### Hospital Name:
Lutheran Medical Center

### Address:
150 55th Street  
Brooklyn, NY 11220

### Contact:
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VP, Emergency Department

| 2006 ED Volume: 53,478  
Growth from 2005: 11.9%  
Total Staffed Hospital Beds: 411  
Acute ED Beds: unknown  
Fast Track: Yes  
Clinical Decision Unit: No |
|---|

### Problem to be Resolved:
Growing patient volume was slowing patient flow

### Key Words:
- Triage
- Huddle

### Lessons Learned:
By sharing patient care and throughput results daily at bed huddles, staff members are motivated to improve performance and compete to provide the best, most efficient patient care.

### Reason for Change:
Lutheran Medical Center’s busy ED sought solutions to their daily overcrowding problem and increase in non-urgent patients.

### Implementation:
Lutheran Medical Center put in place a new triage system, called Triage Treat and Release. Under this new system, all patients are triaged upon arrival by either an NP or PA, which frees up RNs, who previously performed triage, for other patient-care tasks. Lower-acuity patients are sent to four designated TTR rooms for treatment, instead of adding to the overall congestion of the main ED.

TTR is done for 25 protocol diagnoses, including lacerations, needle sticks, back pain, or allergic reactions. A patient receives all of his or her treatment in one of the TTR rooms. Blood is drawn, treatment is provided, prescriptions are written, patients receive necessary teaching and referral, and discharge plans are made in these special treatment areas.

In addition to TTR, Lutheran Medical Center began holding twice daily huddles. At these huddles, nurses, charge nurses, PAs, nurse managers, security personnel, and “greeters” meet to discuss any issues that may have come up during the day.

### Results/Impact:
TTR has allowed lower-acuity patients to receive care with much shorter wait times than before, often being sent home within an hour versus waiting several hours to be seen in a crowded ED under a typical system. Sending these patients home faster has been effective at decompressing the whole ED. This process has had a huge impact, as 20 to 25 percent of all ED patients are typically seen in the TTR department.