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# Senior Early Assessment

Initiative Type

Model of Care

Status

Deliver

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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

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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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