

Accelerating Access: The Power of Direct Bedding in the ED

Background-

Research shows that delays in care can increase patient harms, decrease patient and provider satisfaction scores, and decrease revenue and cost savings. A previous test of change (TOC) added a dedicated triage nurse three shifts a week which resulted in a reduction in door to triage times and left without being seen (LWBS). However, it was found that after the TOC patients were being quickly triaged but were still waiting in the lobby even when there were open rooms. So, although there was a decrease in door to triage times and LWBS rates there was not a relevant decrease in patient door to room (DTR) and length of stay (LOS) times despite having open beds.

Project Purpose-

The purpose of this project was to decrease patient DTR and LOS times by having the triage RN place patients directly in a chair or bed (direct bedding) without having to go back to the waiting room. Timely access to care will also have the added effect of increasing patient, provider, and RN satisfaction.

Methods-

This project occurred in a ten bed ED in a critical access hospital with multi-occupancy rooms. The stakeholders included the ER leadership team, frontline ED RNs, and registration.

Beginning February 12th, 2024, a TOC was implemented to direct bed patients upon arrival. Between the hours of 0800-1200 the triage or charge RN completed the triage process at the bedside when the department had capacity. Data for DTR and LOS times were measured and compared pre- and post-intervention for all ED patients.

Results-

Pre-intervention data for December 2023 and January 2024 showed the average DTR as 27 minutes and an average LOS of 147 minutes. During the TOC in February, March, and April the average DTR time was 18 minutes and average LOS decreased to 133 minutes. The May, June and July DTR averages continued to be improved with an average of 22 minutes, but LOS was increased to 148 minutes probably due to a large increase in volumes.

Month	Average DTR Time	Average LOS Time	Average Volume per Day
December	26	141	54.4
January	28	152	54
February	19	141	53
March	18	138	55.7
April	18	119	55.5
May	18	145	61
June	22	158	60.5
July	25	141	58.9

Conclusion-

Direct bedding and bedside triage reduced DTR and LOS as expected and should be a standard practice. Limitations for this project were staff resources including providers, unpredictable patient volumes and acuities, and limited bed capacity. Further recommendations include expanding triage RN coverage, investigating additional slow DTR time causes and focusing on provider utilization.