
Senior Early Assessment

Initiative Type

Model of Care

Status

Deliver

Added

12 July 2017

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10 October 2022

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<https://cnxp3cuvtvrn68yjaibaht5ywrxspj7m.clinicalexcellence.qld.gov.au/improvement-exchange/senior-early-assessment>

Summary

Senior Early Assessment, also known as Primary Intervention Triage or Senior Intervention Triage is a rapid multidisciplinary team response which enables early identification of required diagnostic studies, critical interventions, working diagnosis and a management plan to facilitate early admission or discharge of the patient. On presentation patients are triaged and then streamed to the appropriate

area within the Emergency Department (e.g. Acute Care, Short Term Treatment Areas).

Key dates

Jan 2017

Implementation sites

Implemented in a number of Emergency Departments across Queensland.

Partnerships

Queensland Emergency Department Strategic Advisory Panel.

Key Contacts

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Aim

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- enables early identification and active management of selected patient cohort to facilitate achievement of expected benefits
 - enhance capacity of Emergency Departments
 - reduce extended length of stay for patients

Benefits

- reduced median waiting times in the Emergency Departments
- reduce length of stay in the Emergency Departments
- reduced time to clinical decision
- reduced proportion of 'did not wait' patients
- reduced access block
- reduced risks of adverse events.

Background

This model is used to facilitate a rapid assessment by a senior clinician and initiation of meaningful interventions early in a patients Emergency Department journey.

Solutions Implemented

The model requires the following elements:

- senior decision team which must include an ED Medical Officer in charge
- guidelines / business rules on operational factors e.g. staffing, operational hours, physical space, equipment and cohorts of patients.

Evaluation and Results

- improved early assessment and streaming of patients
 - improved Emergency Department patient journey
 - improved length of stay for Australasian Triage Scale (ATS) 3, 4 and 5 patients
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- improved patient flow through the Emergency Department
 - improved number of patients seen by a physician

Lessons Learnt

Individual site consideration should be given to the following factors:

- number/proportion of ATS 3, 4 and 5 presentations
- availability of resources to consistently provide a dedicated team (clerical staff, triage nurse team, senior medical officer, wards person)
- availability of physical space/dedicated location within the Emergency Department where patients can be assessed, investigations arranged and treatment completed away from the main work area of the emergency department.

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