

INNOVATIONS IN EMERGENCY NURSING: TRANSFORMING EMERGENCY CARE THROUGH A NOVEL NURSE-DRIVEN EMERGENCY DEPARTMENT TELEHEALTH EXPRESS CARE SERVICE

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Contribution to Emergency Nursing Practice

- Improved patient flow and care
- Allows nurses to be with patients who require more acute care
- Patient and Staff satisfaction

Problem: Emergency department overcrowding and acuity are significant challenges to patients and staff. Low-acuity patients have extended wait times, and decreased satisfaction can have a negative effect on patient flow.

Methods: A multidisciplinary ED team developed and launched the first ED-based Telehealth Express Care Service, where patients who present to the emergency department with

minor complaints are offered a “virtual visit” with a board-certified emergency physician located remotely.

Results: More than 6 months into the program, more than 1,300 patients have been treated. These patients experienced decreased length of stay (2.5 hours to 38 minutes) and increased satisfaction. The program is very well received by staff members who appreciate its efficiency.

Discussion: Telehealth has the potential to optimize ED efficiency, increase patient satisfaction, and promote safe, high-quality provision of care.

Key words: Emergency department; Triage, Telehealth; Patient flow; Emergency Department Telehealth Express Care Service

Rising use of emergency departments and limited resources are challenges to ED operations nationally. The consequences of this combination include increased ambulance diversion times, increased length of stay, decreased patient satisfaction, and even compromised patient safety.¹ Images of physicians with black bags making house calls and nurses with white caps are distant

memories for most Baby Boomers and completely alien to most Millennials. The idea of a physician coming to a patient was the norm, then passé, and now reimaged in the form of telehealth. A combination of new technology, informed consumers, and the trend of patient-centered care is fueling a renaissance of sorts for the house call. In an effort to combine innovation with our long history of caring, our emergency department implemented an ED Telehealth Express Care Service. In addition, our health system introduced a virtual emergency-care service accessible wherever the patient is located. This article focuses on the processes, eligibility criteria, and impact on length of stay of the ED Telehealth Express Care Service and provides a brief discussion of the application-facilitated virtual emergency-care service.

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Background

Our facility is part of a large academic medical system in the New York City metropolitan area, consisting of 6 campuses,

3 regional medical centers, physician services, and an ambulatory care network. The system has more than 2,500 beds, 20,000 employees, 6,500 physicians, and more than 2 million visits per year, including more than 300,000 ED visits.² Our emergency department has nearly 95,000 visits a year and has both a pediatric emergency department and a psychiatric emergency department. The facility is a Level I Trauma Center, a designated Stroke Center, a Cardiac Center of Excellence, and NYC's Regional Burn Center. Our ED staff includes 171 RNs, 60 attending physicians, 48 physician residents, 30 physician assistants (PAs), and 8 nurse practitioners (NPs).

Despite the passage of the Affordable Care Act, the number of ED visits continues to rise nationally.³ Our emergency department, like many others across the country, is burdened with overcrowding. This burden can have a negative effect on patients and providers alike. Accounting for up to 50% of ED patients, patients with nonurgent complaints perhaps bear the brunt of that impact.⁴ Telehealth is growing rapidly and has the potential to transform the delivery of health care for millions of persons.⁵ In addition, it enables providers to extend their services and improve their efficiency and effectiveness while still maintaining high-quality care and attention to patient safety.⁶ In the face of increasing volume and capacity challenges, health care systems have been charged to develop innovative solutions to ensure high-quality and efficient care while providing an outstanding patient experience. With this in mind, our ED team (a multidisciplinary group including nursing leadership, physician leadership, and a grassroots group of registered nurses [ED charge and triage nurses], NPs, physicians, and PAs) developed and implemented an innovative telehealth program to serve our patients with nonurgent complaints (emergency severity index [ESI] levels 4 and 5) more efficiently.

Although there have been other types of telehealth programs offered in emergency departments such as tele-stroke, tele-psych, and so forth, this is the first ED-based telehealth program in which patients with minor complaints who physically present to the emergency department are given the option, after triage and medical screening evaluation, to undergo a "virtual visit" with a board-certified emergency medicine attending physician located remotely. These physicians are employed by the facility, and their location is "remote" from the emergency department but located on campus.

Processes

All ED patients are greeted and triaged by an ED RN (greeter nurse) who determines who qualifies as a ED

Telehealth Express Care patient. Nurses serving in the "greeter" nurse role must have successfully completed a unit-based triage curriculum and a 2-week orientation and have a minimum of 1 year of experience in emergency nursing. Patients potentially eligible for ED Telehealth Express Care are then evaluated by an NP or PA who conducts a medical screening examination to confirm patient eligibility, satisfy medical screening requirements, such as department and Emergency Medical Treatment and Active Labor Act (EMTALA) regulations, providing an additional layer of safety. Criteria for NP/PA referral and evaluation in the rapid medical evaluation (RME) include ESI level 4 and 5 triage. Examples of chief complaints meeting telemedicine criteria include abrasion, nasal congestion, nondisseminated rash, sunburn, bug bites, medication-refill requests, and wound checks. Handing the patient off to the NP or PA allows the greeter nurse to return to triaging in a timely manner.

After confirming patient eligibility, the NP/PA offers the patient the opportunity to have a "virtual" consultation with a board-certified emergency medicine attending physician. If the patient agrees, consent is obtained, the patient is escorted by an RN to the telemedicine area, and the consultation commences. The virtual visit is conducted in a private room via a webcam/monitor (Figure 1). The ED telemedicine physician engages the patient in conversation, completes an assessment, may prescribe medications electronically as required by the state, discusses the diagnosis and plan of care, and provides verbal and written discharge instructions that are printed in the patient's "exam" room. The patient is discharged directly from the private room with printed discharge instructions and is removed from the ED status board by the ED telemedicine physician. There is no additional waiting or checkout process, as registrars see all patients during their stays to complete registrations begun by greeter RNs. The resultant reduction in wait time is an invaluable convenience for the patient.

Results

Since its launch in July 2016, through October 2017, the ED Express Care has treated more than 1,850 patients. Response from patients and staff has been overwhelmingly positive. Express Care Patient satisfaction scores have been in the 99th percentile (Figure 2). Patients have described their experiences as "amazing" and "awesome," adding, "I felt like the doctor was right there" and this is "the best hospital in NYC."

Seeing patients via Express Care has allowed us to decompress the main emergency department, allowing

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