

Senior Doctor Triage and Emergency Department Performance Measures; Systematic Review

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Background

- Senior doctor triage involves placing a senior emergency physician in triage so that they can identify potential emergencies, initiate diagnostic workups and treatment for patients while they are still waiting for an ED bed.
- The value of such intervention is unclear in terms of direct clinical benefit for patients, improved ED performance measures and cost-effectiveness.

Methods

Design

- Systematic review.

Data sources

- Cochrane Library, MEDLINE, EMBASE, CINAHL, EPOC, Web of Science, Clinical trials registry website.

Review methods

- Databases were searched for comparative studies examining the role of senior doctor triage, published from 1994 to August 2014.

Results

- Pooled results from two out of four RCTs showed a significant reduction of Length of stay of medium acuity patients (WMD -26.26 min 95%CI -38.50 to -14.01).
- Another two RCTs showed a significant reduction in waiting time associated with senior doctor triage (WMD -26 min, 95%CI -31.68 to -20.65).
- Left without being seen rate was reduced in 2 RCTs [RR = 0.79, 95% CI 0.66 to 0.94].

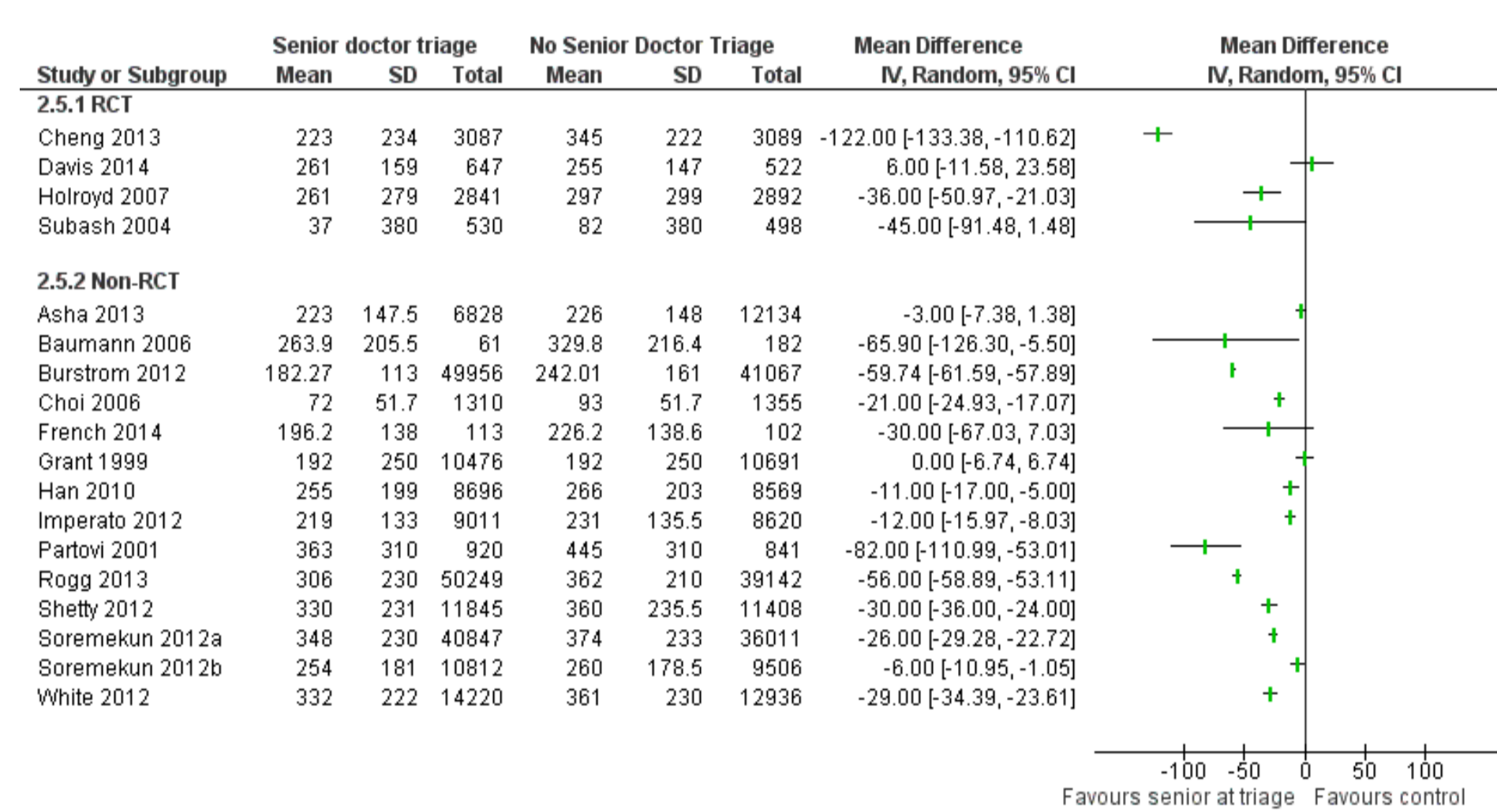


Table 1 Impact of SDT on Length of Stay (LOS) min.

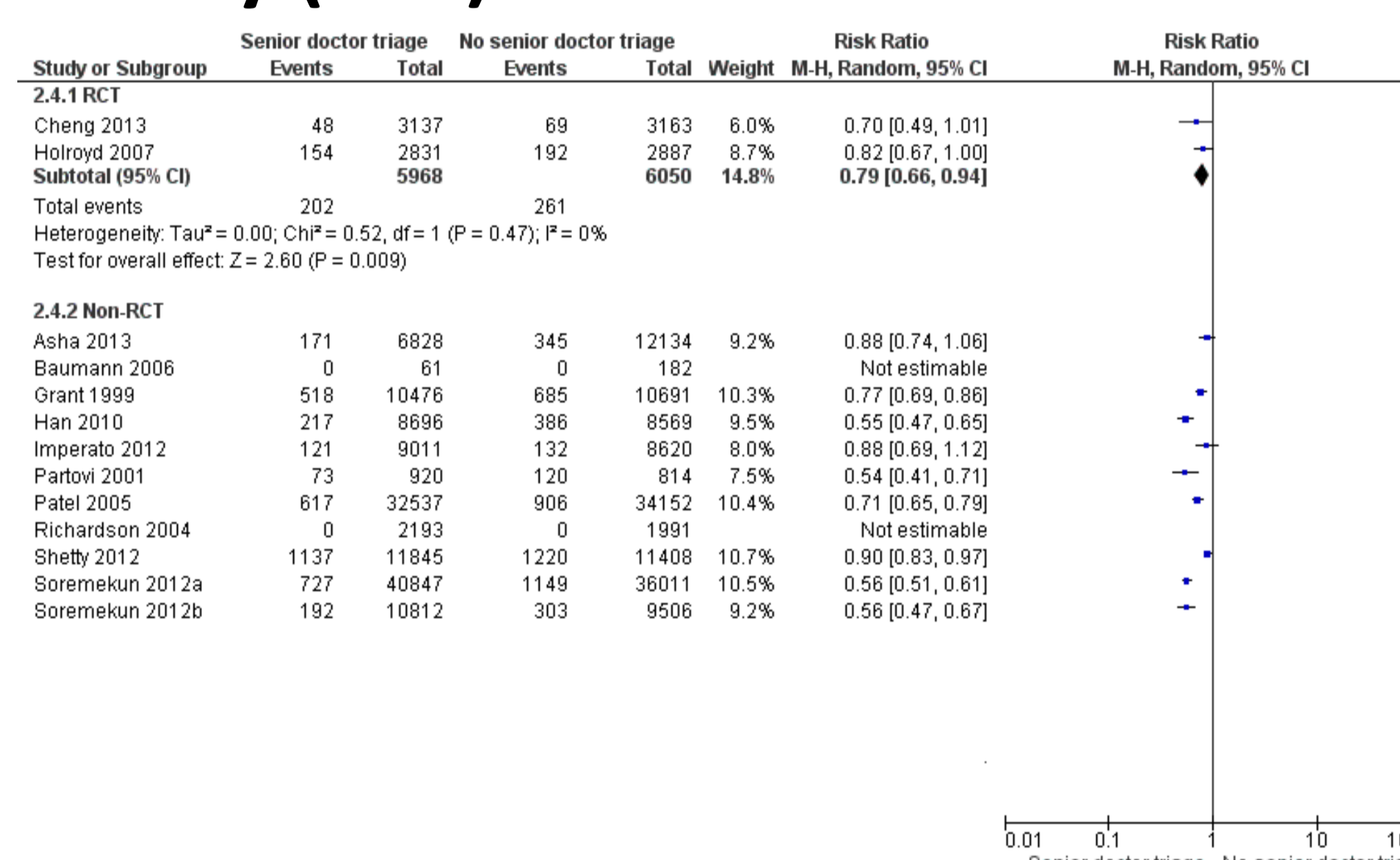


Table 3 Impact of SDT on Left without being seen numbers.

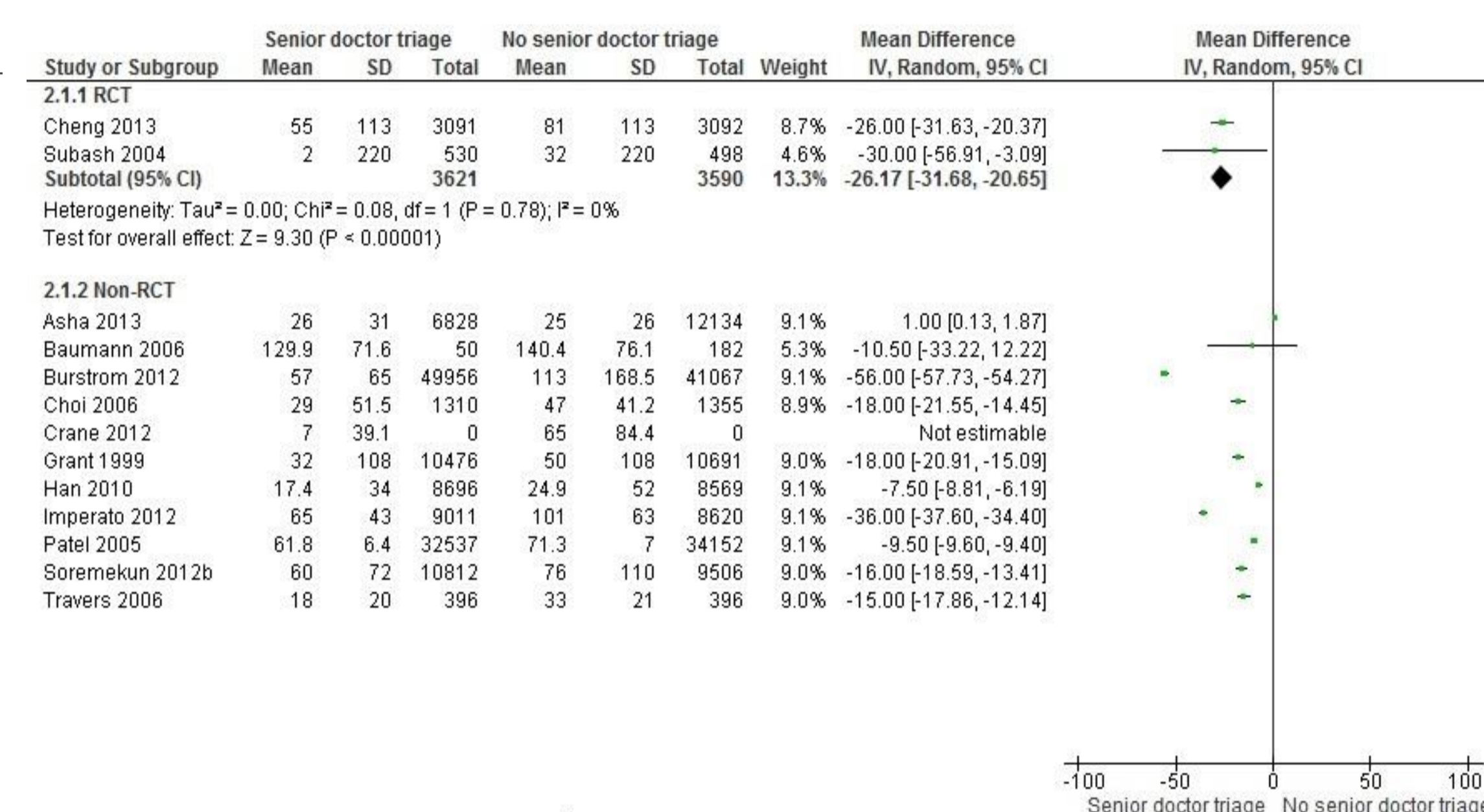


Table 2 Impact of SDT on Waiting Time(WT) min.



"The doctor will see you now."

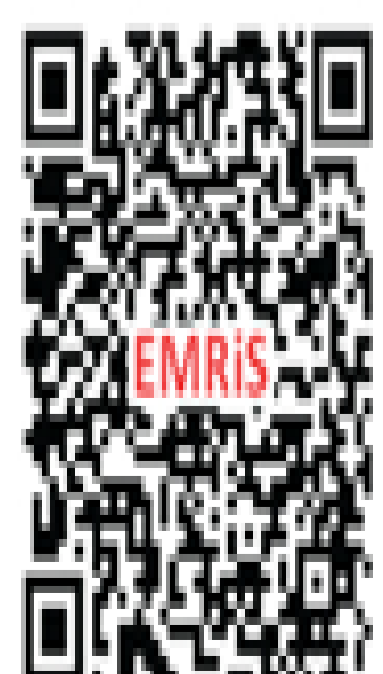
Conclusion and Recommendations

Conclusion

- Senior doctor triage was associated with improvements in numerous ED metrics in majority of the studies.
- Unfortunately, the evidence is not sufficiently robust enough to allow widespread practice to be adopted.

Recommendation

It is important to conduct multicentric studies to determine if senior doctor triage provides safe, sustainable and cost effective gains.



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