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Reducing Triage Wait Times of Obstetrical Patients through Implementation of an Improved Process of Care and Use of an Acuity-based Screening Tool

PURPOSE

Implement an improved process of care and an evidence-based obstetrical acuity-based screening tool to reduce patient wait times from arrival to initial triage to 15 minutes or less within three months.

BACKGROUND

Expectations for obstetrical triage are 10 minutes or less. Use of obstetrical acuity based screening tools, such as the Maternal Fetal Triage Index (MFTI) expedite time to triage and improve patient satisfaction. Triage wait times at an academic medical center were 30 minutes, with screening by an unlicensed person. Many maternity units combine the acts of initial triage and evaluation, often delaying care.

METHODOLOGY

To decrease triage wait times and improve patient safety, an improved process of care and

acuity-based triage screening tool were implemented. Registered nurse (RN) staff were reassigned to increase triage RNs from one to two at all times. The triage RN was notified to screen patients immediately upon arrival, using an acuity tool to assign an evaluation priority. Responsibility for triage shifted to a licensed RN.

RESULTS

There were 1,285 triage visits that met criteria for inclusion. Descriptive statistics included mean wait time to triage and percentage of patients seen within 15 minutes of arrival. Wait times were measured in minutes. Pre-implementation mean time to triage was 24.53 minutes. Post-implementation mean time to triage in the final month of the project was 10.69, a 56% decrease. Pre-implementation, 11.7% of

patients were seen within 15 minutes of arrival. Post-implementation, the percentage of patients seen within 15 minutes increased to 54.4%.

IMPLICATIONS

Timely obstetrical triage is essential as injury can occur if appropriate screening is delayed. There is a need to test and refine obstetrical screening tools to promote safe care for maternity patients. The DNP-prepared nurse is in a unique position to assist in the translation of research by leading quality initiatives. Future projects include satisfaction with triage services, management of false labor, and a pathway for less acute needs.