ED Trigger Patient Response Protocol

Goal:
To reduce Door to Doctor time for patients requiring urgent evaluation and intervention (that in our current state would not typically activate the Critical Care arena).

Background: The Door to Doctor time for many patients that would benefit from urgent physician evaluation has suffered under our current ED operations. Unfortunate and potentially avoidable outcomes have resulted. A targeted response to this subset of patients is needed.

Plan: “ED Trigger Patient Response Protocol”

Target: Patients that require urgent evaluation/treatment (ideally within 5 min) but currently do not require Critical Care interventions.

Protocol:
1) Appropriate patient identified in triage, ED trigger patient response initiated.
2) Trigger Patient announced overhead and transferred to available treatment area. “Trigger patient to...” Trigger protocol may also be noted in Logicare.
3) Initial Treatment Areas (based on bed availability/staffing):
   - Available beds in A, B or C/K side
   - Critical Care area if 2 or more beds are available and there is appropriate staffing
   - Available triage rooms or hallway spaces as appropriate
4) The expectation will be that the resident and/or the attending covering the given treatment area will respond and initiate work up. This response should be the next patient seen and ideally within 5 minutes.
   - Trigger patients to the main ED/hallway beds will be managed by the PGY2 ED resident (cell 3797) and attending staff. On nights this may be a PGY1 resident.
   - Trigger patients designated to the Critical Care area will be managed by the senior resident (cell 3988) and attending staff
   - Trigger patients designated to the C/K area will be managed by the assigned resident/attending team
5) Nursing will also respond in an urgent fashion (either immediately or next patient seen). Nurse coordinator should allocate additional resources as needed.
6) Treatment should be targeted (not exhaustive) and patient may be moved after initial evaluation.
7) Note: Again, the expectation is that patients are seen within 5 minutes. Calls should not be placed to the resident, attending, or nursing before that time, unless absolutely necessary.