

The Impact of a Physician-at-Triage on Emergency Department Efficiency and Patient Satisfaction: A Pilot Study

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Background

ED overcrowding is one of the most challenging issues currently occurring in health care systems worldwide. According to the Emergency Department Benchmarking Alliance (EDBA) data survey, it is shown that the ED in a hospital is a portal of entry and central staging area with 65% to 68 % of hospital inpatients processed through the ED.¹ The hospital ED is an ideal research model for the initiatives to improve the efficiency of care delivery and patient satisfaction. Therefore, we conducted a pilot study to determine the impact of the physician-at-triage (PAT) on ED efficiency and patients' satisfaction of care.

Methods

The study was a pilot study with 100 patients in PAT group and 100 patients in non-PAT group in adult emergency department (AED) at UF Health Gainesville. PAT was implemented on Monday through Wednesday from 9 am to 5 pm, and there was no PAT on duty on Thursday-Sunday. To estimate ED efficiency, we used door to provider, door to disposition, ED length of stay (LOS) as outcome variables and applied log-rank tests and cox regression model to determine the factors influencing the outcomes. Two sample t-test was applied for two proportional measures, left without being seen (LWBS) and left during the treatment (LDT) rates. For patients' satisfaction, we selected several questions from three well-established surveys to evaluate patients' perspective. The chi-square and the ANOVA are used for categorical and continuous variables respectively. Analyses were conducted with the SAS 9.4 software.

Results

Our findings show that introducing PAT had a significant reduction in door-to-provider time but no significant differences in door to disposition and ED LOS between two groups. The LDT rate is significantly different between the PAT and non-PAT days. There was no significant difference for LWBS between two groups. In general, introducing PAT has improved the patients' satisfaction.

Conclusions

Our findings suggest that an early assessment by PAT timely informs patients their condition resulting a shorter door to provider time and higher rate of patients' satisfaction in this pilot study.

References

1. Tang N, Stein J, Hsia RY, Maselli JH, Gonzales R. Trends and Characteristics of US Emergency Department Visits, 1997-2007. *JAMA*. 2010;304:664-670.