

# TELE-TRIAGE IN EMERGENCY DEPARTMENTS (ED)

## IMPROVING THE TIMELINESS AND SAFETY IN EDs THROUGH TELEMEDICINE

### THE CHALLENGE:

Since the onset of the COVID-19 pandemic, emergency departments (ED) have experienced dramatically increased crowding. This is primarily due to disruptions in the nursing workforce and increases in the severity of illness of patients. The result is long ED waiting times from arrival to room and to be seen by a physician. Long waits for emergency care increase rates of left-without-being-seen and can cause patient safety problems when the necessary care for patients with time-sensitive, life-threatening, or limb-threatening illness is delayed or unrecognized.

### THE SOLUTION:

When ED waits are prolonged, a virtual provider-in-triage (also known as tele-triage) can be an important way to ensure that time-sensitive illness is identified and work-ups are started while the patient waits for an ED room to become available. Tele-triage involves video communication between an on-site or off-site emergency physician and on-site patient along with full chart access and the ability to place orders. The emergency physician performing the tele-triage also has full two-way communication with on-site staff and is able to ensure sicker patients are given greater priority, optimizing patient safety even when volumes and crowding are high. Tele-triage can significantly improve throughput and reduce the total length of stay, thereby improving patient experience, increasing patient flow, and making emergency care safer. Sufficient resources (e.g. nursing staff and ED technicians) on the front end to execute orders are vital to the success of the program.

### THE RESULT:

This program has been trialed at multiple emergency departments across the country, and has been found to decrease door-to-doc time while reducing left-without-being-seen and against-medical-advice rates. Tele-triage has been found to be particularly helpful during large, unexpected surges in patient volume.

