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Nurse-initiated Protocols leading to Improved Patient Flow

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Abstract

As we grow and age as a population, more people are frequenting the emergency department (ED). Leading to an increase in ED capacity and longer wait times. These long wait times have been shown to lead to increased length of stay, decreased patient satisfaction, and increased mortality. There are many studies on ways to improve these ED challenges. The most common consensus is to improve patient flow. Patient flow is the patient's movement from admission to discharge. The best way to improve patient flow in the ED is to have a competent triage system. The Emergency Severity Index is what is used in the United States and places a patient in 1 of 5 categories. Levels 1 and 2 are the highest acuity and these patients are seen first. Level 3 is urgent, level 4 is less urgent, and level 5 is non-urgent. These patients are seen in the waiting area or a rapid assessment unit. Most hospitals have a triage system in place but still struggle with long wait times. This proposal will explore if hospitals implemented nurse-initiated protocols could they further improve patient flow? Nurse-initiated protocols allow nurses to initiate interventions before the patient sees a provider. Some hospitals have nurse-initiated pain protocols. However, what if nurses had protocols to allow them to do blood laboratory studies, x-rays, over-the-counter medications, and electrocardiograms? This would allow patients to receive a timelier manner of care, decreasing wait time and improving patient satisfaction.

Keywords: Nurse-initiated Protocols, Emergency Department, Patient Flow