

Team Assessments Improving Care Efficiency in the Pediatric Emergency Department

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Team Assessments Improving Care Efficiency in the Pediatric Emergency Department

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Introduction

- Effective care and treatment of patients in the pediatric emergency department requires multiple interprofessional interactions.
- Team training in this setting has not only been shown to improve patient safety, but also improves communication amongst staff (Eppich et al., 2008)
- Improvements in communication and teamwork in the emergency department has also been suggested to help with overall delays in care (Khademian et al., 2013)
- Current practice at LVHN involves nursing staff and providers performing individual assessments of patients in the pediatric emergency department (CHER).

PICO

- Can interprofessional teams working in the CHER decrease the amount of time it takes from initial patient assessments, to patient disposition and departure, by performing team assessments?

P: Interprofessional teams working in the CHER

I: Registered nurses and providers performing joint patient assessments

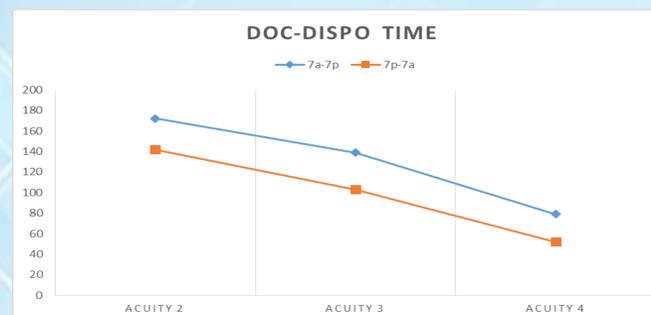
C: Current practice of individual patient assessments performed by RNs and providers separately

O: Decreased wait time for initial patient assessment and subsequent time to disposition and departure

Methods

- Pre-implementation surveys were completed by CHER nurses to identify preferences, challenges, and current practice
- Team assessments performed by RNs and providers were completed from August 1st to August 14th during the 1900-0700 shift
- Data was collected from 0700-1900 and 1900-0700 shifts specific to the:
 - Amount of time between doctor assessment to patient disposition
 - Amount of time between patient disposition and departure time
- Data was examined for patient acuity levels 2, 3, and 4
- The average amount of time during the data collection period, for each acuity level, was calculated

Results



Interpretation of Results

- The line graphs compare the differences in doc-dispo and dispo-depart time for acuities 2, 3, and 4 during day shifts 0700-1900 and night shifts 1900-0700
- The blue denotes data from day shifts and the orange denotes data from night shifts
- A clear decrease in time for each acuity level is evident in both graphs, for the night shift (1900-0700) period of time
- A decrease in time from doc-dispo and dispo-depart during periods of time when team assessments were performed and utilized amongst staff is inferred

Future Plans

- Due to our positive results, team assessments will be trialed during 0700-1900 shifts to assess for similar improvements in decreasing the overall time to interventions, time to disposition, and time to departure
- Meeting set up on October 18th at 0800 with Andy Miller, D.O., the medical director of the Emergency Department, to present our project for potential change in protocol.

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