

Executive Summary

This QI Project was inspired by a belief that hospital emergency departments (ED) can more effectively respond to and manage the mental health patient population by improving its triage process. The question guiding this QI project was, “For mental health patients presenting to the emergency department, what is the effect of a mental health triage algorithm compared with standard care on the 'door to doc' time metric?”

Emergency departments typically use an admission process, referred to as triage, to determine assignment of acuity and urgency of care related to a patient’s chief presenting complaint. Triage processes are often based on medically focused guidelines not necessarily transferable to patients presenting with a mental health concern.

During the initial stage of this QI project, key measures were collected, including the number of staff interfacing with a patient throughout the triage process, vital information needed to both admit and triage mental health patients, and door to doc time in minutes. In addition, a newly developed triage process was piloted in the ED for a period of two weeks, followed by a re-mapping of the workflow processes to verify differences between written and actual processes.

As a result of this quality improvement (QI) project, practice changes included the reduction of door to doc time, enhanced communication between staff, clarification of assigned roles and duties, and a streamlined workflow process. Examples of specific changes include the following:

- The number of RNs involved in the admitting process was reduced from up to five to three. In addition, LPNs are no longer part of the triage process due to the fact that certain aspects of the triage assessment are not within the LPN’s scope of practice.
- When diagramming the admission algorithm on paper, staff shared that no one was entirely sure which aspects of the assessment was theirs. By streamlining and clearly communicating assigned roles and duties, repetitive questions are no longer asked.
- Prior to this project, a patient might be asked to sit in the general ED waiting room, then moved to a specific triage area, followed by transfer to an exam room, and finally if applicable, admitted to the hospital or transported elsewhere. Between each relocation time delays might occur due the several factors, such as the availability of an open room, a backlog of other patients requiring staff attention, or priority demands based on acuity. As a result of project findings, a specified triage area is now available for all mental health patients who begin the admitting process in a defined space. After meeting with the triage nurse, patients are directly roomed, a significant change that reduces movement throughout the ED.
- One of the primary goals of this project was to improve the organizational ‘Door to Doc’ time goal of twenty four minutes. After instituting the newly designed triage process for a two-week pilot period, the Process Flow Diagram workflow was re-mapped and findings compared with chart reviews. The Door to Doc time for the charts reviewed ranged from seven to nine minutes, compared with the pre-project chart review, which was thirty-one to fifty-two minutes.

This quality improvement (QI) project demonstrates the importance of streamlining an admission process for patients presenting to the emergency department (ED) with mental health concerns. Since the goal of triage is to assign acuity and urgency of care related to a patient’s chief presenting complaint, an efficient workflow process facilitates rapid and consistent responses, timely access to care, and patient satisfaction with the entire healthcare experience.