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Objectives

By the end of this presentation, participants will be able to:

1. **Recognize the impact of prolonged emergency department (ED) wait times** on patient outcomes, including clinical deterioration and patient/family dissatisfaction.
2. **Describe the gaps in existing ED waiting room processes** related to reassessment, monitoring, and escalation of care.
3. **Explain the development and implementation** of a structured reassessment and escalation protocol for patients in the ED waiting room.
4. **Interpret the outcome data** from the pilot program, including improvements in reassessment compliance, acuity change detection, LWBS rates, and patient satisfaction.
5. **Identify key success factors and challenges** in initiating and sustaining practice change within an ED setting.
6. **Formulate strategies to scale and adapt the process** in other emergency departments or hospital units to enhance patient safety and care continuity.

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Impact of Long ED Wait Times

Long wait times in emergency departments increase the chances of patients deteriorating, raise the number of individuals leaving without receiving medical care, and lead to dissatisfaction with the care provided.[1,2,3,4] Timely reassessment and quick identification of abnormal vital signs are crucial for reducing these risks and ensuring that patients receive the necessary interventions to address their needs.

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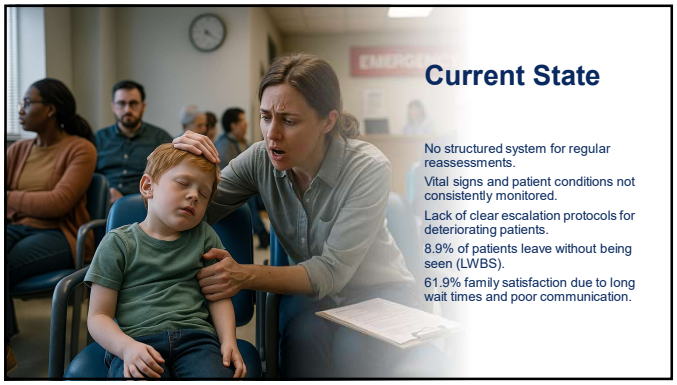

Current State

- No structured system for regular reassessments.
- Vital signs and patient conditions not consistently monitored.
- Lack of clear escalation protocols for deteriorating patients.
- 8.9% of patients leave without being seen (LWBS).
- 61.9% family satisfaction due to long wait times and poor communication.

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Essential Competencies for the Waiting Room Medic

Skilled. Vigilant. Compassionate.

Competent & Knowledgeable
- Advocates confidently for patients and initiates escalation when clinically indicated.

Critical Thinker
- Acts autonomously and proactively intervene and address patient needs in real-time

The waiting room medic bridges assessment with advocacy-ensuring no patient waits unnoticed.

Proficient Assessments Skills
- Performs timely patient assessments with accuracy, detecting early signs of clinical deterioration.

Effective Communication Skills
- Engages as an active listener, de-escalation strategies, and provides clear, compassionate education to families.

Patient Advocate
- Delivers patient-centered care with empathy, ensuring dignity, respect, and safety are maintained.

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Developing the Reassessment Process in the ED Waiting Room

Defined reassessment protocol with set intervals.

Escalation algorithm for timely clinical response.

Clearly defined roles and team collaboration

Electronic tools for communication and documentation.

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Standardizing Reassessment in the Emergency Waiting Room

Core Responsibilities
- Reassessment
- Medication
- Education
- SDO's
- Communication

Reasssesment Frequency by Acuity

1	Q15 min
2	Q1 hour
3	Q2 hours

Level 2

Level 3

Levels 4–5

Includes
- Temp • HR • Resp • BP
- Pulse ox (if needed)
- Pain
  - General assessment

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Process for Change in Condition

- **Triage** — Patient is triaged and sent to waiting room
- **Reassess** — Reassessment shows that condition is deteriorating
- **Flag** — Medic flags patient for RN reassessment
- **Triage Tech** — Walks patient back to Triage area for RN reassessment
- **Triage RN** — If needed, the patient's acuity is upgraded.

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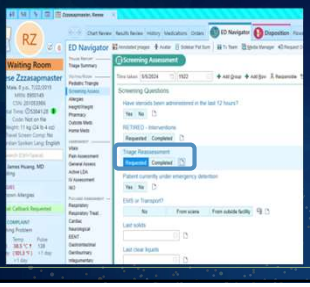
Using EPIC to Standardized Communication for Reassessment



- Tracks reassessment requests and completions in real time
- Ensures accountability and close-loop communication

Visual indicator in the waiting room tab

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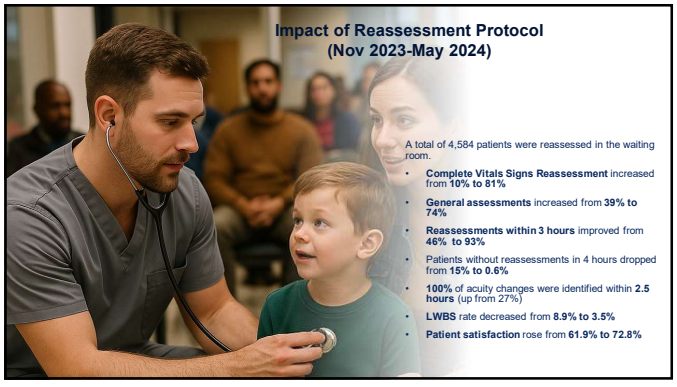

Impact of Reassessment Protocol (Nov 2023-May 2024)

A total of 4,584 patients were reassessed in the waiting room.

- **Complete Vitals Signs Reassessment** increased from **10% to 81%**
- **General assessments** increased from **39% to 74%**
- **Reassessments within 3 hours** improved from **46% to 93%**
- Patients without reassessments in 4 hours dropped from **15% to 0.6%**
- **100%** of acuity changes were identified within **2.5 hours** (up from 27%)
- **LWBS** rate decreased from **8.9% to 3.5%**
- **Patient satisfaction** rose from **61.9% to 72.8%**

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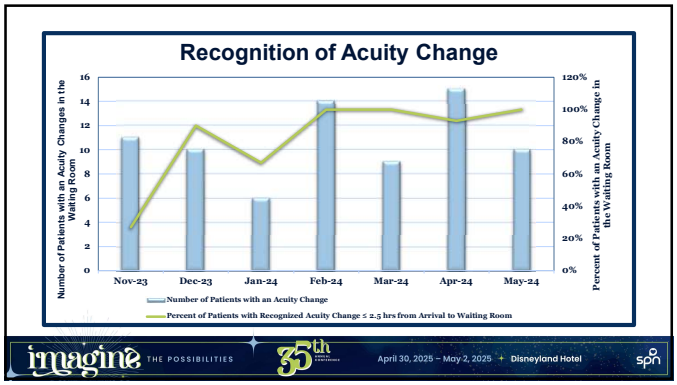
Recognition of Acuity Change
Number of Patients with an Acuity Changes in the Waiting Room
Percent of Patients with an Acuity Change in the Waiting Room
Nov-23
Dec-23
Jan-24
Feb-24
Mar-24
Apr-24
May-24
Number of Patients with an Acuity Change
Percent of Patients with Recognized Acuity Change ≤ 2.5 hrs from Arrival to Waiting Room
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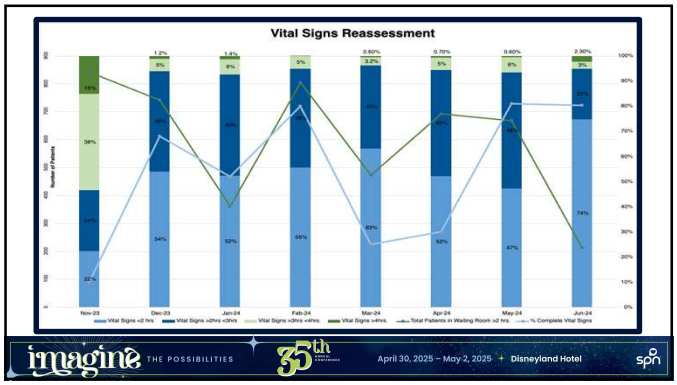
Vital Signs Reassessment
Nov-23
Dec-23
Jan-24
Feb-24
Mar-24
Apr-24
May-24
Jun-24
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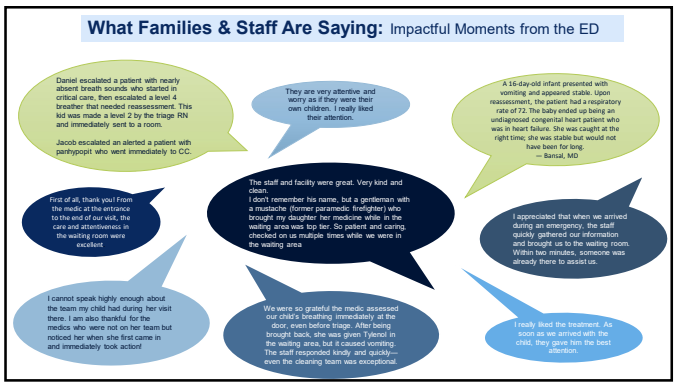
What Families & Staff Are Saying: Impactful Moments from the ED
Daniel escalated a patient with nearly absent breath sounds who started in critical care, then escalated a level 4 breather that needed reassessment. This kid was made a level 2 by the triage RN and immediately sent to a room.
Jacob escalated an alerted a patient with panhypopit who went immediately to CC.
They are very attentive and worry as if they were their own children. I really liked their attention.
A 16-day-old infant presented with vomiting and appeared stable. Upon reassessment, the patient had a respiratory rate of 72. The baby ended up being an undiagnosed congenital heart patient who was in heart failure. She was caught at the right time; she was stable but would not have been for long.
— Bansal, MD
First of all, thank you! From the medic at the entrance to the end of our visit, the care and attentiveness in the waiting room were excellent
The staff and facility were great. Very kind and clean.
I don't remember his name, but a gentleman with a mustache (former paramedic firefighter) who brought my daughter her medicine while in the waiting area was top tier. So patient and caring, checked on us multiple times while we were in the waiting area
I appreciated that when we arrived during an emergency, the staff quickly gathered our information and brought us to the waiting room. Within two minutes, someone was already there to assist us.
I cannot speak highly enough about the team my child had during her visit there. I am also thankful for the medics who were not on her team but noticed her when she first came in and immediately took action!
We were so grateful the medic assessed our child's breathing immediately at the door, even before triage. After being brought back, she was given Tylenol in the waiting area, but it caused vomiting. The staff responded kindly and quickly—even the cleaning team was exceptional.
I really liked the treatment. As soon as we arrived with the child, they gave him the best attention.

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Conclusion Recommendations

- Early recognition and timely intervention improve patient safety and outcomes.
- Structured reassessment and escalation processes reduce delays in care and patient deterioration.
- Effective communication tools, such as EPIC documentation, support accountability.
- Recommend expanding this process to additional EDs or hospital areas.

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