

# Accelerating Access: The Power of Direct Bedding in the ED

## Authors

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## Background

After triage, patients were waiting in the lobby despite having open ED rooms. This created delays in care resulting in increased length of stay (LOS) and left without being seen (LWBS) rates.

## Purpose

- To utilize open rooms to complete bedside triage (direct bedding)
- Decrease LWBS
- Decrease patient door to room (DTR) times
- Decrease LOS

## Methods

- Collected data for LWBS, DTR and LOS times for all WV ED patients
- 2/12/24 Implemented a test of change (TOC) to direct bed patients between the hours of 0800-1200 3 days a week
- Compared pre- and post-TOC data for LWBS, DTR and LOS times

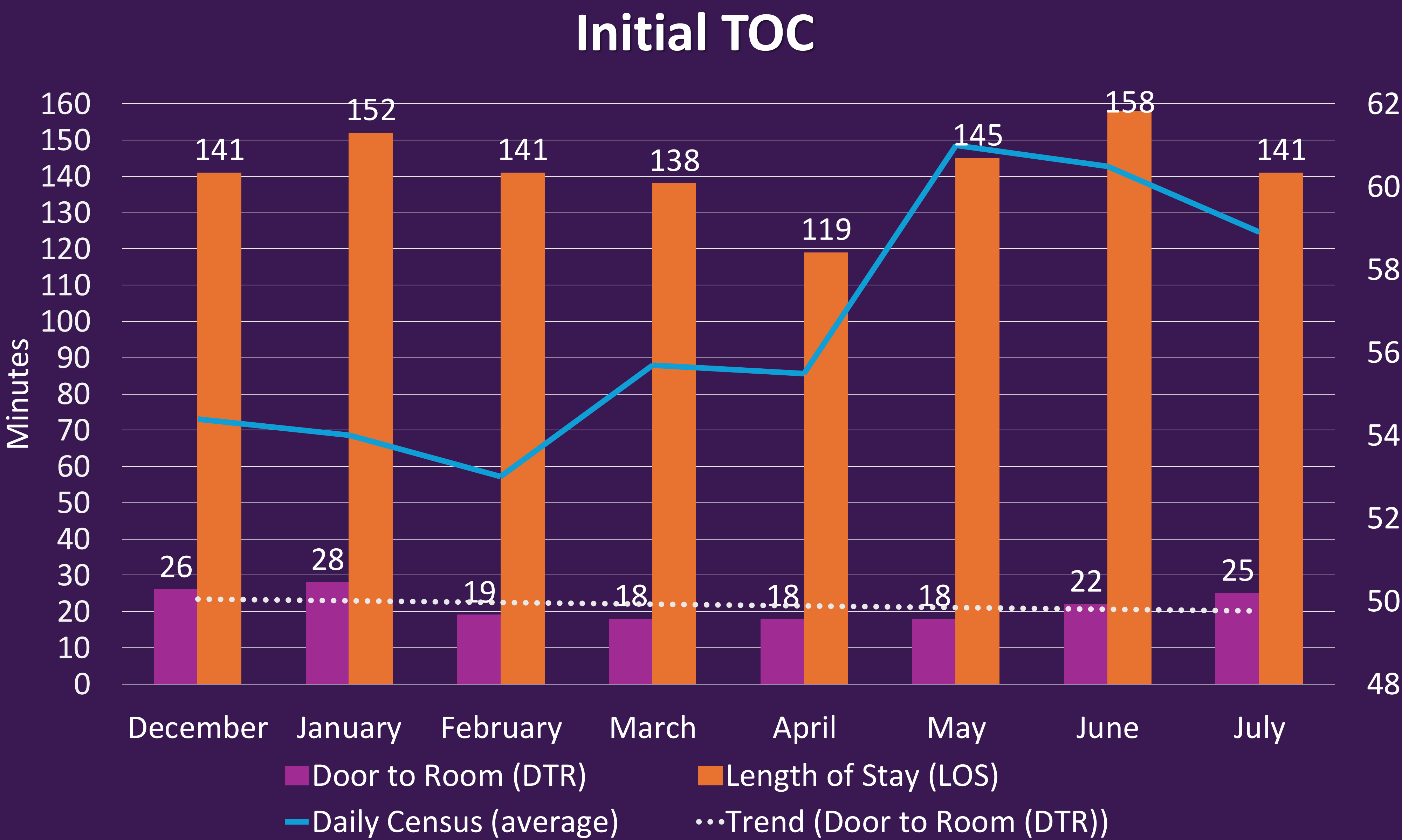
## Results

- TOC compliance 100%
- LWBS, DTR and LOS improvements are consistent despite increased volumes



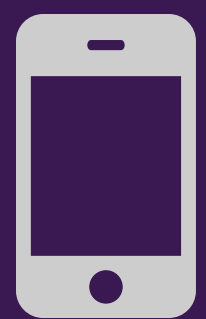
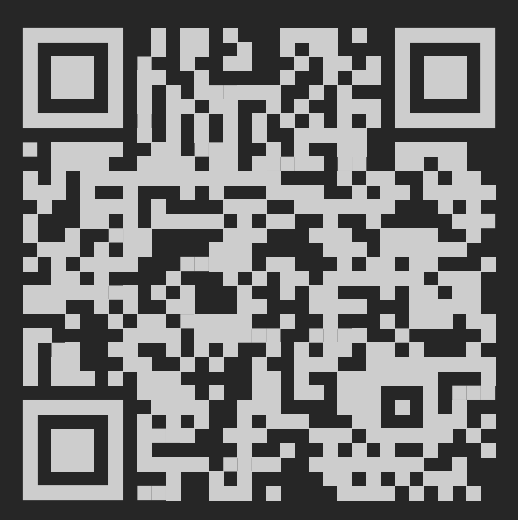
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# Direct bedding with bedside triage improves LWBS, DTR, LOS and Patient Satisfaction



## Impact of Direct Bedding and Designated Triage Nurse

	Daily Census (Average)	LWBS %	DTR (Minutes)	Average LOS (Minutes)	Patient Satisfaction
FY' 23	53.8	2.77%	32.6	171.12	75.3%
FY' 24	55.1	1.84%	26	153.75	73.6%
FY' 25 (through 3/25)	57	1.46%	19.1	134.21	77%
Amount of Change	+3.2	-1.31%	-13.5	-16.12	+1.7%



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## Conclusions

- Direct bedding and bedside triage reduce LWBS, DTR and LOS times as expected
- Direct bedding and bedside triage should be a standard practice
- Addition of a 0.9 FTE triage position has not negatively impacted hours per patient visit

## Implications for Clinical Practice

- Standardize direct bedding with bedside triage
- Expand direct bedding hours beyond 0800-1200 to all times of day
- Maintain a triage RN position with full time coverage
- Investigate additional DTR time delays
- Focus on provider utilization and work-flow

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