

Background

*Hospitals worldwide are reporting increasing Emergency Room visits

*Due to increasing patient volumes in the Emergency Department, there is a need to establish alternative care areas to ensure timely treatment for patients.

*NMH ED remodel in 2019 allowed for the design foresight of a dedicated, well thought out space to care for patients with lower acuity needs through the use of a Flex Track model.

Purpose

To establish a dedicated space in the ED, outside of the main patient care rooms, where lower acuity patients can be seen and treated by a RN and provider and discharged in a timely manner. This goal is to decrease the percentage of patients who are LWBS, decrease the door-to-bed time and increase overall staff satisfaction while allowing for critical ED patient rooms to remain open for critically ill patients requiring life-saving medical intervention.

Methods

*Multidisciplinary team was established to evaluate potential workflows, determine any additional needs for patient care needs including equipment, IT requests, educational and training needs for staff as well as timeline for 'go-live'

*Guidelines created to determine which patients were appropriate to receive care in the Flex Track model of care

*Three model of care options were created and each model was trialed on the unit for one week each. The three models included:

- 1.) Dedicated APP in triage
- 2.) No assigned provider
- 3.) Hybrid option

*Based on staff and provider feedback, the hybrid option was chosen as the preferred workflow for the Flex Track space.

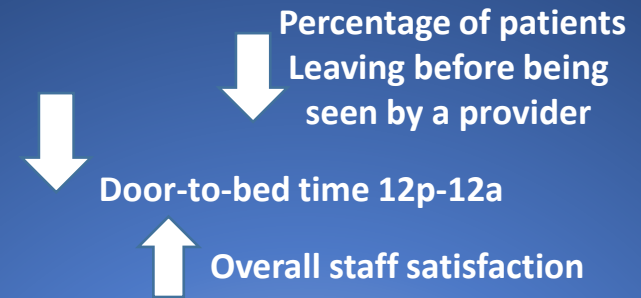
Implementation of Flex Track Process in the Emergency Department at Nebraska Methodist Hospital

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Metric	Before Improvements	Goal	Month 1 Following Change	Month 2 Following Change	Month 3 Following Change	Month 4 Following Change	Month 5 Following Change
Left Without Being Seen (LWBS) %	2.74% 2023 monthly average	2.0% (-27%)	1.86% (-32%)	1.66% (-39.4%)	1.48% (-45.9%)	2.04% (-25.5%)	2.10% (-23.4%)
LWBS – Missed Revenue	\$169,714 2023 monthly average	\$123,891 (-27%)	\$142,443 (-8.4%)	\$117,501 (-31%)	\$105,366 (-38%)	\$129,110 (-24%)	\$142,481 (-16.1%)
Door-to-bed time	39.07 (minutes) 2023 monthly average	N/A	35.67 (-8.7%)	36.42 (-7.8%)	32.07 (-18%)	30.5 (-22%)	30.17 (-23%)
Door-to-bed time (12pm – 12am)	49.11 (minutes) 2023 monthly average	43.30 (-10%)	40.79 (-18.1%)	41.00 (-16.5%)	34.74 (-29.3%)	31.95 (26.3%)	36.63 (-25.4%)
Staff Satisfaction Survey	3.05	3.35			3.78 3-month		



Results



Conclusion

Implementation of a dedicated Flex Track space in the ED has shown to decrease the percentage of patients leaving before being seen by a provider. Decreasing the LWBS rates lead to a serendipitous finding of substantial amounts of missed revenue from the LWBS patients. The Flex Track model of care was shown to decrease the door to bed time for patients between the hours of 12pm and 12 am. This resulted in decreased overall length of stay for patients being seen in the Flex Track area. Lastly, the Flex Track model has shown to increase overall staff satisfaction in the Emergency Department. Staff satisfaction regarding the overall patient flow was evaluated using a Likert scale of 1-5, with 5 being strongly agree and 1 being strongly disagree. This survey was administered prior to implementation of the Flex Track and 3 months post implementation.

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