

Expediting Patient Interventions in the Urgent Care Setting Utilizing our Triage Process

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Background

- CHW has 7 stand alone outpatient urgent care clinics
- Nursing scope of practice includes triage assessment
- Pediatric patients decompensate quickly and early recognition is key to patient safety
- Limited resources for life saving measures in urgent care settings
- Triage can help identify ill patients and institute treatment plans efficiently

Aim

Decrease time to intervention by 10% over 12 months from triage initiation

Methods

- QI methodology with PDSA cycles
 - A pilot triage process was started 11/2016 at New Berlin clinic (●)
 - Universal triage process implemented at all sites 9/2018 (●)
- Data collected by Insight database system and manual chart review where needed

Outcome measure:

- Time to nebulized albuterol
- Time to nebulized racemic epinephrine
- Time to x-ray for injury

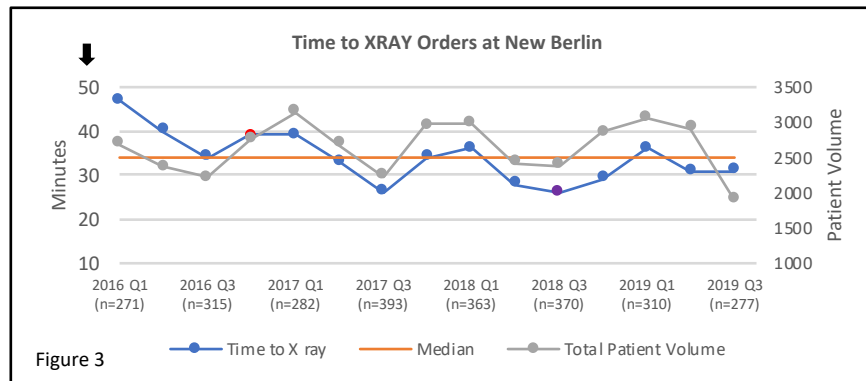
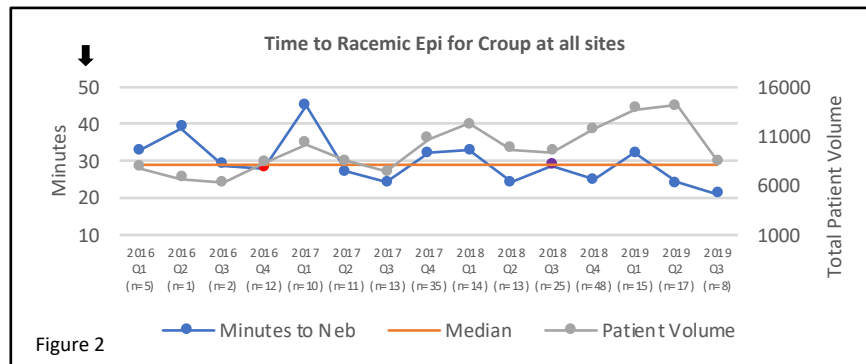
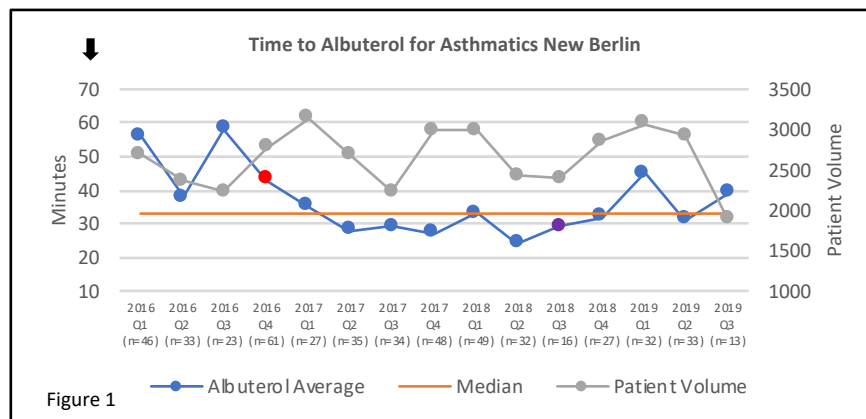
Process measure:

- Time to vitals

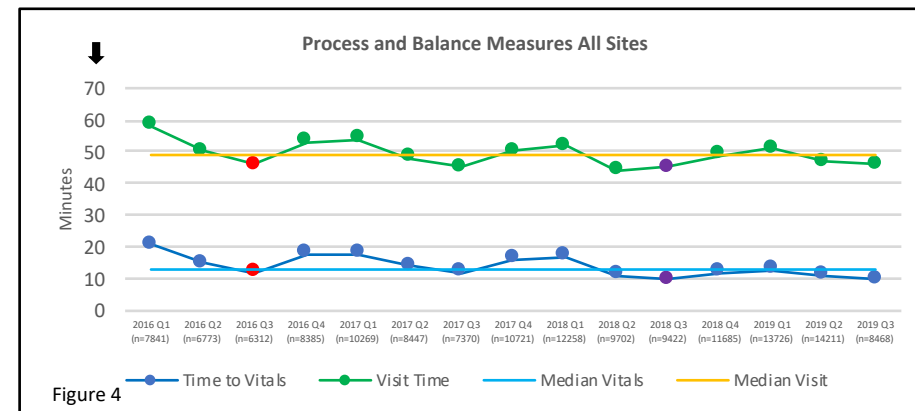
Balance measure:

- Total visit time for all patients

Results: Outcome Measures



Results: Process and Balancing Measures



Conclusions:

- Albuterol nebulizer run chart shows non random data, just shy of meeting a shift criteria. Shows overall decrease in time to intervention since initiation of pilot triage process
- Racemic epinephrine run chart shows random data, however aim was met; 10% decrease in each 12 months. Time remains closer to median as patient volume increases from Q3 2018- Q2 2019
- X ray order run chart shows random data. At least 10% decrease in time to x ray order was met in each 12 month period
- Not able to determine special cause variation for racemic epinephrine or x ray orders
- There is no negative effect on overall clinic efficiency with new process

Limitations:

- Seasonal variation makes data trends difficult to appreciate
- Data only from 1 out of 7 sites for albuterol and x-ray orders, no global conclusions can be made
- Staff volume, personal comfort and experience levels in triage vary

Next steps

- Re-education for all staff on triage process
- Evaluate pain management in the triage setting
- Eliminate seasonal variation in data using control charts techniques
- Investigate reason for inconsistent identification of patients in need of albuterol, racemic epinephrine, and other possible processes affecting time to nebulized treatment for patients

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