Implementation of a Protocol Nurse in the Emergency Department

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Abstract

Problem: Increased wait times and extended length of stay (LOS) of patients in the Emergency Department (ED) are contributing to overcrowding, burdening EDs worldwide. A nurse can initiate patient care using protocol order sets while a patient is in the waiting room; however, triage nurses are often too busy to complete these orders. Scheduling a nurse to complete these protocol order sets could reduce ED overcrowding and patient LOS.

Method: A convenience sample was used to retrospectively chart review and collect data utilizing an excel spreadsheet with patients 40 years of age and older with a chief complaint of chest pain that arrived in the ED over 60 days. The Iowa Model of Evidence-Based Practice was applied to guide this quality improvement project.

Results: Results indicated that 62.22% of protocol order sets were completed when a protocol nurse was present. When there was no protocol nurse, 8.75% of patients had protocol order sets completed. The average LOS of patients with protocol order sets completed in triage was 517.98 minutes, while the average LOS of patients without protocol order sets completed in triage was 558.11 minutes. An independent samples t-test was performed, resulting in a $p$ value of 0.275. Although there was a reduction in the LOS, the results were deemed not to be statistically significant.

Implications for Practice: Implementing a protocol nurse could result in more patients receiving protocol order sets and reducing the patient's LOS. Further data is needed to discover the relationship between LOS and protocol order sets.

Defense of Dissertation Committee  
Vanessa Loyd, D.N.P., PhD, RN - Chairperson  
Roxanne Reid, DNP, MSN-Ed, RN  
Erin Hartman, M.S.N., BISIMS, RN, CFS, CEN, CPEN