

Effectiveness of Resident Physicians as Triage Liaison Providers in an Academic Emergency Department

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Background

- ED overcrowding lowers patient satisfaction, door-to-physician time (DTP), and ED length of stay (LOS)
- Triage liaison providers (TLP) reduce DTP and left without being seen (LWBS)
- Prior TLP studies → advanced practice providers and attending physicians
- No published studies on resident physicians as TLP**

Objective

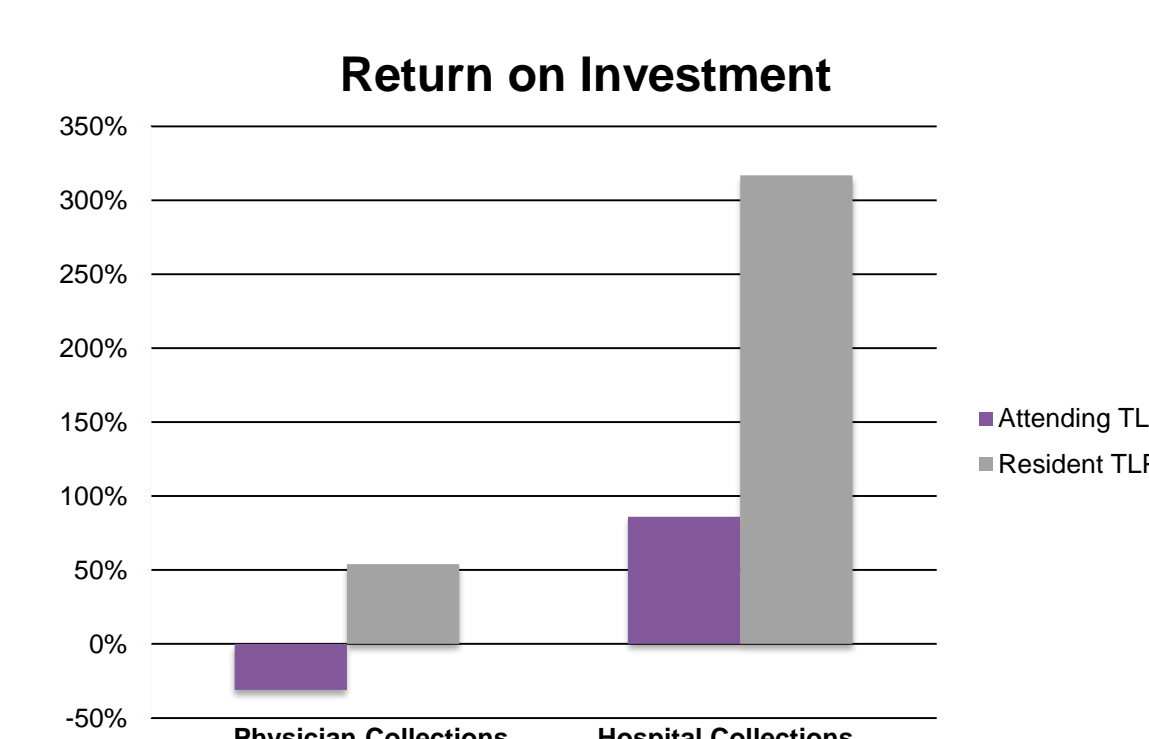
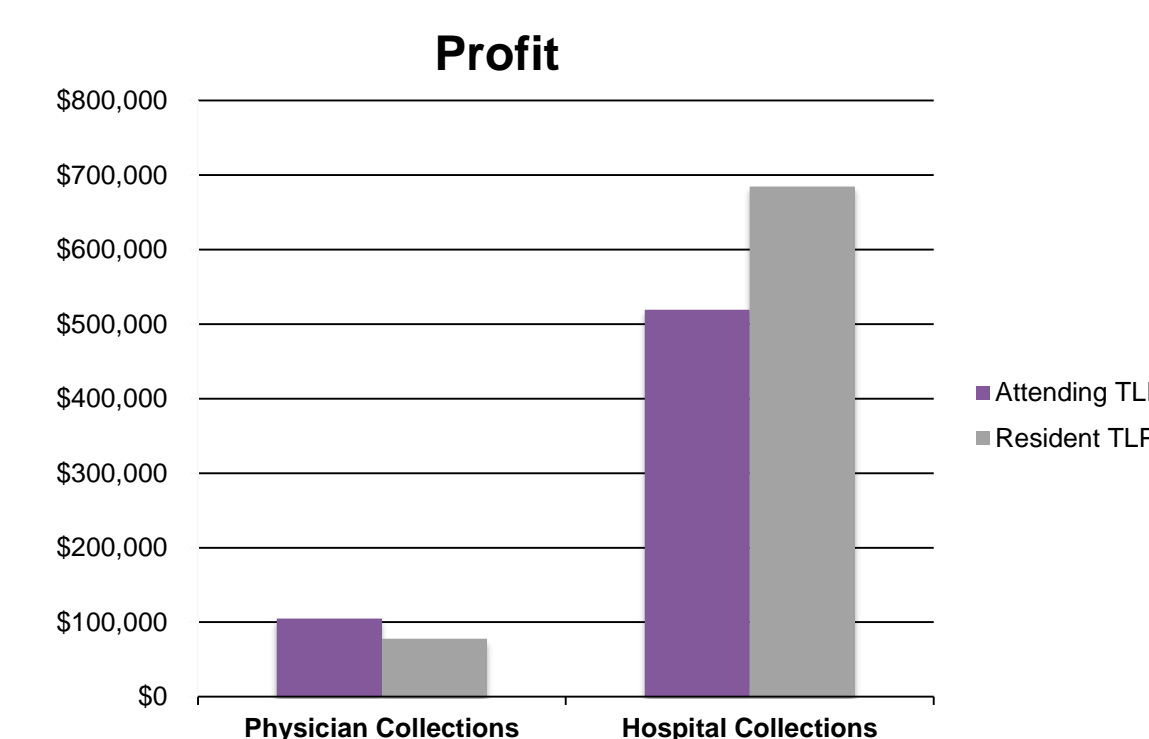
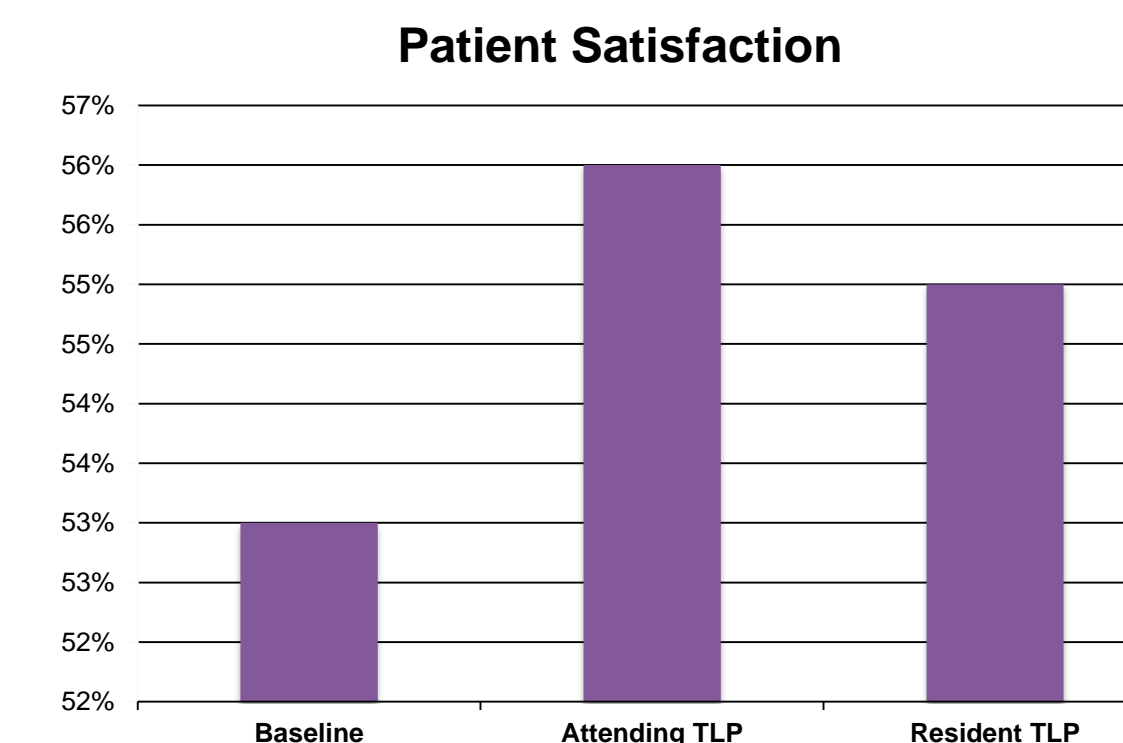
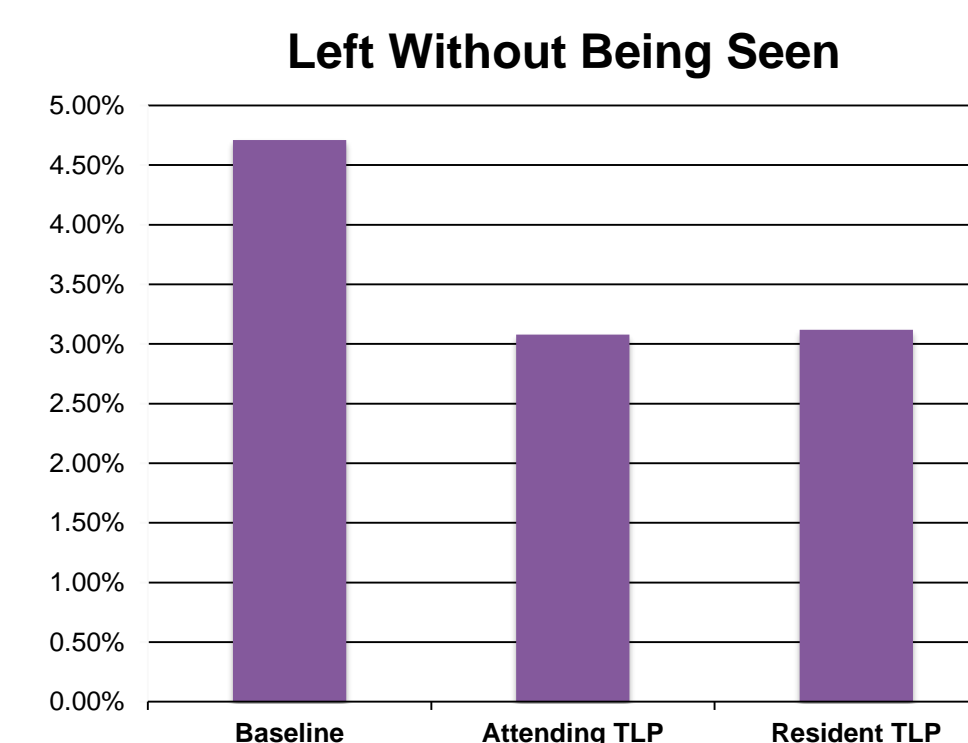
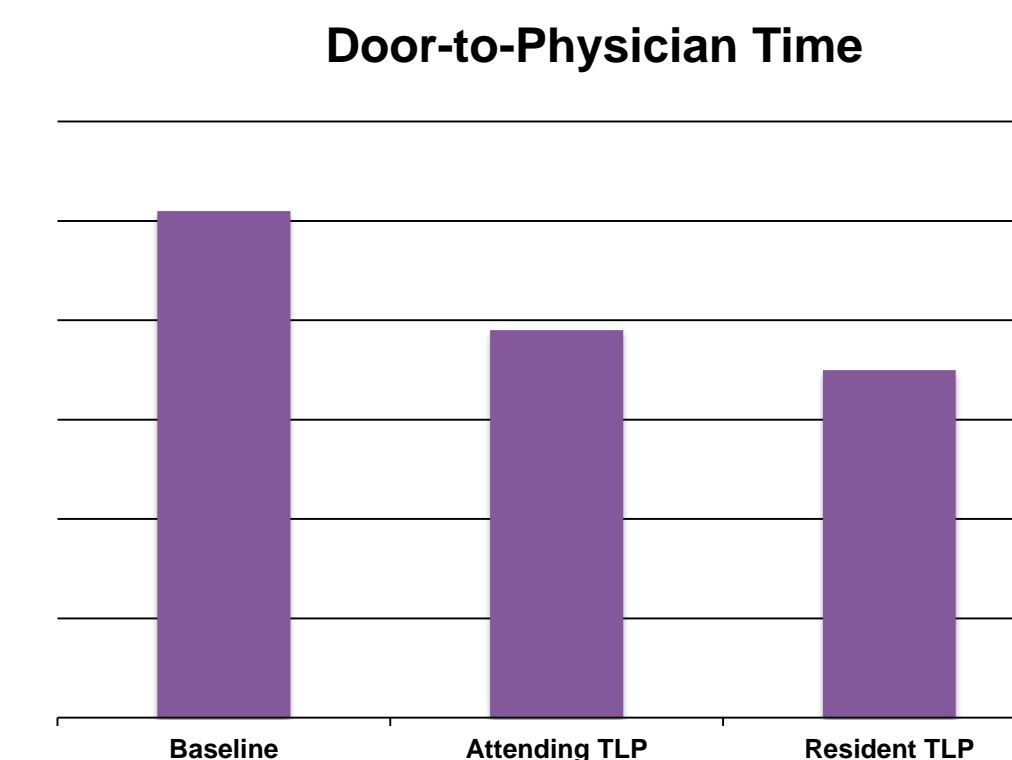
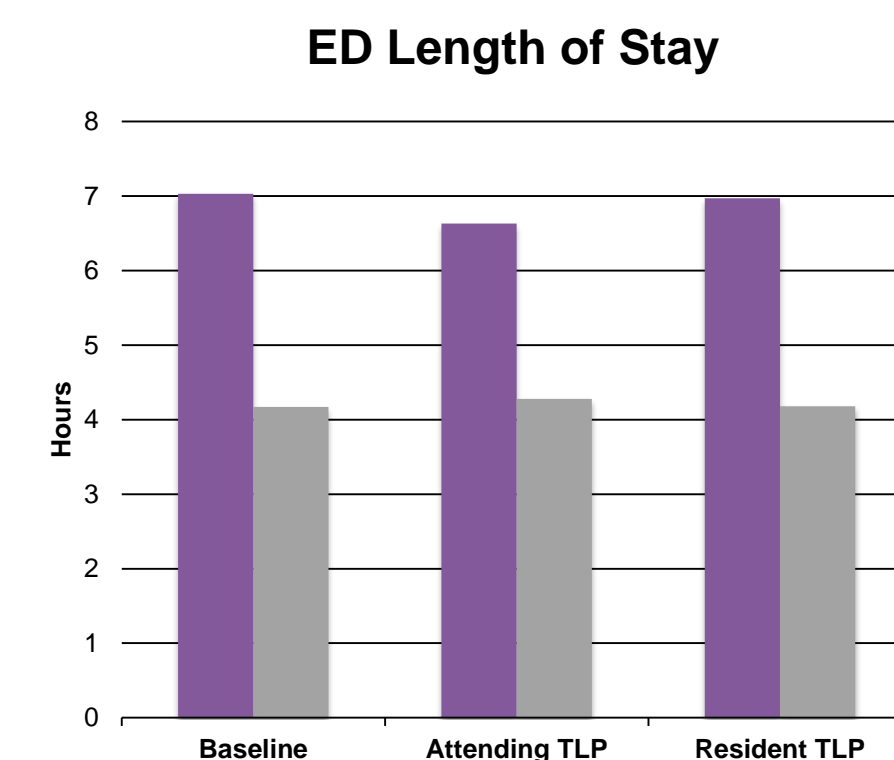
- Resident vs. attending TLP → operational performance, patient satisfaction, and cost-effectiveness**

Methods

- Retrospective, observational cohort study
- Urban, academic ED, 88,000 annual visits
- Staff: 28 attending physicians, 50 resident physicians
- PGY-3/4 resident or attending MDs 11:30-19:30 weekdays
- TLP days (10/2013-1/2014) vs. baseline (10/2011-1/2012)
- Primary outcomes: differences in median ED LOS, median DTP, proportion of LWBS, proportion of “very good” overall patient satisfaction scores, and cost effectiveness**
- Proportions: described with 95% confidence intervals
- Medians: measured with interquartile ranges, differences with the t-test and Mann-Whitney U test
- Cost effectiveness: calculated with annual revenue generated through LWBS capture offset by TLP cost
- Revenue: calculated using both physician-based collections and hospital-based collections

Results

	Baseline (no TLP)	Attending TLP	Resident TLP
Study Days	92	48	29
Patient Visits	19,298	10,814	6,683



Conclusions

- Resident TLP improved DTP times and LWBS > attending TLP or historical control**
- Attending TLP improved patient satisfaction and the median LOS of admitted patients > resident TLP**
- Physician-based collections: resident TLP > attending TLP
- Hospital-based collections: both resident and attending TLP are cost effective
- Residents appear to be more cost effective as TLP overall**

Limitations:

- Design limitations as retrospective cohort study
- Single institution
- Academic ED with nearby pediatric ED → mainly adult patients
- PGY3 and PGY4 residents only
- Utilization limited to an academic ED with resident physicians

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