

Abstract

Patients who leave the emergency department before they see a provider pose a problem because they are at risk for potential negative outcomes. By reducing wait times in the emergency department using immediate bedding, fewer patients will leave without being seen therefore reducing potential for negative outcomes. With the previous triage process, people were leaving without being seen every day; one goal of immediate bedding was to reduce the number of patients who leave without being seen. The door to doctor time, left without being seen rate, and door to admission times were compared before and after implementation of immediate bedding. The before times and percentages were compared to the after times and percentages using a paired t-test. Statistically, the outcomes varied depending on the variable assessed. The LWBS rate for the department after implementation was statistically significant when compared to the before rate. The door to doctor time after implementation was statistically significant when compared to the before rate in a positive way. The door to admission times before and after were not statistically different.