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Emma Blades BSN, RN

Grace Gilmore BSN, RN

Katelyn McMurtrie RN

Skylar Treat BSN, RN

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# Provider in Triage

Emma Blades, BSN, RN , Grace Gilmore, BSN, RN, Katelyn McMurtrie, RN, Skylar Treat, BSN, RN

Lehigh Valley Health Network, Allentown, Pennsylvania

## BACKGROUND

- Number of patients who left without being seen
- Increase in wait times during surge season
- Lack of patient/parent education

## PICO

- **P** - Pediatric ER patients
- **I** – Provider in triage during surge season
- **C** – No provider in triage during surge season
- **O** – Decreased LWBS rates

## EVIDENCE

- Left without being seen (LWBS) and length of stay (LOS) rates have significantly decreased among other ED's that have already implemented Provider in Triage (PIT) (Spencer et al., 2019).
- Due to low acuity patients being discharged by PIT, the main ED team can see and treat higher acuity patients faster, leading to better patient outcomes (Shah et al., 2020).
- PIT can increase patient satisfaction by allowing patients to be seen by a provider faster (Shah et al., 2020).
- PIT can help to decrease ED crowding which can in turn, increase patient safety (Franklin et al., 2021)

## OUTCOMES

### No Provider in Triage During Surge Season

Dates	LWBS after triage	LWBS before triage	Total LWBS
Oct 2022	79	10	89
Nov 2022	159	15	174
Dec 2022	22	2	24
Jan 2023	11	0	11

### Provider in Triage During Surge Season

Dates	LWBS after triage	LWBS before triage	Total LWBS
Oct 2023	24	1	25
Nov 2023	18	0	18
Dec 2023	28	0	28
Jan 2024	3	2	5

## IMPLEMENTATON

### Process and Outcome indicators

- Decrease in LWBS rates with PIT
- Have a provider in triage when wait times begin to increase during October-January
- Compare LWBS rates from 2022, 2023 to 2023, 2024

## NEXT STEPS

- Develop team of providers willing to participate in Provider in Triage.
- Create protocols and policies regarding diagnostics and treatments.

## REFERENCES

- Doyle, S. L., Kingsnorth, J., Guzzetta, C. E., Jahnke, S. A., McKenna, J. C., & Brown, K. (2012). Outcomes of implementing rapid triage in the Pediatric Emergency Department. *Journal of Emergency Nursing*, 38(1), 30-35. <https://doi.org/10.1016/j.jen.2010.08.013>
- Franklin, B. J., Li, K. Y., Somand, D. M., Kocher, K. E., Kronick, S. L., Parekh, V. I., Goralnick, E., Nix, A. T., & Haas, N. L. (2021). Emergency department provider in triage: Assessing site-specific rationale, operational feasibility, and financial impact. *Journal of the American College of Emergency Physicians Open*, 2(3). <https://doi.org/10.1002/emp2.12450>
- Jesionowski, M., Riordan, J., & Quatrara, B. (2019). Does a provider in triage and rapid medical evaluation help with left without being seen rates and Ed Crowding? *Journal of Emergency Nursing*, 45(1), 38-45. <https://doi.org/10.1016/j.jen.2018.09.001>
- Shah, R., Leno, R., & Sinert, R. (2020). Impact of provider-in-triage in a safety-net hospital. *The Journal of Emergency Medicine*, 59(3), 459-465. <https://doi.org/10.1016/j.jemermed.2020.04.059>
- Spencer, S., Stephens, K., Swanson-Biearman, B., & Whiteman, K. (2019). Health care provider in triage to improve outcomes. *Journal of Emergency Nursing*, 45(5), 561-566. <https://doi.org/10.1016/j.jen.2019.01.008>