TL10EO-1 PROCESS IMPROVEMENT TEAM

**Penrose Community Urgent Care**

**Triage Process**

**Date initiated: July 11, 2011**

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| **F** | Find A Process To Improve:  |
|  | Patient Satisfaction related to wait and through-put times with specific emphasis on the triage process.Wait and through-put times are well known to have significant impact on patient satisfaction and the patient’s perception of quality as measured by the Healthcare Consumer Assessment of Hospitals and Providers (HCAHPS) survey.* The Urgent Care Practice Council feels that improving the triage process will result in improved door to triage times, which will in turn improve door to provider times and improved HCAHPS scores.
* See stats below.
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| **O** | Organize A Team: |
|  | Team developed from Urgent Care Practice council (UCPC) members:* Rebecca Morland RN, CM
* Anne Shepard RN, CC
* Peggy Myers RN
* Sloan Farris RN
* Katie Conway RN
* Mary Lou smith RN
* Dan Jones RN
* Donna Baker RN
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| **C** | Clarify Knowledge of the Current Process: |
|  | The team examined current triage process for areas of opportunityCurrent Process* Patient walks in
* Patient is greeted through small speak hole in glass partition
* Patient is handed clipboard with paperwork to complete
* Patient sits in waiting room to complete blue triage card, race form, and consent
* Patient returns paperwork to triage
* Patient waits in waiting room while staff receive in Meditech and scan all documents
* Triage staff bring patient to triage area
* Triage staff obtain vital signs, allergy info, history, apply armband, and start collaborative practice as indicated
* Patients are then taken to a room if open, or return to waiting room till room open
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| **U** | Understand Variation |
|  | Several steps could be done concurrently versus sequentially |
| **S** | Select An Improvement Strategy: |
|  | Streamline current process to reduce number of steps and perform some steps concurrently |
| **P** | Plan The Pilot Improvement And The Data Collection |
|  | Proposed physical change:* Install window at triage reception area for easier communication

Proposed process change:* Patient walks in and is greeted at window
* Patients with life threatening situation are taken immediately to treatment room
* If triage is empty of other patients bring directly to triage chair, have family or staff assist with completion of paperwork
* If triage occupied by other patient have patient complete in lobby
* Whenever possible (rooms empty with staff available in back), greeter mode should be implemented
* Greeter mode includes the following only at triage: vital signs, allergy info, receiving in Meditech, and armband.
* In greeter mode, history, meds, and initiation of collaborative practice as indicated occurs in room with primary RN
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| **D** | Do The Pilot Improvement And Collect The Data |
|  | * The team began educating all staff and implementing new process on July 11, 2011
* Input and feedback encouraged of all staff
* Stats are collected daily and updated monthly – see below.
* Discussed monthly with all staff to discuss progress and revise as needed.
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| **C** | Check The Results Of The Implementation |
|  | See stats below. Improvement noted in door to triage and door to doc times each month since implementation. Improvement in Patient Satisfaction related to timeliness. |
| **A** | Act To Hold The Gain And Continue Improvement |
|  | Continued monitoring of through put times. |
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