Introduction

Use of the St. Paul’s Hospital Emergency Department (SPHED) has increased exponentially over the past five years, and has increased even further in recent months due to the opioid crisis and a burgeoning population of people within the hospital catchment area who have acute health care needs. Processes and strategies to streamline care at every point in the emergency room experience while maintaining and exceeding the standards of care mandated by the British Columbia Ministry of Health (MOH) are devised and implemented on a regular basis. However, efforts in this regard have been restricted by the constraints placed on the department in terms of physical space, standards of care, and resource availability (including technology and staff), and the ability to afford each.

The budget is often the most obvious restriction in implementing new ideas. The SPHED receives a set amount of money from the MOH for operating expenses each year, and an additional portion of the SPHED funding comes from meeting certain benchmark times. The department can earn additional operating funds based on the length of each patient stay – either between admission and discharge from the SPHED or between admission to the SPHED and successful admission and transfer to an inpatient unit. Routinely meeting these benchmarks provides funding for additional staff positions and additional patient programs. Conversely, the loss of that funding results in the loss of programs and the loss of staff positions. That in turn results in patients receiving poorer care.

One section of the SPHED that consistently gets overlooked is the Fast Track area, where the needs of patients with relatively minor medical concerns are treated. Current staffing strategies dictate that both physicians and nurses who are assigned to this particular area leave Fast Track patients to attend to patients in other areas in times of surge – when the medical staff in an area caring for more acutely ill patients otherwise cannot provide appropriate care within the times set out by the Canadian Triage Acuity Scale (CTAS). Increasing the time that patients spend in the SPHED often costs the department in funds because more patient stays may not be eligible for the additional funding offered by the MOH. More importantly, the increase in wait times.will result in negative consequences on the staff, the services provided, and ultimately the patient.

Statement of Problem

The relative lack of acuity of concerns voiced by patients in the SPHED Fast Track area as opposed to other areas of the department leaves patients vulnerable to variation in the quality and the efficiency of the care received during their SPHED visit. This variation in care has the potential to do the following:

* influence the ability of the department to finance itself
* jeopardize the existence of care programs offered by the SPHED and the staffing levels,
* contribute to poor patient outcome.

Proposed Solution

One solution that will provide more consistent optimal care to more patients who are triaged to the Fast Track area of the SPHED in a cost-effective manner is to hire dedicated physician extenders – paramedical professionals who have slightly different skill sets than either physicians and registered nurses and whose presence can allow the nurses and physicians to care for more and more acutely ill patients. The physician extenders would perform less urgent tasks within their scope of practice that require more time to complete, freeing up physicians and nurses to perform the more acute or emergent tasks and acts that are restricted to them. This step will allow more efficient, yet still appropriate, treatment of patients throughout the department.

Scope

This report will address the following questions:

* Mapping the SPHED Fast Track patient trajectory – where are the current roadblocks to maximally efficient care?
* Who would be the physician extenders – which health care providers would be best suited for the role?
* What would the physician extenders do, and how will the physician extender role affect other roles within the department and, ultimately, timely completion of patient treatment?
* How quickly could the physician extenders be implemented, and what would the process look like?
* Cost analysis – how much would the physician extenders cost, and where would the money come from?
* What would the foreseeable benefits and pitfalls of hiring physician extenders be?

Methods

My primary data sources will be from within the stakeholders themselves:

1. SPHED physicians
2. SPHED nurses
3. Other SPHED staff members
4. SPHED patients
5. St. Paul’s Hospital staff members from other departments

Information would be gathered from interviews and questionnaires.

I will also be analyzing data collected by the department as part of the ongoing funding agreements with the BCMOH, and will be drawing on my own experiences as an SPHED employee.

Secondary data sources would include the results of a literature search to investigate instances where other emergency departments have employed physician extenders and the successes and failures of doing so. Another secondary source would be interviews with health care professionals who have worked in other emergency departments as physician extenders.

My qualifications

I have worked at St. Paul’s Hospital for ten years, nine of them in the SPHED, as a nursing unit coordinator. I am intimately acquainted with patient flow within the department and between the SPHED and other units of the hospital, as well as with the various initiatives taken to expedite patients through the system while attending to their medical needs appropriately.

I also have been a certified athletic therapist for fourteen years and a registered orthopaedic technologist for five years. My education and experience in these non-nursing and non-medicine health care fields give me insight that is different from the viewpoints of the more traditional hospital researchers, which is more often based in the disciplines of medicine (physicians) and nursing.

Conclusion

Obtaining stable funding levels for the SPHED and providing effective and streamlined care to patients using the SPHED are two aspects that are critical for the hospital to meet the needs of the patients it serves. The use of physician extenders to fill gaps in care caused by fluctuations in patient acuity in other parts of the SPHED would be one way to do this. By answering the questions that I have posed in this proposal, I can determine the most cost-effective and appropriate way to give patients the excellent and expedited care that they deserve.