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Evolution in emergency care: The Pivot team

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Abstract

The Centers for Disease Control (CDC) reports that in 2010, there were 129.8 million emergency department (ED) visits in the U.S.; only 25.1% of those patients were seen by a physician/mid-level provider within 15 minutes of arrival and the average a length of stay was 2-4 hours. We have re-imagined the way emergency care is delivered. The new process implements a two tiered triage approach; a first line Pivot team screens walk-in patients, designating a patient as sick or not sick. The Pivot process is brief, no vital signs or medical history is obtained and the patient is not formally registered until they are in an ED room. From Pivot, 'sick' patients are directly roomed and 'not sick' patients are sent to an intake room. When in intake, the patient is seen by a physician who conducts a medical screening exam, initiates orders based upon the patient's presentation, and the patient is then roomed directly from the intake point. Changes to both nurse and ED tech staffing were implemented to create a team based approach to care for 6 to 9 patients. From the front end at intake to the back end at discharge ED patient flow has dramatically changed. In a matter of 3 weeks, we have seen a 12% increase in our ED census, while at the same time decreasing arrival to physician time by 55%, decreasing the number of patients who left without being seen to 0 and decreasing our average length of stay by 39%.

Biography

Robin Scott has 10 years of emergency nursing experience, 7 years of experience as an Emergency Department Nurse Educator and 1 year of experience as the Emergency Department Clinical Nurse Specialist.

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