The Elliot Emergency Department places the utmost value on both the effectiveness and speed with which patients are treated as the demands for emergency department care escalate. This escalation has resulted in wait times growing and Emergency Department beds becoming full and scarce for hours.

As many hospitals struggle with similar constraints, Elliot has initiated a performance improvement strategy to address these issues. The solution is an innovative approach to emergency department care called Rapid Triage and Treatment (RTT). RTT is a process meant to decrease the amount of time patients must wait to receive care. Rather than have an Emergency Department full of patients awaiting treatment, RTT allows the Emergency Department Rapid Triage and Treatment Team to see patients far more quickly and without the use of an emergency room bed.

**How does RTT work?** All of the patients who present to the Emergency Department are triaged to determine the nature of their illness or injury resulting in the visit. Patients who are deemed appropriate for RTT (those who can be treated without the likelihood of complications and who can be cared for rather quickly) are given the option of utilizing the RTT service, or waiting among the general population in the main Emergency Department (which could result in substantially longer wait time). Those who opt for RTT begin the diagnosis and treatment process almost immediately, however, the care being delivered is in a treatment chair located in a specific common area within the Emergency Department. Several patients share this area and therefore do compromise privacy somewhat for being seen in a more timely manner. This expedites the entire clinical care process and allows far more patients to be treated in a reduced amount of time, while allowing more critically ill patients to receive the more intensive care that they require from a traditional emergency department bed.

**Is RTT Making a Difference?** While RTT is still just a few months old, the initial results are very encouraging. As demonstrated through our Urgent Care program, patients value speed. From Dec 2, 2014 through Jan 2, 2015 there were 317 patients treated in the RTT program who never saw an emergency department bed. The total visit, on average, for these patients was 88 minutes from time of arrival to time of departure. The average length of time an RTT patient waited between entering the department to seeing a healthcare provider was only 18 to 24 minutes. Thus, the impact of both the efficiency in caring for less acute patients and the ability to free up beds for sicker and critically injured patients has been extraordinary for the doctors and nurses. “I’m really proud of the emergency department team and our RTT program,” said Joseph Guarnaccia, MD, Medical Director Emergency Services. “We hoped RTT would make a difference by lowering wait times, freeing up beds and allowing us to care for patients more quickly. I just don’t think any of us believed it would have this positive an impact literally from the day we launched it,” added Guarnaccia.

**What do patients have to say?** Feedback and honesty about the patient experience in RTT is critical to its growth, refinement and long-term success. Many patients have had nothing but positive comments about the program, with 47% of RTT patients saying that they were “extremely satisfied” and another 44% saying they were “satisfied.” One patient stated, “No other ER care has been this smooth,” and another claimed that they received “very quick care [and were] very happy.” Another patient referenced that she, “Liked the RTT care room better than a bed.”

**Next Steps** The Elliot expects the RTT program to serve as a model for the performance improvement possibilities that exist in healthcare. The Emergency Department has shown that they have decreased the stress and frustration that comes with awaiting treatment, while providing expert clinical care in a new-style setting.