

THE IMPACT OF A PIVOT NURSE ON THE NUMBER OF PATIENTS WHO LEAVE THE EMERGENCY DEPARTMENT WITHOUT BEING SEEN
UNIVERSITY OF PENNSYLVANIA HEALTH SYSTEM

Publication Year: 2013

Summary:

Implementing a pivot nurse in the emergency department to reduce the number of patients that leave before being seen

Hospital: PENN Presbyterian Medical Center

Location: Philadelphia, PA

Contact: Leighann Mazzone, RN, BSN, Interim Nurse Manager
leighann.mazzone@uphs.upenn.edu

Category:

- A: Arrival
- B: Bed Placement
- C: Clinician Initial Evaluation & Throughput

Key Words:

- Continuity of Care
- ESI
- Patient Satisfaction
- Wait Times

Hospital Metrics:

- Annual ED Volume: 39,000
- Hospital Beds: 300
- Ownership: Not-For-Profit
- Trauma Level: None
- Teaching Status: Yes

Tools Provided:

- Roles and responsibilities of the pivot nurse

Clinical Areas Affected:

- Emergency Department

Staff Involved:

- Administrators
- ED Staff
- Nurses
- Physicians
- Registration Staff
- Technicians

Innovation

The pivot nurse is the first member of the emergency department team that a patient will meet. Their role is to greet all patients and quickly determine whether or not the patient needs immediate intervention. The pivot nurse also performs continuous rounds on waiting room patients. By rounding on patients, the nurse can continually assess changes in patient condition and also keep patients updated on expected wait times and delays. Another role of the pivot nurse is to implement advance triage protocols based on the patient's chief complaint. This allows for faster implementation of care and a shorter length of ED stay which improves patient safety and satisfaction.

Overcrowding and increased wait times in emergency departments (ED) are quickly becoming a growing concern. With extended wait times patients become frustrated and dissatisfied and often leave the emergency department prior to being evaluated by a physician. When a patient decides to leave without being seen by a qualified medical provider, they place themselves at an increased risk of serious health issues and potential death.

Although we had already implemented several key initiatives in decreasing the number of patients who leave prior to being seen (LWBS), there was still room for improvement. In addition, with our current system, when a patient presented to the ED through the waiting room, the first person they would see was security and then registration. This is not only a dissatisfier to the patients but it also puts them at an increased risk for harm. The implementation of the pivot nurse facilitates the determination of the severity of illness of the patients presenting through the waiting room.

Data shows a significant correlation between increased wait times and increased LWBS numbers; as well as increased risk when patients leave and when they sit in the ED for prolonged periods of time. This innovation was chosen in an effort to increase patient safety and satisfaction and in addition, decrease the number of patients who leave prior to being seen. Every time a patient leaves the ED before they are seen, the hospital loses revenue; with a decrease in the number of patients who leave there will be an increase in revenue for the facility.

Innovation Implementation

Through shared governance, our ED Unit Based Leadership council charges the Stewardship Committee with determining the staffing needs for the unit. This committee, which is comprised of stretcher side ED nurses, in collaboration with ED leadership, implemented the role of a pivot nurse in the waiting room. Other key stakeholders involved in the success of this role included the registration and physician staff.

The early data shows that implementing a nurse in the waiting rooms of ED's can definitely have an immediate positive impact. Taking that into consideration along with the fact that we knew we needed to take additional steps to make our department a better and safer place for our patients, we decided to look at this role. The decision was brought to our Stewardship Committee to see if we would be able to implement it and what the role would look like. After some discussions with our sister hospital (they have already instituted the role) and discussions at the table, it was decided that we were going to trial it and see what impact it would have before we put the role into our permanent staffing.

At this point in time, we already had a RN in the waiting room, but they functioned in the role of drawing blood, EKG's, assessing the patients while they were waiting and keeping them updated on wait times. It was decided that this nurse would be pulled and converted into the pivot nurse and the time of the shift would be different to meet our patients' needs. This nurse was to greet all the patients upon arrival, quickly determine sick or not sick, and assign a preliminary ESI level. They were to also re-assess the patients that had been waiting once triaged. This role was trialed Monday through Friday during our peak time for arrival through triage. After a little over a month into the trial, we looked at whether or not the role was having a positive impact for us or not. This was difficult to determine because there was no number to determine whether it was helping with identifying the sick patients. Our patient satisfaction scores were already pretty stable but our LWBS numbers were not, they tended to fluctuate.

The implementation of the role had little effect on anything at this point except for a decrease in staff satisfaction with the role. It was taken back to the committee again and they were charged with tweaking the role to see if it could be

more of a staff satisfier as well as help the department. Changes were made and we conducted a second trial with the role. Again, no positive results were noted but we were determined to see this through and make it work. Stewardship again went back to the table and changed the role and put it back out for another trial, trial 3.

This time we had some results. Our LWBS variability numbers became smaller during the trial and the staff was getting more familiar with the role. But, with the slightly positive results, we noticed that now the patient who were waiting were no longer getting their labs done or x-rays, in turn increasing our through put times. In order to remedy this, it was brought back to the table one final time. Out of this discussion came the role as we have it now. This nurse is a combination of both the pivot nurse and the waiting room. They are greeting the patients upon arrival but they are also drawing labs and ordering x-rays when necessary. With this new and improved role, we experienced a significant impact on our LWBS number and staff satisfaction, they no longer felt like they were just sitting around and not helping.

Timeline

The discussions for this role started in November of 2012; the first trial, which lasted a month, started in December. Over the course of the next three months we would have additional trials after adjusting the role to better meet our needs.

It was in March 2013, after our last trial, that we had determined the role was where we needed it to be; with this we experienced our greatest results. But by May, due to staffing and budgetary issues we were having trouble filling the role. By June, it was decided that were no longer able to staff it until we were fully staffed. Once this occurred, there was an immediate significant negative impact on our LWBS numbers. In addition, we were no longer able to draw the blood work in order to expedite patient care.

Results

Time Period: LWBS%

- Baseline(9/8/12- 12/25/12): 2.60%
- Trial 1(12/26/12- 1/22/13): 3.35%
- Trial 2 (1/23/13- 2/19/13): 2.41%
- Trial 3 (2/20/13 – 3/19/13): 2.63%
- Combined (3/20/13 – 4/9/13): 1.55%
- Continued (4/10/13- 4/30/13): 1.93%
- Spotty Coverage (5/1/13 – 5/31/13): 2.47%
- No Coverage (6/1/13 – 6/30/13): 3.29%

Cost/Benefit Analysis

There were no initial additional costs to the unit due to the position was not a new one, we had simply converted an assignment into the pivot nurse assignment. The additional costs came with trying to staff the position when we were understaffed. That meant in order to cover it, we would have to utilize overtime. In this economy and budget crunch, we were not able to maintain that.

Advice and Lessons Learned

1. In order for this to be successful, this should be a shared governance process; the bedside nurses should own this with the support of leadership.
2. Be patient, it is a work in progress to get it where it best suits your department's needs. Let the group work through the challenges and come up with a resolution.
3. Adequate staffing levels are key.

Sustainability

This role is very easy to sustain, as long as you have the staff needed to do so. Once the department is back to its normal staffing levels, we plan to reinstate the role. The committee will continue to meet monthly to look at the effectiveness of

the role. Now that the nursing staff is more satisfied and comfortable with the role and we were seeing positive outcomes with it, we will be able to maintain the role as it is.

Tools to Download

- **Roles and responsibilities of the pivot nurse**

Penn Presbyterian Medical Center
Department of Emergency Nursing

Pivot Nurse Roles and Responsibilities

GENERAL STATEMENT:

The Pivot Nurse is responsible for assessing every patient immediately upon entering the Waiting Room. She/he will assist the Triage Nurse by assigning a preliminary triage score and chief complaint to every patient. This information will be communicated in the “comments” section of EMTRAC, this information will be utilized by the Triage Nurse to determine if a patient should have a priority triage. The Pivot Nurse will alert the charge/triage nurse of particularly sick patients requiring immediate intervention. The Pivot Nurse will monitor waiting room patients for changes in acuity, direct patients to appropriate treatment areas and initiate appropriate interventions based on assessment.

PROCEDURES and RESPONSIBILITIES:

1. Prioritize arriving patients as part of a dynamic and ever changing process.
2. Greets each patient arriving into the waiting room.
3. Will be visible and mobile for the lobby and patients. The Pivot Nurse will be positioned at the intake desk in the lobby when he/she is not actively providing direct patient care or initiating protocols. The Pivot Nurse will be provided with a computer on wheels at this location.
 - a. Collaborate with the Triage Nurse to utilize medical protocol and standing orders to initiate treatment as appropriate. To include: EKGs, blood and urine testing orders, xrays, etc.
 - b. The Pivot Nurse will assist the patient with the white registration card, writing in the chief complaint and ESI level. He/she will then direct the patient to bring the registration card to a registration window. Registration will place the chief complaint and ESI level into the “comments” section.
 - c. If multiple patients are waiting for intake at the same time, the Pivot Nurse will assess the patients and use a clip board to assist patients in filling out the white registration card, writing in the chief complaint and ESI level. The Pivot Nurse should then direct patients to the appropriate registration window for intake. Registration will place the chief complaint and ESI level into the “comments” section.

4. Will demonstrate at all times exemplary customer service skills.
5. Will collaborate with Charge Nurse and Triage Nurse to coordinate patient flow.
 - a. In the event a patient is deemed to need immediate room placement, the Spectra-link phone should be used to alert the Charge Nurse and obtain bed assignment.
6. Will round per protocol and communicate with family members and visitors.
7. Waiting Room patients are to be re-evaluated (across the room assessments and repeat abnormal vital signs) based on the triage level and document findings into the electronic record.
 - Level 3 1 hour
 - Level 4 2 hours
 - Level 5 4 hours
8. Alert Security/Charge Nurse if you are concerned about any patient or visitor behavior, i.e.; becoming overly agitated, aggressiveness, inappropriate language, making threats to other patients, to the staff, or threatening remarks about the hospital.
9. Utilize Waiting Room Tech to perform EKGs, lab draws, patient transport, tasks and errands, vital signs, to apply slings and splints, ice packs, dressings, and other duties as assigned by the Pivot Nurse.
10. The Pivot Nurse may be used for other tasks, e.g., double triage or flex, as needed.