

IMPROVED TRIAGING
LEADS TO DECREASED
DOOR-TO-PROVIDER
TIME AND SUSTAINABLE
ED VOLUME GROWTH

PARTNERSHIP BACKGROUND

Jackson North Medical Center was struggling to handle high volumes in its Emergency Medicine (EM) program due to inefficient, outdated operating processes. Jackson North partnered with SCP Health (SCP) to streamline its ED and advance patients to evaluation and treatment faster.

GOALS

- ▶ Decrease door-to-provider time
- ▶ Maintain LWOT
- ▶ Achieve consistent compliance in key quality measures

STRATEGY

To accomplish these goals, SCP began by implementing the provider-in-triage model, locating a nurse practitioner or physician assistant near each of the two triage rooms.

In this model, the first provider conducts a brief screening and SOrT process. Higher acuity patients are then sent directly to a bed and the appropriate diagnostic studies are ordered. If no bed is open, patients are evaluated by the front-end provider in a room re-appropriated from an office in ED proper.

The second front-end provider shift at this facility was added as a “floating shift” during high volume time. This provider supported the screener, pediatric and mid-acute care area provider. Nursing also implemented a “greeter” who supported patient flow, registration processes, and front-end providers. Each triage room was also equipped with a printer for ID bracelets, expediting the registration process.

These changes quickly created more efficient access to care for the community, and set up the facility up for success in both calm and chaotic times. In the years following the partnership start up, the facility began construction of a new ED, endured nurse staffing shortages, and faced the COVID-19 pandemic. The organized, structured foundation that SCP had built with Jackson North’s EM program enabled the facility to weather all of those storms with little variation in performance.

IMPACT

- ▶ Door-to-Provider Time:
 - Decreased from 47 to 9 minutes within one year
 - Maintained sub-10 minute average times throughout the following years
 - Rose to only 13 minutes throughout the COVID-19 pandemic
- ▶ LWOT: Maintained <1% for years, even throughout nurse shortages and the COVID-19 pandemic
- ▶ MIPS/Quality Measures:
 - Maintained 100% compliance of severe sepsis management
 - Maintained 100% compliance of stroke patient treatment



DOOR-TO-PROVIDER:
DECREASED FROM
47 TO 9 MINUTES
WITHIN ONE YEAR



DOOR-TO-PROVIDER:
ROSE ONLY
4 MINUTES
THROUGHOUT COVID-19



LWOT:
CONTINUOUSLY MAINTAINED
<1%
EVEN DURING COVID-19



MIPS/QUALITY:
SEVERE SEPSIS
MAINTAINED 100%
COMPLIANCE OF TREATMENT
MANAGEMENT

