

# Same day emergency care – single point of triage

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## Introduction

A new acute medical unit (AMU) was established at Barnet Hospital in January 2019. The unit follows the definitions and aims set out in the guidelines *Same day emergency care*.<sup>1</sup>

The quality improvement project focuses on those patients who are referred from their general practitioner (GP) and discharged on the same admission. Baseline data showed that the average time a patient spent in the department was 5 hours 49 minutes. It aims to identify and improve any factors in the patient pathway that may prolong a patient's journey from admission to discharge.

## Materials and methods

Standards were set based on NHS same day emergency care guidelines. Data collection included all 'GP expected patients' who received same day emergency care and were then discharged home from the AMU.

The aims set by the unit include: triage within 30 minutes and a decision to discharge patients within 4 hours of arrival.

Baseline data was collected over a 6-and-a-half-week period, n=27. Since implementing the unit data was collected prospectively on each PDSA (Plan, Do, Study, Act) cycle.

## Results and discussion

Baseline data showed the time taken to triage was 37 minutes, (range from 2 minutes to 2 hours 45 minutes), 61.9% reached the 30 minutes target. The time for decision to discharge averaged at 3 hours 20 minutes, (range from 16 minutes to 6 hours 52 minutes), 62.5% met the 4-hour target.

A single point of triage service with a senior decision maker was implemented to standardise the time to initial assessment, investigations and decision to discharge. Since implementing a single point of triage only 50% of patients were triaged within 30 minutes of arrival, however there was a reduction in the variation of range of 5 minutes to 1 hour 45 minutes. Average time to decision for discharge improved to 2 hours 49 minutes, with 81.2% meeting the target.

It was expected that triage time would improve after introducing the single point of triage, however average time of triage went up when compared to baseline data. There was no efficient standardised pathway to redirect 'medically expected' patients to

the AMU who accidentally presented to the emergency department. A patient flow pathway was implemented to ensure early identification and transfer of these patients to the AMU. Since implementing a new patient flow pathway, triage time improved. 65% of the patients met the target time. The average time from arrival to decision for discharge was 3 hours 10 minutes, with 72.4% meeting 4-hour target.

## Conclusion

In each cycle there was a marked improvement in the time taken to make a decision for discharge. This appears to have impacted the total time patients spend in the department. The biggest impact was the presence of a senior decision maker at the single point of triage. The overall time a patient spent in the department has reduced to 3 hours 58 minutes. We expect as the services become embedded, there will be better compliance to the set targets. ■

## Reference

- 1 NHS Improvement and the Ambulatory Care Network. *Same day emergency care: clinical definition, patient selection and metrics*. NHS Improvement, 2018.

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