

# Reducing Wait Times and Left Without Being Seen (LWBS) in the Emergency Department of a Community Hospital

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## Background

- Overcrowding in emergency departments (ED) is a major issue for healthcare organizations across the world (Sartini et al., 2022; Watson et al., 2023; Shah et al., 2020).
- Overcrowding is associated with increased rates of staff turnover, inability of staff to provide high quality care, patient violence toward staff, delays in care, increased patient mortality, and higher healthcare costs (Morley et al., 2018; Sartini et al., 2022; Watson et al., 2023).
- Of particular concern is that overcrowding leads to higher rates of patient walkout and left without being seen (LWBS).
- The LWBS rate is a quality metric for EDs (Emergency Nurses Association, 2020) with the national average at 2% (Chiu et al., 2023).
- At the organization where this project was conducted “timely and effective care” is a quality metric and in the ED, addressing throughput was an established departmental goal.
- Prior to March 2020, the LWBS rate was at, or below, 1%. Since that time, the LWBS rate increased as patient volume increased.
  - Based on unit data, the ED clinical nurses and leaders decided to focus on decreasing the wait time for patients between 8:00am-12:00pm as one strategy to improve the LWBS rate.

## Setting

- A 171-bed Magnet *with Distinction*™ designated community teaching hospital in the Northeast U.S.
  - 26 bed Emergency Department with a 12-bed observation unit
  - Average annual visits - 36,000 patients

## Purpose

- To increase the percentage of patients placed in a room for treatment within 20 minutes following arrival to the ED between 8:00am-12:00pm.
- To decrease the LWBS rate.

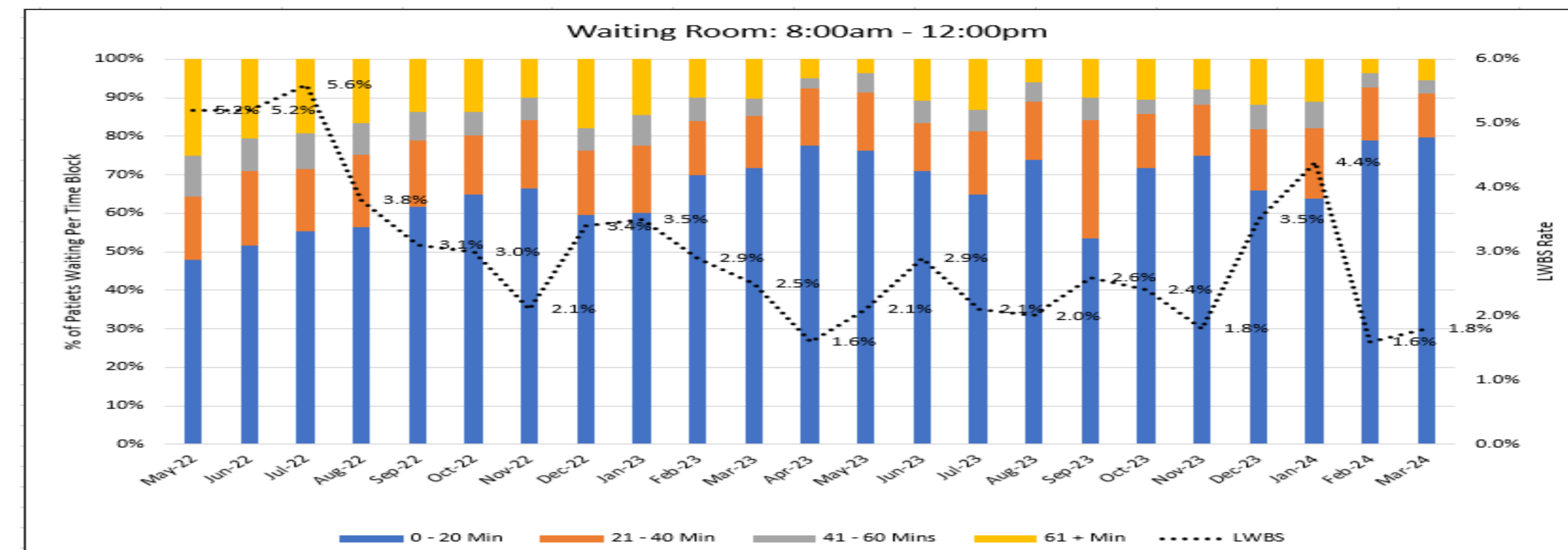
## Process

- Intervention campaign was titled “Waiting Room = 0 before 12.”
- Nurses used a non-traditional approach to assigning patients to rooms regardless of nursing resources.
- Benefit to patients: Placed in a room and providers could begin their assessment and initiate care.
- As nurses became available, they would begin their assessment, initiate nursing care, and complete providers orders.
- Prior to the Go Live date in August 2022, education was provided to all ED staff regarding this initiative.
- Direct education was provided during huddles and staff meetings, while indirect communication was through emails and via posters on the unit.
- ED metrics for patient volume, time from ED arrival to time placed in room, and rates for LWBS were monitored from March 2020 through February 2024.

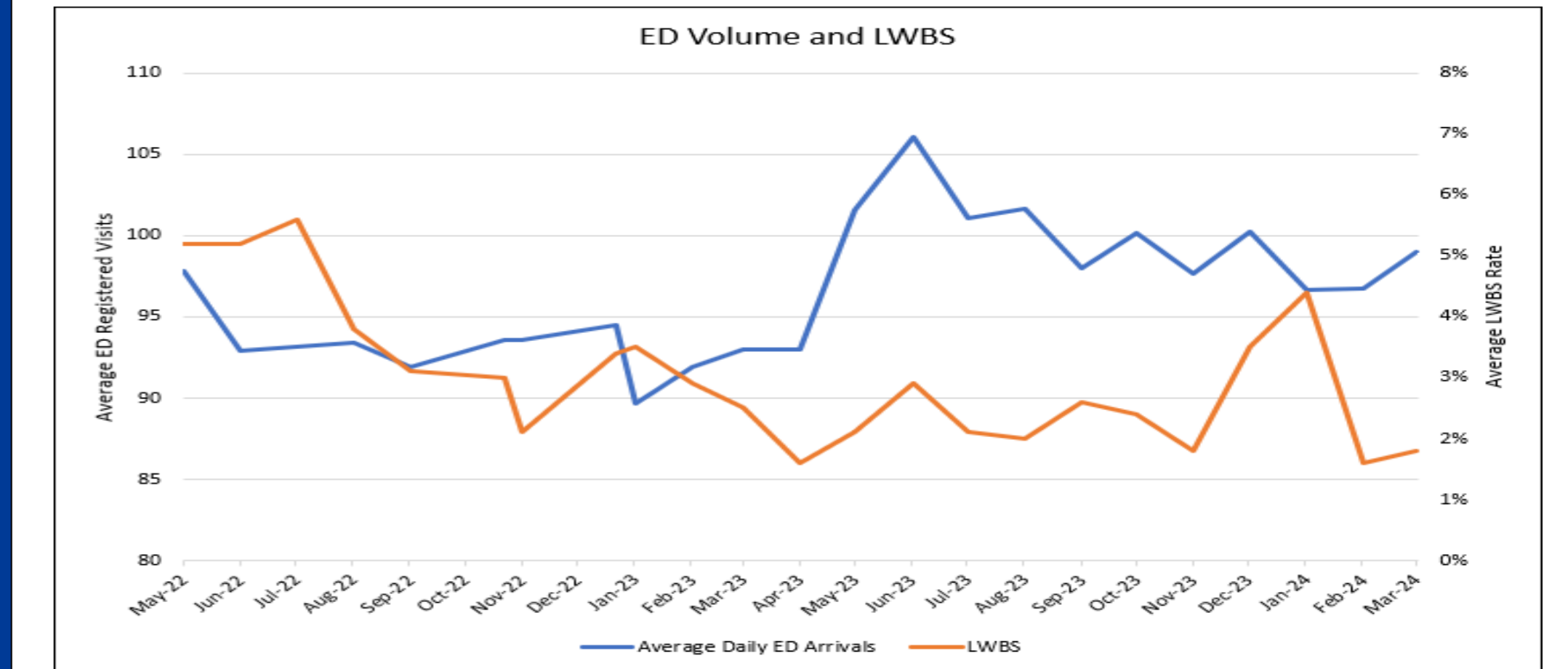
## Results

- Following the intervention, the percentage of patients placed in a room for treatment within 20 minutes following arrival to the ED between 8:00am-12:00pm has risen steadily to current state 78%.
- After decreasing the wait time, the rate of LWBS decreased to 1.6% in February 2024 from a high of 5.2% in June 2022. This represents a 3.6% overall reduction in the rate of LWBS.

Percentage of ED patients seen with wait time of < 20 minutes from 5/22-3/24



## ED Registered Visits and LWBS Rate May 2022 – March 2024



## Outcomes

- In review, it is evident that there a positive relationship between decreasing the patient wait time and decreasing the percentage of patients who LWBS.
- Doing this between the hours of 7am and 12pm has been an effective initiative to increase patient throughput.

## Discussion

- This simple, cost neutral intervention, where patients are safely placed in a treatment room, even when a nurse was not immediately available to assume care, has been an effective long-term strategy to decrease the LWBS rates (August 2022-February 2024).

## Next Steps

- To review patient and staff satisfaction related to this initiative
- To gather data related to staff perceptions regarding collaboration among staff

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### **References**

- Chiu, D. T., Stenson, B. A., Alghamdi, M., Antkowiak, P. S., & Sanchez, L. D. (2023). The association between day of arrival, time of arrival, daily volume and the rate of patients that "left without being seen". *The American Journal of Emergency Medicine*, 67, 24–28.  
<https://doi.org/10.1016/j.ajem.2023.02.006>
- Morley, C., Unwin, M., Peterson, G. M., Stankovich, J., & Kinsman, L. (2018). Emergency department crowding: A systematic review of causes, consequences and solutions. *PloS One*, 13(8), e0203316.  
<https://doi.org/10.1371/journal.pone.0203316>
- Sartini, M., Carbone, A., Demartini, A., Giribone, L., Oliva, M., Spagnolo, A. M., Cremonesi, P., Canale, F., & Cristina, M. L. (2022). Overcrowding in emergency department: Causes, consequences, and solutions-A narrative review. *Healthcare (Basel, Switzerland)*, 10(9), 1625.  
<https://doi.org/10.3390/healthcare10091625>
- Shah, R., Leno, R., & Sinert, R. (2020). Impact of provider-in-triage in a safety-net hospital. *The Journal of Emergency Medicine*, 59(3), 459–465.  
<https://doi.org/10.1016/j.jemermed.2020.04.059>
- Watson, A., & Stuart, W. P. (2023). Improving safety and quality with an emergency department overcrowding plan. *Journal of Emergency Nursing*, 49(5), 680–693. <https://doi.org/10.1016/j.jen.2023.06.002>