-15.76 minutes

3rd Data Collection	Mean Values
Time from QLRN to Registration:	11.62 minutes
Time from Registration to Triage:	17.61 minutes
**Time from Triage to ICC:	33.93 minutes
Time from QLRN to ICC:	59.13 minutes
LOS McKesson Board & Time Discrepancy:	-12.2 minutes range: --44 to +2 minutes

2nd Data Collection April 2017	Mean Values
Time from QLRN to Registration:	8.07 minutes
Time from Registration to Triage:	19.57 minutes
Time from QLRN to ICC:	62.38 minutes
LOS McKesson Board & Time Discrepancy:	-10.19 minutes

2nd Data Collection April 2017	Mean Values
Time from QLRN to Registration:	11.81 minutes
Time from Registration to Triage:	18.8 minutes
Time from QLRN to time seen by provider:	52.29 minutes
LOS McKesson Board & Time Discrepancy:	-12.72 minutes

## Conclusions

This project identifies time discrepancies in documentation of actual length of stay (LOS) as compared to the documented LOS recorded on the McKesson tracking board. According to the Emergency Medical Treatment and Labor Act (EMTALA), if an RN knows that the nature of a patient's complaint is outside of his or her scope of practice, a practitioner must be contacted to see a patient within 30 minutes. Cases in which a patient is not seen within 30 minutes should be reported to the Health Care Financing Administration to avoid citation. Identifying potential discrepancies in the documentation of actual LOS allow for opportunities to improve patient care and ensure EMTALA compliance.

## References

- EMTALA and On-Call Responsibility for Emergency Department Patients. *Annals of Emergency Medicine*. 2013;62(4):441-442. doi:10.1016/j.annemergmed.2013.07.017.
- Zibulewsky J. The Emergency Medical Treatment and Active Labor Act (Emtala): What It Is and What It Means for Physicians. *Baylor University Medical Center Proceedings*. 2001;14(4):339-346. doi:10.1080/08998280.2001.11927785.

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