

# VUH ED PATIENT FORWARD FLOW TRIAGE PATHWAY

EMS Arrivals

Walk-in Arrivals

Stable

Unstable

1. EMS and Patient greeted by EMS Offloading Team.  
2. Patient registered

Patient bedded (STAT bed if only available)

1. Patient registered  
2. Triage Completed  
3. EKG done (if indicated)

Stable & No ED Bed Available

Stable & ED Bed Available

Stable & ED Bed Available

Stable & No ED Bed Available

Patient bedded in most appropriate ED bed\*

3. EMS and Patient greeted by EMS Offloading Team;  
4. Pt offloaded to ED stretcher  
5. ED Triage Completed  
6. TT MD^ perform rapid assessment & initiates orders  
7. TT MD and Flow RN prioritize patient for bed

8. Patient should move next to Labs or Plain Radiology, based on the # patients waiting

4. Patient greeted by ED Triage Team;  
5. ED Triage Completed  
6. TT MD^ perform rapid assessment & initiates orders  
7. TT MD and Flow RN prioritize pt for bed

Radiology Study Ordered

Labs or IV Ordered

Low Acuity Complaint that may be treated in triage

9. Flow identifies open appropriate ED Bed based on complaint and patient acuity?

Yes

No

10. Patient bedded in most appropriate ED bed\*

10. Patient moved to Results Waiting Areas based on need for monitoring (RIA or Waiting Room)

**\*\* Flow Nurse works with TT MD to prioritize all EMS and Walk-ins waiting on beds**

11. TT MD discharges patient directly from triage

**Preferred ED Beds for CC\***  
**T1-4:** Level 1/2 Traumas; Level 3s w/ Thoraco-abdominal injuries; Post-Cardiac/Resp Arrest  
**A5-20 & B21-30:** ESI 2 Medical/ Level 3 Trauma (other)  
**A7-11:** Neg Pressure for Droplet/ Airborne Infections needing potential intubation  
**B31-40:** ESI 3 Medical/Surgery  
**B41, BC1-4:** Fast track; minor procedures;  
**TVC Pod:** Stable Transfers for Med/Surg admission; ESI 3; Evals needing U/S preferred

# JOBS INSTRUCTION BREAKDOWN SHEET FOR VUH ED PATIENT FORWARD FLOW PATHWAY

**GOAL:** 1) When a staffed open ED bed is available, patients should go directly from triage to bed; 2) Ensure that the highest acuity waiting patient is bedded next when an appropriate bed is available.

## ED FLOW NURSE

1. Assigns new EMS and Walk-in arrivals to staffed, open ED beds.
2. Patients should not return to waiting room if open staffed bed available.
3. When ED is at capacity, Flow Nurse should continuously reassess waiting patients and prioritize patients for next available bed.
4. Work with Triage Physician to prioritize patients waiting on beds.
5. Communicate with A/B/C Charge Nurses about next available beds
6. Listen to EMS radios/pagers about incoming EMS traffic
7. If Flow has to leave triage area, **Triage Lead** assumes these role.

**GOALS:** 1) Perform rapid assessments on EMS and Walk-ins to identify acutely ill & prioritize bed placement; 2) Initiate orders & minor treatments in triage; 3) Low acuity patients should be preferentially discharged from Triage when appropriate.

## TEAM TRIAGE PHYSICIAN

1. Rapidly assesses walk-ins to identify acutely ill
2. Work with Flow Nurse to prioritize patients waiting on beds.
3. Greets EMS arrivals and assists EMS Arrival team with determining stability & initiating treatment (when no beds available)
4. Initiates focused orders on patients in triage when no bed available
5. Evaluate and Discharge low acuity patients directly from triage/ extended triage (May involve ePPE using VTU work space for privacy)

**GOALS:** 1) When a staffed open ED bed is available, patients should go directly from triage to bed; 2) If ED is at capacity, ensure forward flow of the patients from triage to labs/radiology to results waiting to room.

## ED TRIAGE NURSE

1. Greet Patient and Complete succinct triage assessment
2. Identify patients needing rapid EKGs or Stroke screening
3. Work with Triage Physician to process triage orders
4. After triage is completed, direct patient to appropriate next stop: ED bed, Lab/IV Station, Plain Radiology, or direct discharge by Triage MD

**GOALS:** 1) When a staffed open ED bed is available, patients should go directly from triage to bed; 2) Ensure optimal functioning of the Triage team and correct any inefficiencies in real time; 3) If ED is at capacity, ensure forward flow of the patients from triage to labs/radiology to results waiting to room.

## ED TRIAGE LEAD

1. Ensure optimal functioning of the Triage team and correct any inefficiencies in real time.
2. Supervise the forward flow of patients from triage to beds, Lab/IV station, Radiology or Discharge Station (when d/c by Triage MD)
3. Communicate with Flow Nurse about sick patients waiting for beds
4. Work with Flow Nurse to assist when multiple EMS arrivals

**GOALS:** 1) Greet arriving EMS units and assist with offloading stable patients to minimize EMS time on site; 2) Initiate care of EMS patients, in conjunction with Triage or A pod MDs when ED is at capacity and no beds ready

## EMS OFFLOAD TEAM

1. EMS Offloading RN will greet EMS and patient, receive EMS report and triage patients and assign ESI.
2. EMS Medic will work in concert with EMS Offload RN. When RN is unavailable, Medic will receive EMS report and paperwork and relay to RN for triage purposes.
3. EMS team will perform ongoing assessment and monitoring of off-loaded patients and escalate to Triage MD & Flow RN as needed.

**GOALS:** 1) Complete blood draws for labs, peripheral iv placements, and basic medications (within scope) for triage patients waiting on room assignments; 2) Flow patients through lab and radiology stations as needed to ensure forward flow to ED bed or results waiting room.

## ED TRIAGE PARAMEDIC/EMT

1. Communicate with Triage Nurses and Triage MD about patients needing blood draws, urine specimen collection, iv placements, and in-scope medications.
2. Coordinate with triage team to flow patients through lab and radiology stations (as needed) to an ED bed or results waiting area.
3. Assist EMS Offload team and other Triage members as needed with arriving new patients and transporting to ED beds when not busy w/ labs.