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## New process at Evans ER

By Jeff Troth, MEDDAC PAO

The Evans Army Community Hospital Emergency Department is working to decrease wait times by having a provider see patients shortly after they arrive at the emergency room.

"We want to tear down the "walls" between our patients and the doctors they need to see," said Maj. (Dr.) Matthew Angelidis, the former chief of Evans' Emergency Department.

In November 2015 Angelidis and his staff started Provider In Triage. This program has a doctor or physician assistant seeing patients shortly after their vital signs are taken. When Evans started PIT it was just one day a week.

"We have progressively expanded PIT over the past year to four days a week," said Maj. (Dr.) Ryan MacDonald, the current chief of the Emergency Department. "We don't always hit four days a week due to staffing."

MacDonald said that they are in the process of hiring more staff with the intention of providing PIT every day.

"Right now we are doing PIT Sunday through Wednesday," MacDonald said. "Those are our peak days when we see the most patients in the emergency room. On PIT days about 30 percent of our patients can leave directly from the front of the emergency room and don't need to wait for a bed to become available in the back (main ER)."

When patients arrive at the ER on non-PIT days a nurse or a medic first takes their vital signs, determines their Emergency Severity Index (ESI) classification. ESI classification prioritizes patients into five categories, with Category 1 being most severe (such as: cardio-pulmonary arrest, major trauma, or active seizures) to Category 5 (such as: ear pain, bruises, cold symptoms, poison ivy on extremities).

After being categorized, patients return to the waiting room until a bed is available for them in the main emergency room, or in our Fast Track section. Those with a lower ESI classification are seen first.

On PIT days a nurse or a medic still takes the patient's vital signs, but before returning to the waiting room the patient is seen by a provider. For some patients the provider is able to prescribe medications and discharge them without further evaluation, or offer them an appointment in one of our primary care clinics instead. The Provider In Triage can decrease the stay for other patients by ordering labs or x-rays for them prior to getting a bed in the main ER.

“Having these labs or imaging ordered and started while the patients are waiting for a bed, means they are still moving forward,” said MacDonald. “And this helps to decrease their length of stay substantially.”

For these patients, by the time a bed is available their labs and x-rays should be complete. This allows providers in the main ER to have the results in hand when they first talk to the patients.

“On non-PIT days, we have nursing initiated protocols in place where the triage nurse can order certain labs for the patient to decrease the wait time,” MacDonald said.

“For a lot of patients, especially those who are new parents or first time parents, PIT is a great benefit because often they just need reassurance or an exam from a doctor to say their child is ok,” said MacDonald. “PIT allows us to get them seen quickly, which allows us to improve their experience in our emergency room while still providing them the quality care they deserve.”



Physician Assistant Andrew Flores checks a patient’s grip during his Provider In Triage rotation in the Evans Army Community Hospital emergency room. (Photo by Jeff Troth)



Doctor Julie Marmon inspects a young patient’s ears during her Provider In Triage rotation in the Evans Army Community Hospital emergency room. (Photo by Jeff Troth)