

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.