Initial Assessment

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Introduction

One of the core functions of an emergency medicine service is to ensure that a patient with an acute healthcare need is managed in a timely manner and by an appropriate clinical team for their presentation. For this to be achieved, all emergency medicine services require systems to deliver rapid and safe initial assessment of presenting patients.

Initial assessment should be a consistent process that reliably identifies

- Patients with the most urgent (life or limb threatening) conditions
- Patients at risk of deterioration if their condition is not treated urgently
- Patients whose needs may be better served outside the Emergency Department.

Initial assessment is defined as involving one of the following processes **Triage, Streaming or Rapid Assessment and Treatment (RAT)**. Triage systems have been established to prioritise patients according to their presenting (chief) complaint and their level of acuity. As healthcare services outside the ED continue to develop there is an increasing benefit in streaming presenting patients to the most appropriate service.

Standards

1. Patients who are registered as Emergency Department attendees must be initially managed by ED staff and fall within its quality improvement and governance systems.

2. All patients attending the Emergency Department should be registered within five minutes of arrival. Queues for registration should be actively managed to avoid occult waits for triage.

3. Initial assessment of Emergency Department attendees must be provided by a registered clinician with appropriate training.

4. Where clinicians from other services work within initial assessment systems there must be joint development of those systems, and shared governance arrangements.

5. Initial assessment should commence within 15 minutes of the patient's arrival or registration.

6. Initial assessment areas must facilitate confidential conversations, enable access to patients with disabilities and their careers, and maintain patient dignity.

7. Patients waiting to be seen in a See and Treat stream should not wait for longer than one hour to be seen. If the wait is longer than this, the patients should have an assessment by a clinician (triage, streaming etc.)

8. Redirection is a choice offered to patients with the full awareness that there is no formal transfer of care to another service.

9. The clinical record must include as a minimum chief complaint, acuity and patient disposition.

10. Emergency departments must use early warning scores for adults, pregnant adults and children.

11. Initial assessment processes must support IPC measures, including minimising crowding in ED.

Recommendations

1. Emergency medicine services should consider adopting a two-stage process for initial assessment, as below.

2. Navigation should not be used to redirect patients to off-site services and should be undertaken by a registered clinical practitioner.

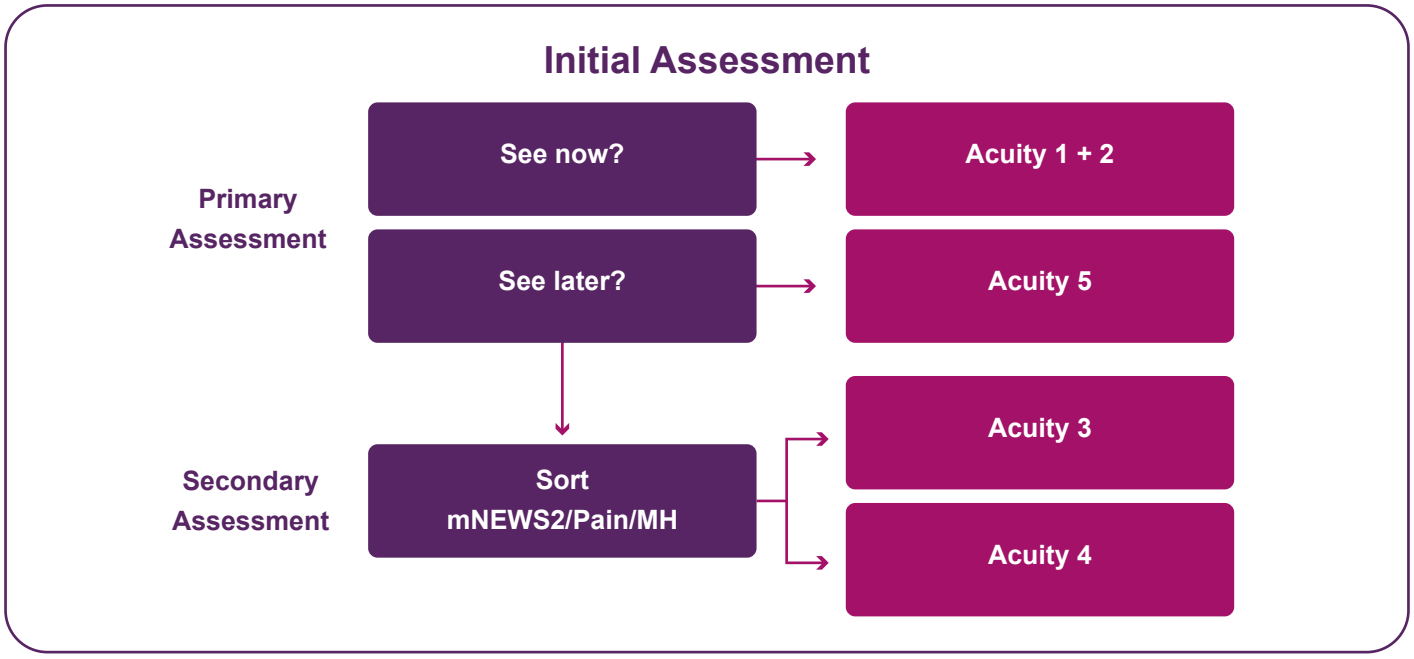
3. Departments should consider providing Rapid Assessment and Treatment services at times of peak demand.

4. Criteria for streaming patients to other services within the hospital (eg. SDEC) should be locally agreed and co-owned with those specialties.

5. Patients who have been streamed should be moved to the accepting service/area as soon as the decision is made that their clinical needs are best met by that service. The purpose and function of streaming should be effectively communicated to the patient.

6. Diagnostic investigations for the purposes of streaming should be kept to a minimum, in order to manage workflows. However, some simple interventions as part of initial assessment may be required in order to risk stratify the patient eg. an electrocardiogram (ECG) for a patient presenting with low-risk chest pain prior to a decision about streaming to a medical SDEC unit.

7. Staff undertaking initial assessment should have support to assess patients who do not speak or understand English.



Background

There are three main objectives of good quality initial assessment

1. Promoting Safety

This includes prompt recognition of time critical illness and injury, isolation of potentially infectious patients to avoid nosocomial infection, identification of vulnerable patients (eg. safeguarding, risk of absconding) and prevent ED crowding.

2. Assessing Acuity

To ensure that the most time-critical patients are treated by the right service within appropriate time frames, and that appropriate prioritisation occurs for the remainder.

3. Promoting Efficiency

In the system to ensure that patients do not wait unnecessarily for investigations, diagnostic decision making or treatment and prevent ED crowding.

A two-stage model may offer benefits in quickly identifying serious illness or injury. The two discrete stages may be combined and performed by one individual, or separated, and this may change in response to clinical need, patient numbers or staff capacity.

Early Warning Scores

Provide a common language across healthcare to communicate the severity of illness examples include NEWS-2 and various paediatric warning scores. They must be interpreted in context of the patient presentation, as there will be patients with serious illness or injury presenting with normal scores. It is not always required to complete a full set of vital signs in a patient, it may be an appropriate clinical decision not to record observations, for instance if the patient has an isolated extremity injury.

Navigation

Directing patients to the most appropriate co-located service, practitioner or stream prior to clinical assessment or triage. Navigation is not based on clinical judgement or assessment. Navigation is best and most safely undertaken by a registered clinical practitioner and should not involve redirection to off-site services. Should navigation occur ahead of registration, the contact should be recorded irrespective of the patient disposition, and this record should be linked to any subsequent ED notes, to ensure that an audit trail is maintained.

Triage

Identifying acuity, and prioritising patients on that basis completed before a full assessment to support effective management of demand and flow as well as identifying time critical requirements for patients. Triage prioritises patients where demand exceeds capacity to fully assess them within an appropriate time frame. Triage and Early Warning Scores are not mutually exclusive. Triage is a face-to-face encounter that should occur within 15 minutes of arrival or registration and should normally require less than 5 minutes contact.

Streaming

The process of allocating patients to different physical areas / services, pathways or processes, in order to improve efficiency and effectiveness. The options for streaming patients will be determined locally depending on the services available on site however there will be an expectation that streaming is delivered in a safe and effective manner to all patients and pre-actively balances the risk of streaming patients away from the ED. Potential on-site services to which a patient might be streamed include:

- Urgent Treatment Centre
- On site GP services (if separate from UTC)
- Children's assessment unit /Paediatric SDEC
- Medical SDEC
- Surgical SDEC
- Frailty service / Frailty SDEC
- Early Pregnancy Unit
- Maternity services
- Mental health liaison service

Streaming is a clinical activity and is undertaken by appropriately trained clinicians who follow locally agreed clinical governance processes. A streamed patient does not leave the hospital site. The benefit of effective streaming is to ensure that the patient is seen by the most appropriate practitioner for their healthcare need as rapidly as possible. Streaming may be considered to be 'complex' if in-addition, there is the initiation of investigations (eg. bloods, radiology) that aims to bring the clinical decision-making processes forward.

Redirection

The process of 'Sending people away' to an appropriate off-site or separately managed service. Patients may be redirected to an appropriate service after streaming or triage contact with a clinician. The patient is likely to require information regarding the availability of healthcare personnel of the destination service to make an informed choice. Patients should only be redirected off site if clinically appropriate – for instance the patient should not be sent to the pharmacy for head injury advice. An up-to-date Directory of Services is required for effective redirection, this is the responsibility of the healthcare system and not the ED.

See and Treat

The patient is seen initially by an experienced clinician who can complete their entire episode of care. See and Treat refers to a system of directly seeing patients who have been deemed to be presenting with a minor illness or injury, without further triage or assessment. The advantage of this is that they are seen directly by a single, appropriately trained clinician, who can complete the episode of care for that patient. Patients may be streamed or navigated to the See and Treat stream, using appropriate protocols.

Senior Doctor Triage

Rapid Assessment and Treatment (RAT) or Early Senior Assessment (ESA): The patient is seen on arrival by a senior clinician who can make a rapid, detailed, clinical assessment and commence appropriate investigations and treatment. This should enable time-critical conditions to be identified and interventions delivered rapidly. RAT requires a team of individuals (nursing and support staff, as well as a decision-making clinician) to deliver effectively. It takes longer than streaming or triage, often up to 20-30 minutes depending on the patient. However, it has the potential to add value to the process of assessing the patient because of the involvement of a decision-making clinician. RAT can safely replace all other forms of initial assessment, provided that the wait for accessing RAT is not excessive. Implementing and sustaining RAT requires specific resourcing, including dedicated staff and space to work, as well as the understanding that it is demanding and physically tiring to undertake.

Acuity

A measure of the severity of the patient's condition and the urgency with which they need to be seen and assessed by a clinician qualified to do this through training and experience.

Glossary of terms used in initial assessment

1. **Redirection**
   'Sending people away' to an appropriate off-site or separately managed service

2. **Navigation**
   Directing patients to the most appropriate co-located service, practitioner or stream prior to clinical assessment or triage.

3. **Triage**
   Identifying acuity, and prioritising patients on that basis

4. **Simple Streaming**
   Brief clinical assessment and directing patients to the most appropriate service, practitioner or stream. May include triage. May include redirection.

5. **Complex Streaming**
   Initial assessment and triage. Involves directing patients to the most appropriate service, practitioner or stream and commencement of investigations in order to bring the clinical processes forward. May include redirection.

6. **See and Treat**
   The patient is seen initially by an experienced clinician who can complete their entire episode of care.

7. **Senior Doctor Triage**
   Rapid Assessment and Treatment or Early Senior Assessment The patient is seen on arrival by a senior clinician who can make a rapid, detailed, clinical assessment and commence appropriate investigations and treatment. Represents a form of complex streaming

References

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