Assessment for Change: Introduction of Triage Tool in AMU

by Dr Amy Gray (ST3 in Geriatric Medicine) and Dr Kerri Baker (Consultant in Acute Medicine). With thanks to Shelley Dickson (Intelligence & Performance Analyst)

Assessment Area
- Dedicated trolley area of Acute Medical Unit
- 'Assess to admit' with flexible capacity
- Rapid decision making
- Right patient Right treatment Right time

However, drivers for change:
- Increased length of stay
- Decrease in discharges

Stick or Switch?
Consultant QIP Surgery, July 2016

The assessment bay should stay but requires ongoing improvement

Aims of Project
- Better understanding of drivers
- Improve consistency of patient experience
- Improve staff experience
- Reduce length of stay in Assessment
- Reduce time to right treatment
- Introduce a structured triage model

Scoping Exercise: Multi-source data collection (July 2016)

- Patient timelines pre- and post-test of change
- Hourly snapshot of Assessment / AU1 activity
- Observation of patient stories / journeys
- New Triage Tool test of change
- Observation of patient stories / journeys
- Hourly snapshot of Assessment / AU1 activity
- Patient timelines pre- and post-test of change

Data Collection: Patient Feedback

"How would you describe the purpose of the Assessment?"
- Variability in staff understanding
- Lack of consistent approach
- Majority described clerking, not triage
- Overall opinion reveals patient focus

Feedback following change 1

- Increase SBAR space
- Full observations
- Triage doctor informed
- FY1 cannot be triaging
- Explain traffic lights
- Introduce time limit

Data Collection: Staff Feedback

"How would you describe the purpose of the Assessment?"

- Comments and Ideas!
- Grand Round
- AU1 Improvement Group
- Simplify discharges via eIDL
- Embed changes via induction
- Re-audit staff experience
- Introduce "Pre-triage tool"
- Dedicated triage room
- Improve geography of unit
- Consistent triage team
- Introduce lead nurse

Next Steps . . .

- Prompt MDT input
- Identification of triage doctor
- Poster explaining changes
- Information leaflet for nursing and medical staff
- Introduce lead nurse
- Simplify discharges via eIDL
- AU1 Improvement Group
- Grand Round
- Comments and Ideas!

Introduction of Change 2

- New Triage Tool
- Poster explaining changes
- Information leaflet for nursing and medical staff
- Identification of triage doctor
- Prompt MDT input

Data collection post change 2: Time to first medical review

Data collection post change 2: Length of stay in Assessment

Data collection post change 2:

Repeat data snapshot after 6 months

Have changes been sustained?

23 ‘pre change’ patient timelines completed over 3 days

Introduction of Change 1

- Structured Triage Tool
- Early identification of pathway
- Avoid unnecessary paperwork
- Commence early investigation

Data collection: Patient timelines

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Pre-change</th>
<th>Post-change</th>
<th>Average (expected)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Greeting</td>
<td>0</td>
<td>0</td>
<td>0.5</td>
</tr>
<tr>
<td>Observations</td>
<td>0</td>
<td>42</td>
<td>13</td>
</tr>
<tr>
<td>Medication informed</td>
<td>5</td>
<td>60</td>
<td>22</td>
</tr>
<tr>
<td>Reviews</td>
<td>5</td>
<td>90</td>
<td>35</td>
</tr>
<tr>
<td>Image request</td>
<td>21</td>
<td>215</td>
<td>105</td>
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<tr>
<td>Medical review</td>
<td>22</td>
<td>148</td>
<td>75.5</td>
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<tr>
<td>Discharge</td>
<td>0</td>
<td>259</td>
<td>137</td>
</tr>
</tbody>
</table>

Total journey time: 63 343 180

Observed: 0 42 13

Medics being informed:

Bloods:

DTA or discharge:

Greeting:

23 "pre change" patient timelines completed over 3 days

Common identified areas for improvement from all work thus far:

- Increase SBAR space
- Full observations
- Triage doctor informed
- FY1 cannot be triaging
- Explain traffic lights
- Introduce time limit