Summary: In an effort to combat the prolonged wait times and left without being seen (LWBS) rates associated with overcrowding, the Emergency Department (ED) used a Physician Assistant (PA) to at least perform medical screening exams to non-fast track patients.

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Category:
- A: Arrival
- C: Clinician Initial Evaluation & Throughput

Key Words:
- Crowding
- Patient Satisfaction
- Patient Volume

Hospital Metrics:
- Annual ED Volume: 88,000
- Hospital Beds: 537
- Ownership: Private
- Trauma Level: Level 2
- Teaching Status: Yes

Tools Provided:
- None

Clinical Areas Affected:
- Emergency Department
- Triage

Staff Involved:
- Administrators
- ED Staff
Innovation
Our department trialed a Physician Assistant (PA) in triage. A PA was initially placed in triage from 10am to 5pm. These were generally peak hours and our highest time for LWBS. The PA saw all patients over the age of 18 with the exception of patients who were placed in the Fast Track area of the ED. The PA would perform a rapid medical screening exam and would initiate diagnostic interventions to patients who cannot be taken immediately back to a bed.

Results
121,894 patients were included in the study. The LWBS improved by 31%. Length of stay decreased by 9 minutes from the covered period to the uncovered period of the day. We then compared our original times to a second trial, and this time we decreased LWBS by 43% and length of stay decreased by 5 minutes. Time to bed was unaffected. Our overall LWBS rate was less than 1%.

Timeline
Once the department decided this could be a good investment to address crowding, the most experienced PA was asked to pilot the program. Two different trials were done: November 2005 through April 2006 and May 2006 through October 2006. There were two separate trials only because the provider was on vacation.

Innovation Implementation
The PA would be in the room with the nurse as the triage is done. They would ask some additional questions and preform a brief medical screening exam. They would also document the exam on an addendum part of the chart that the entire staff was aware to look. This allowed treatment to be initiated in the waiting room when beds were not available. In some cases, we were able to better place patients in the appropriate rooms and also fast track others that may not have initially been triaged to the area. At other times, patients could be immediately discharged from the triage area. The PA reviewed the triage ECGs immediately since typically they were in the room with the patient.

Cost/Benefit Analysis
The cost of the program was the cost of initially 1 PA working 5 days a week which after negotiating with the hospital was split between the ED group and the hospital. 7 hours/day x 5 days a week for 52 weeks was the initial plan. It has since been extended to 16 hours from 0800 hours until 2400 hours because of the success and financial viability of the program. The money recouped by the decrease in the number of LWBS patients’ more than pays the salary of the providers.

Advice and Lessons Learned
1. Find the most experienced PAs to start program
2. Buy in from the triage nurses is key. Once they saw that it helped decompress the waiting room and alleviated their stress, they were part of the team
3. Get the hospital to help the PA program by convincing them that it can lower LWBS and increase patient satisfaction.