

Hospital Name:
Potomac Hospital

Address:
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Woodbridge, VA 22191

Contact:
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2006 ED Volume: 56,485
Growth from 2005: 1.9%
Total Staffed Hospital Beds: 183
Acute ED Beds: 42
Fast Track: Yes
Clinical Decision Unit: No

Problem to be Resolved:
Potomac Hospital had a high
left without being seen (LWBS)
rate, around 8 or 9 percent

Key Words:

- Rapid Evaluation Unit
- Triage
- Nurse Practitioner
- Left Without Being Seen (LWBS)

Lessons Learned:
Potomac Hospital was able to
effectively decrease its LWBS
rate without any additional staff
by reassigning existing staff to
be used more efficiently and
effectively. They realized that
they needed to be careful with
how they reassigned staff to
ensure that moving an
individual to a new area would
not result in a shortage
elsewhere.

Reason for Change:

Potomac Hospital had a very high left without being seen (LWBS) rate of around eight or nine percent. The hospital looked for ways to work with what they already had to make changes to help address this problem, without having to hire more staff or build more physical capacity.

Implementation:

To address the high LWBS rate, the triage process at Potomac was redesigned so that patients would begin receiving care sooner after arriving in the ED. Potomac instituted a rapid evaluation unit in place of a traditional triage.

In the rapid evaluation unit, patients are seen by a nurse practitioner, an advanced triage and intervention nurse, and a triage technician. The nurse practitioner conducts a rapid medical exam, while the advanced triage and intervention nurse can complete order sets. Following this rapid evaluation, the patient is taken to a treatment room; registration is completed bedside once the patient is in the treatment room. In the event that there are no available treatment rooms, the patient may be taken to a triage room, or if it is determined that no room is necessary, they will be sent to the waiting room to await lab and radiology results.

Potomac initially tried putting a physician at triage; however since they were not adding any new staff this meant that a physician had to be taken from another unit, resulting in shortages elsewhere. After a successful trial they determined that instead they could benefit from a nurse practitioner at triage.

Results/Impact:

Potomac Hospital's LWBS rate decreased from between 8 and 9 percent to less than 1.5 percent in the year after the rapid evaluation unit was put in place. At the same time, ED throughput improved, with the average length of stay decreasing from 200 minutes to 175 minutes.