Digital triage in Urgent & Emergency care

Mark Harmon, Chief Strategic Officer, A&E Doctor

eConsult: Experts in digital triage

Primary Care

3,200+ practices

30 million patients

25m+ eConsults

Urgent and Emergency Care

10 EDs or UTCs

400,000+ eTriages

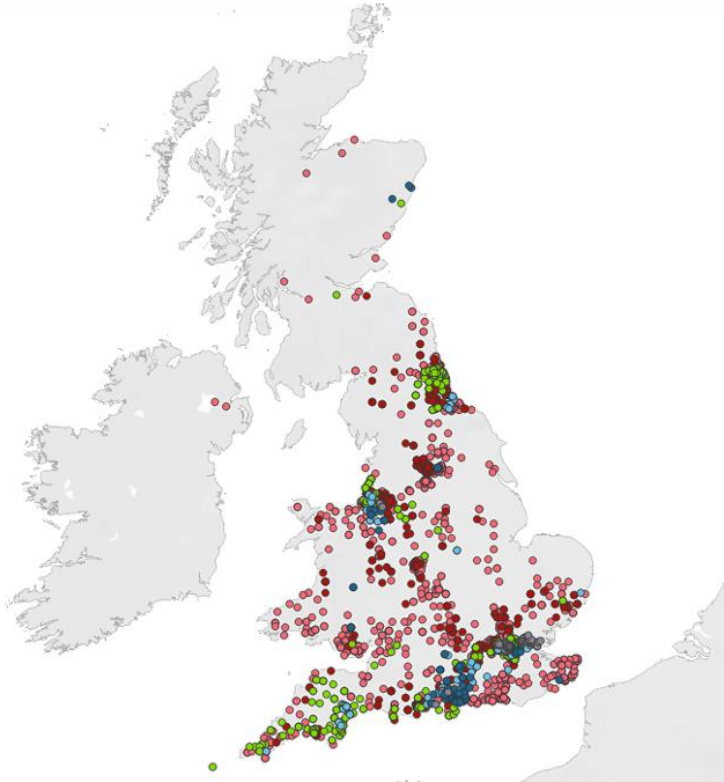
Live in 5 more by June 2022

Outpatients

2 Trusts

Developed with MSE

Full product launch June 2022



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The challenge faced by EDs

"Emergency Departments are struggling to manage increased demand. This is placing greater pressure on our healthcare system. As a result, sick patients are often not identified in a timely manner."

Increase in non-urgent cases in EDs

- 9% of ED attends are **discharged without requiring treatment**
- 32% of attends receive guidance or advice only

ED performance consistently below targets

- National performance continues to fall as **ED attends rise**
- Placing pressure on **patient safety**

Limited success in redirecting patients

- Dependent on the **staff member**
- **Not auditable**

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Triage now….

Modern emergency departments are **crowded** places with many different people with different **complaints**, all with different levels of **severity**.

Nurses must be able to **scan crowded emergency departments for critically ill patients** and move them to the front.

Nurses must be able to **anticipate the prioritisation and status** of available treatment areas.

An optimal arrival to **triage** of the patient should occur in 10-15 minutes.

Source: Huffington Post

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Triage now…. Is it consistent?

These discriminators are then **ranked by priority** from most severe to least severe. Each group of discriminators tells the nurse how urgent the patient's visit is.

Each triage nurse who performs these examinations receives **training on how to navigate the charts** and accurately triage the patient into the most accurate category.

No guidance on level of experience of the healthcare professional who completes the triage.

Urgency	Max time to treat
Immediate	Immediately
Very urgent	Within 10 mins
Urgent	Within 1 hour
Standard	Within 2 hours
Non-urgent	Within 4 hours

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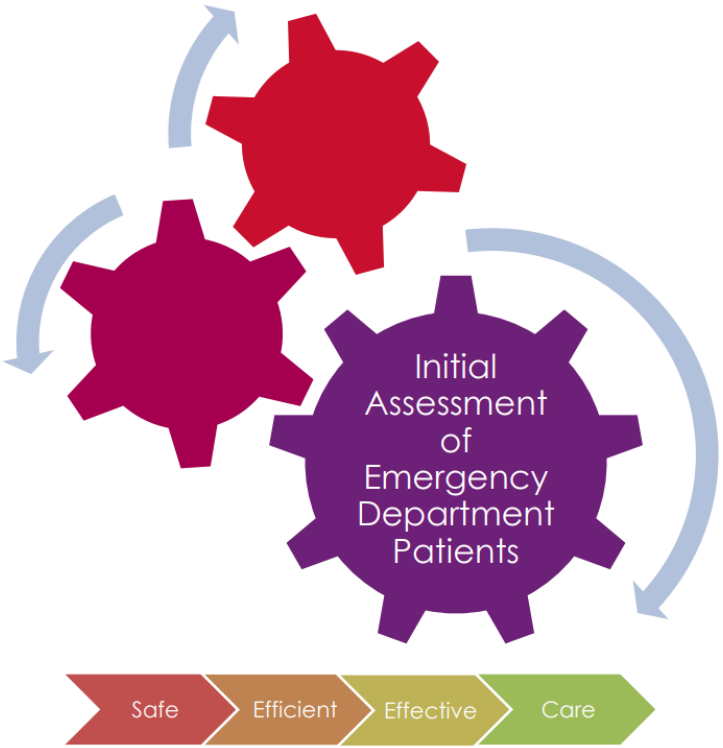
Triage in 2022

1. Different skill level of nursing staff from B5-B8
2. Some departments using reception and HCAs
3. Long waits
4. Deteriorating patients
5. Lack of communication
6. Crowded
7. Busy - Front door to the hospital - Google Maps!!
8. Hostile



Waiting rooms can be dangerous places

Safety

Ensuring all patients are seen in a timely fashion

Identifying sick patients early to prevent further deterioration within the waiting room

Being consistent in triage history and decision making regardless of time of day or triage provider

Redirection

Ensuring safe and timely redirection to other more appropriate services

Dangerous behaviour

Reducing aggressive behaviour towards both staff and other patients

Routing

Ensuring patients are quickly and accurately routed to the most appropriate destination (ED/Covid/UTC/SDEC/PC)

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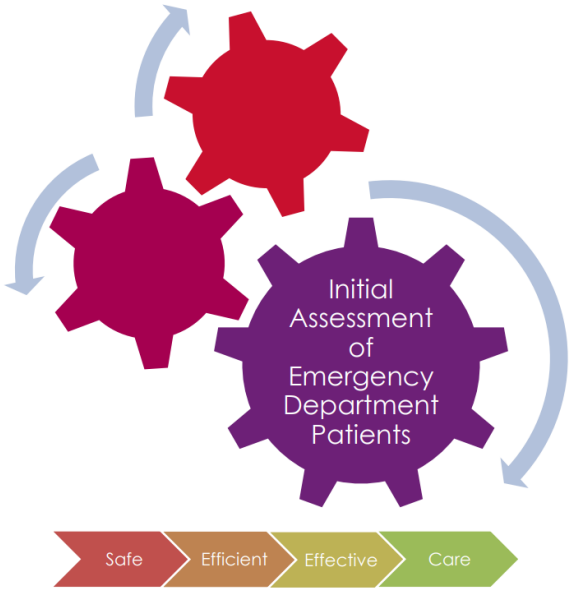
Objectives of Initial Assessment based on recommendations from RCEM:

Three main objectives of good quality initial assessment:

1. Improving safety.
2. Identifying 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. Improving efficiency in the system to ensure that patients do not wait unnecessarily for investigations or diagnostic decision making.



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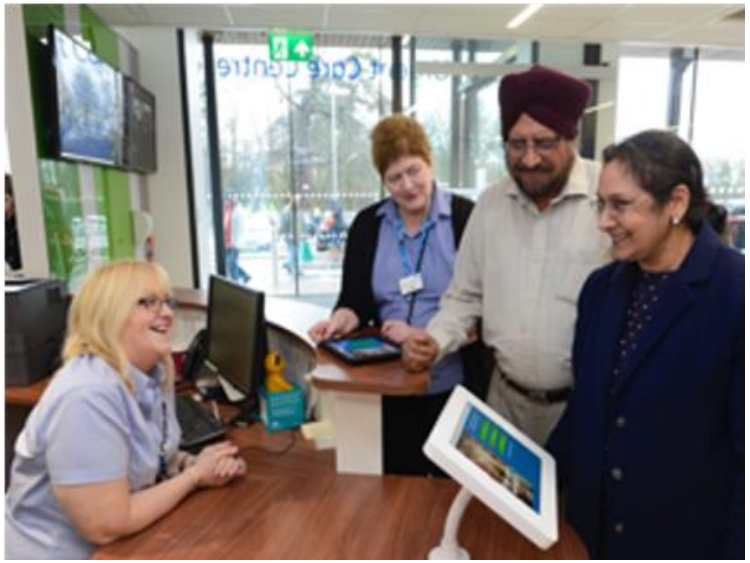
What have we done? eTriage!



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What is eTriage?

Patient **check-in** and dynamic, automated **triage** for U&EC.

- Eliminates queues
- Detects critical conditions upon arrival
- Live clinical visibility of the waiting room
- Manages demand based on acuity not chronology
- Enables redirection where appropriate
- Data dashboard

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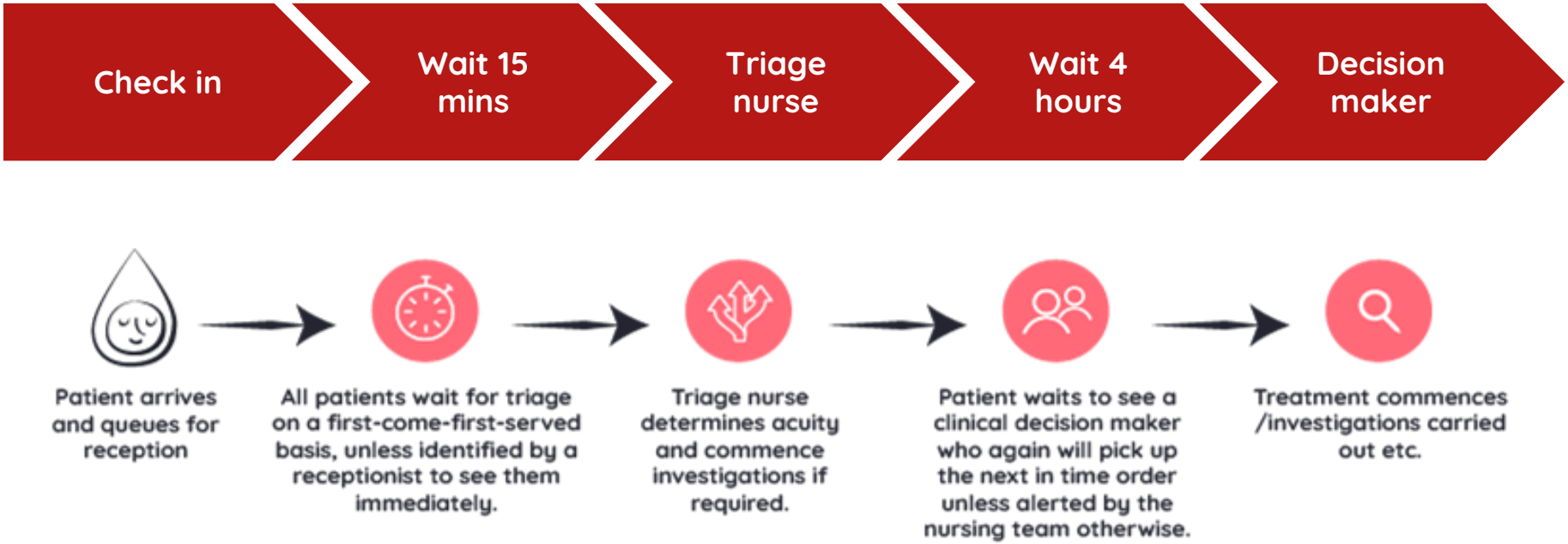
Pressure points in the patient journey



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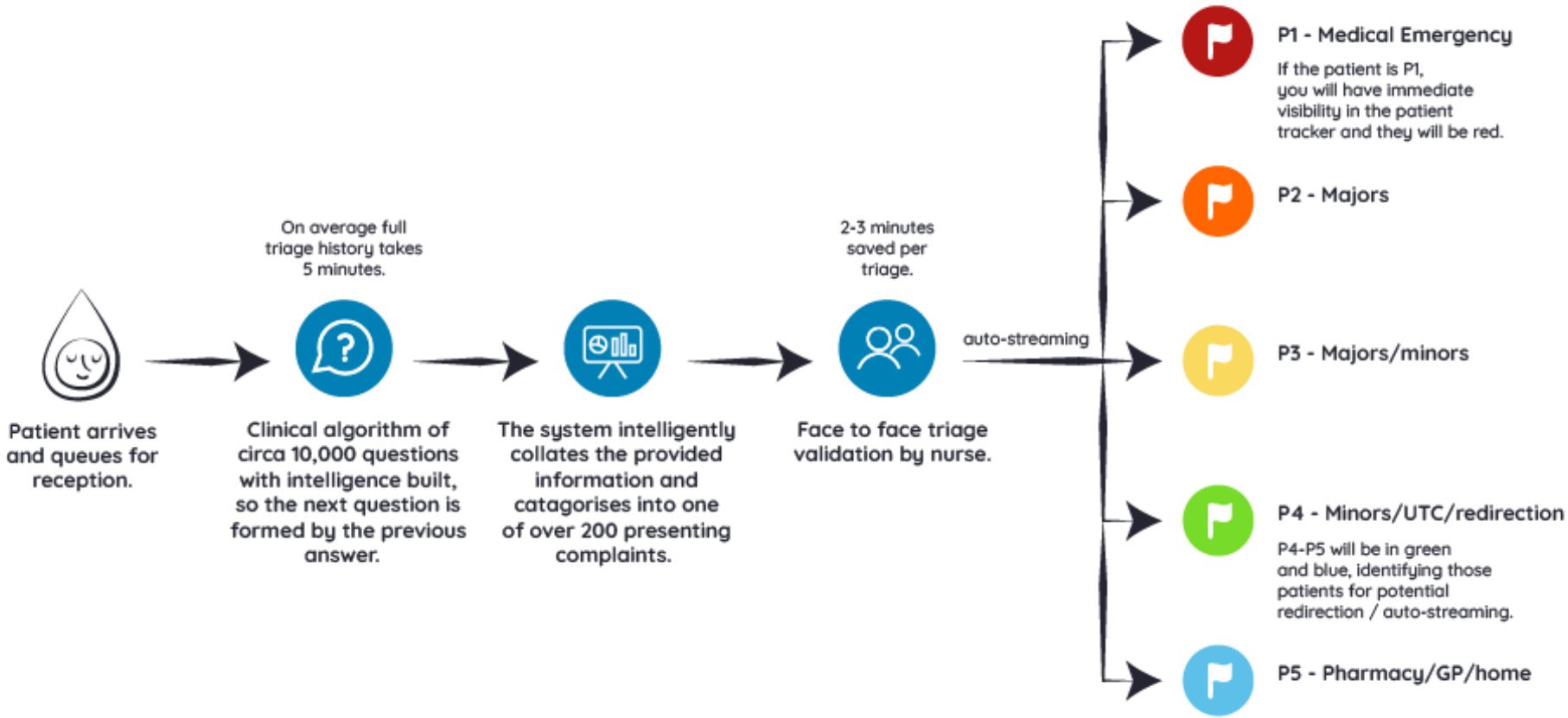
Patient journey using eTriage

Digital check in, ECDS capture and full triage history → Automated risk stratification P1-P5 → Route to appropriate care



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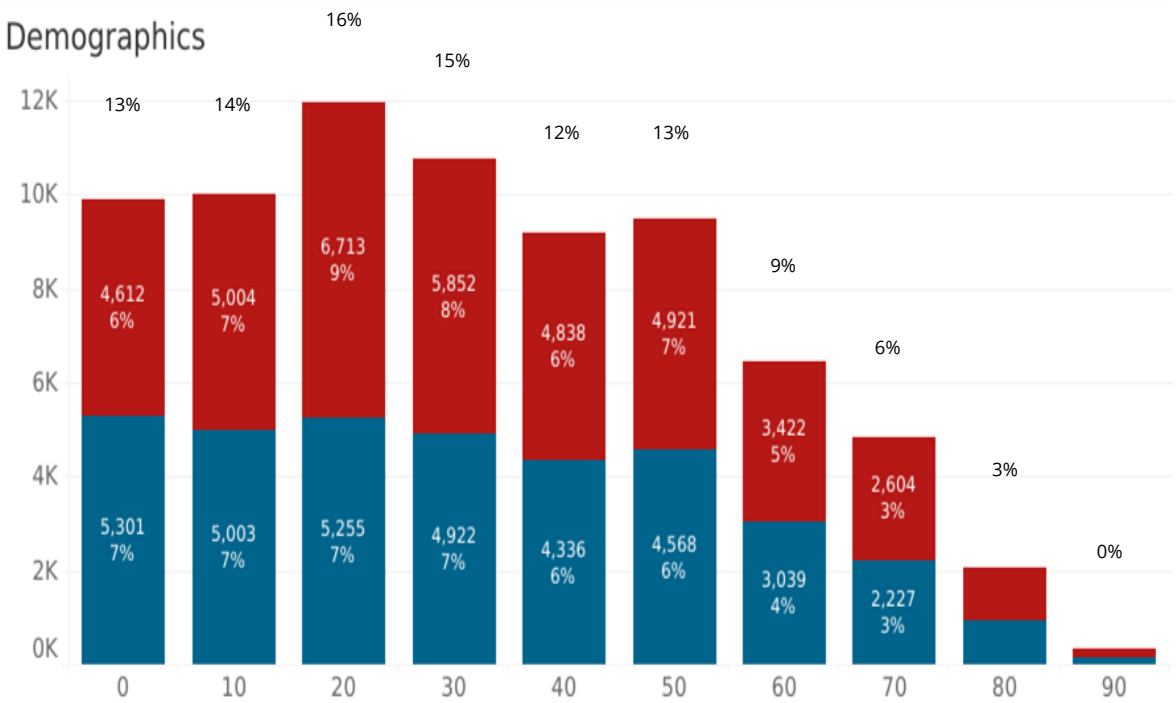
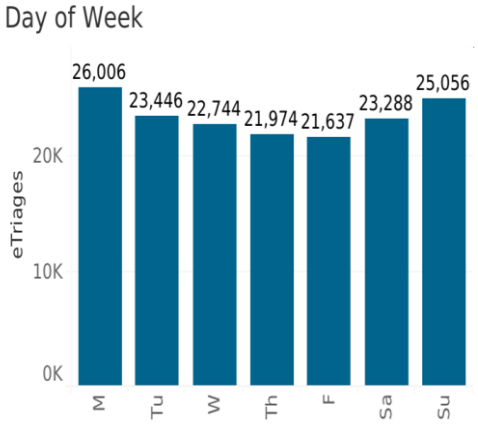
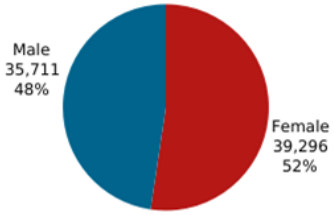
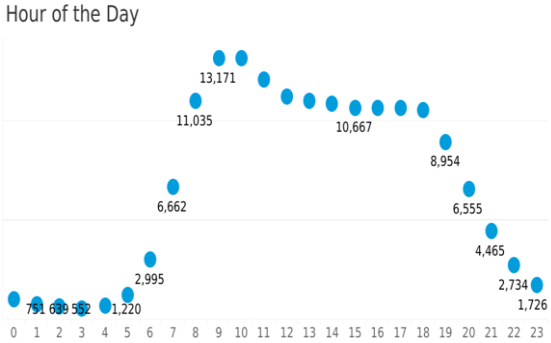
Activity from 200,000+ eTriages so far





Average time to check in:
5 min 35 sec





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Queen Mary's, Sidcup

Urgent Care Centre

Western Sussex, St Richards

Emergency Department

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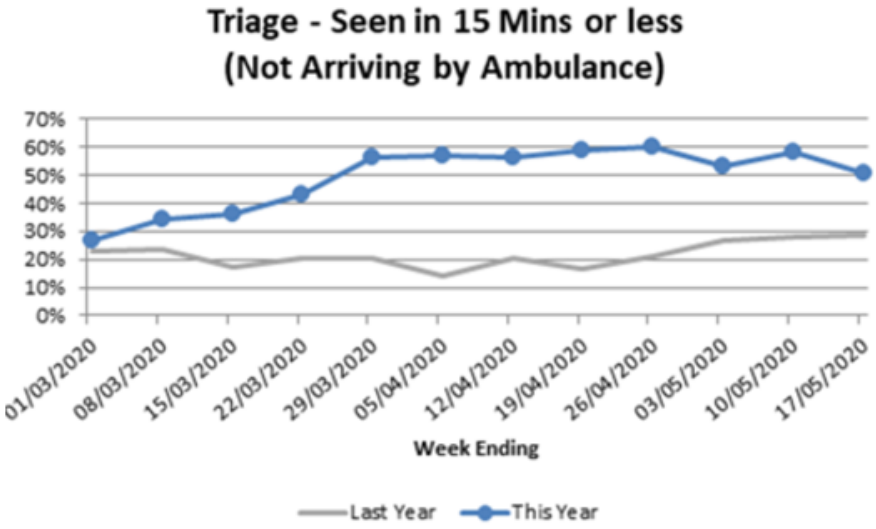
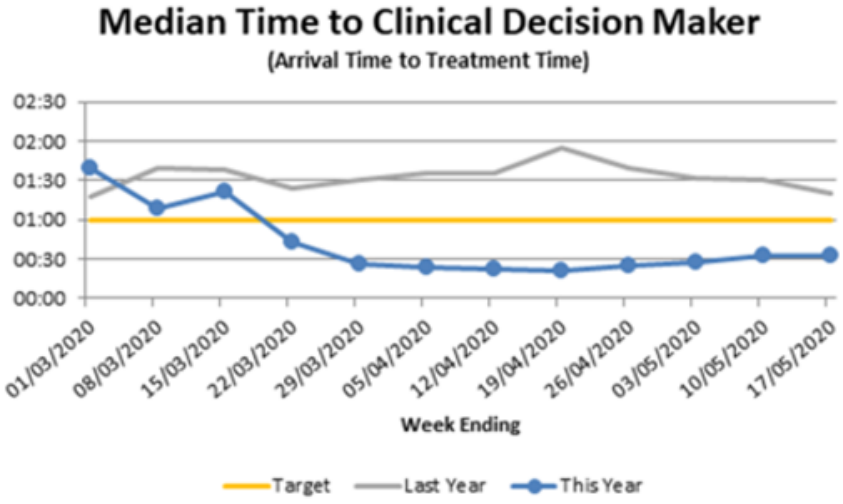
Western Sussex ED data

- Considering 200K attendances
- On average 80% used the platform
- Check-in and triage process is 5 min on average
- Time to initial assessment and to clinical decision maker both improved





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Western Sussex key benefits

- Positive patient experience
- Avoids repetition, for patients and staff
- Queue management
- Clinical visibility of the waiting room
- Acuity led operation model
- Promotes a calm waiting room and reduction in violence and aggression

" Without question promoted privacy and dignity for our patients!".

ED Matron

"Increased safety in the waiting room, it has enabled us to see who needs prioritising whilst they wait to be validated".

Practice development nurse

"Freeing up of receptionist time, removal of lengthy queues at reception desk".

ED Consultant

"Enabled clinicians to see patients direct if available as initial parts of triage done"

ED Consultant

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Colin Dewar, A&E Consultant, Worthing Hospital

"We wanted to find a better way to prioritise patients attending our emergency department, which is why we brought in eTriage.

- **documented record of patient symptoms** through a tablet at the front of the department which they can complete themselves.
- understanding of their **own perception of their condition**, such as how much pain they are in, and of how urgent their needs are.
- helps us ensure they receive the **right care, first time**

Immediate benefits - **triaging patients more quickly**, sick patients are receiving care earlier.

During COVID-19 it has also allowed us to identify any **potential patients at risk** of having the virus and decide where best to treat them

eTriage has been a success for us so far and we are still developing our use of the platform to further maximise its benefits and improve the care we provide to patients."

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George Findlay, Chief Medical Officer, Western Sussex Hospitals

"eTriage provides **multiple benefits** for our patients by **reducing waiting times, flagging life-threatening conditions more quickly and taking history on arrival** to ensure the right care is given to those who need it first.

Patient dignity and privacy is also a key consideration as the new tablets avoid people from having to divulge their condition or concern in front of others at reception."

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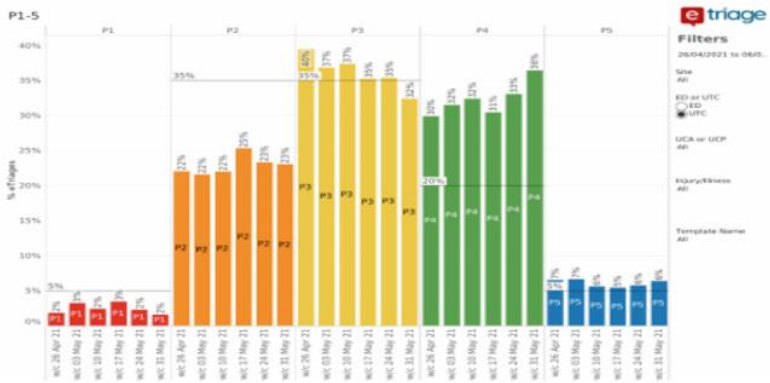
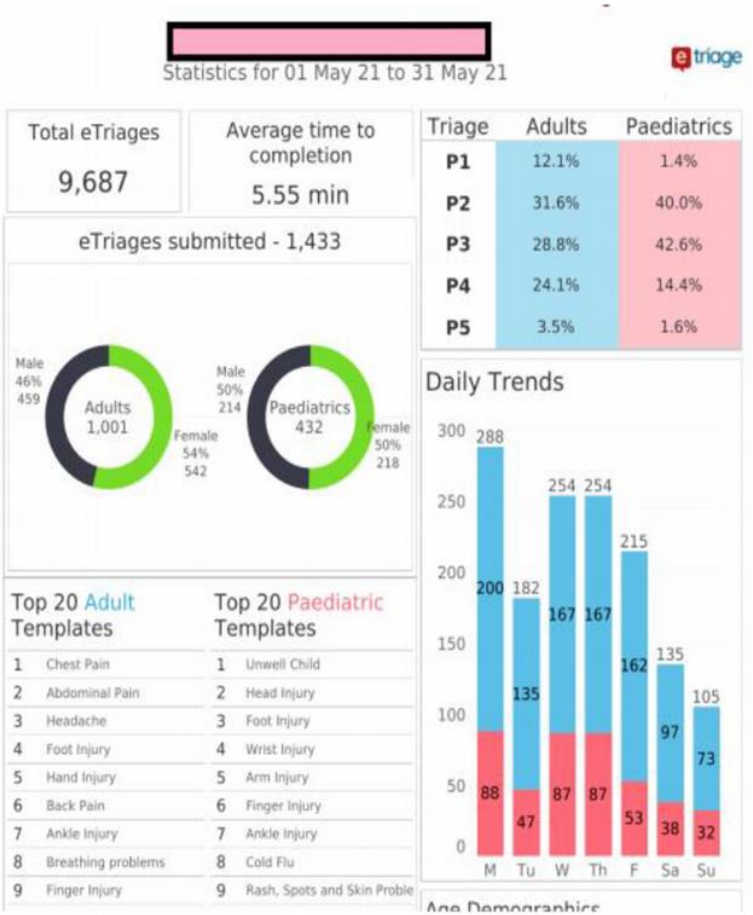
Implementation

- **Consultative** approach
- Supporting **change management**
- **Time and motion** studies
- Qualitative **patient experience** studies
- Baseline **data** to compare against **KPIs**
- Quarterly **reviews** and data dashboards





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Now live in 10 UEC sites, including

NHS
Tameside and Glossop
Integrated Care
NHS Foundation Trust

NHS
Oxleas
NHS Foundation Trust

NHS
Homerton
University Hospital
NHS Foundation Trust

NHS
Mid Cheshire Hospitals
NHS Foundation Trust

NHS
East Kent

NHS
Western Sussex Hospitals
NHS Foundation Trust

NHS
East Sussex Healthcare
NHS Trust

NHS
East Sussex Healthcare
NHS Trust

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SBRI competition: Phases 1 & 2

1. Explore the feasibility of redirecting of lower priority patients attending EDs & UTCs
2. Redirecting non-urgent patients to a more appropriate point of care, through harnessing existing eTriage platform.

Phase 1 (completed):

- Identified the best populations for redirection
- Developed proof of concept for decision matrix
- Tested prototype for redirecting P4 and P5 patients
- User research - challenges and requirements for adoption

SBRI Healthcare awards over £8 million to progress pioneering innovations in urgent and emergency care to the next level

DECEMBER 20, 2021 | SBRIHC | NEWS

SBRI HEALTHCARE

TheAHSNNetwork

NHS

Phase 2 (ongoing):

- Redirect patients to appropriate alternative services
- Improve patient prioritisation and ED preparedness
- Create safer waiting rooms, reduce wait and consultation times
- Patient and public involvement and engagement

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We believe safe and effective triage should be the front door of every healthcare journey.

The ‘eConsult’ way:

1. Clinically-led – founded by senior NHS doctors
2. Constantly innovating
3. Using technology as an enabler
4. Safety always comes first – award-winning clinical governance

Poor quality and disconnected triage costs the NHS

£3.25bn

per annum

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Current State of Play

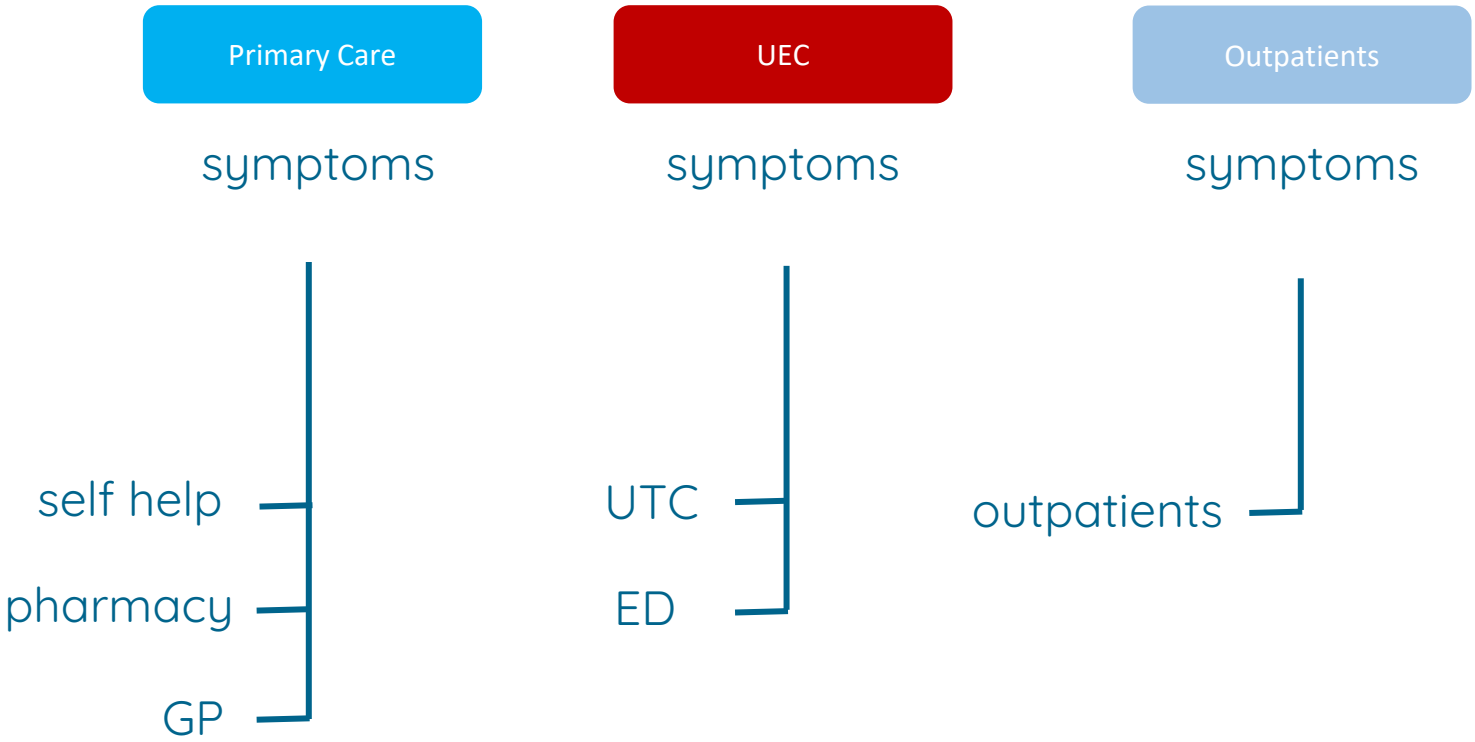
450m patient appointments every year

300m	25m	125m
£36 per interaction	£126 per interaction	£120+ per interaction

>85% delivered face to face, due to ineffective, disconnected triage

eConsult is the UK's leading clinically led digital triage platform and we are on a mission to reimagine healthcare...

From 3 entry points delivering safe and effective triage….



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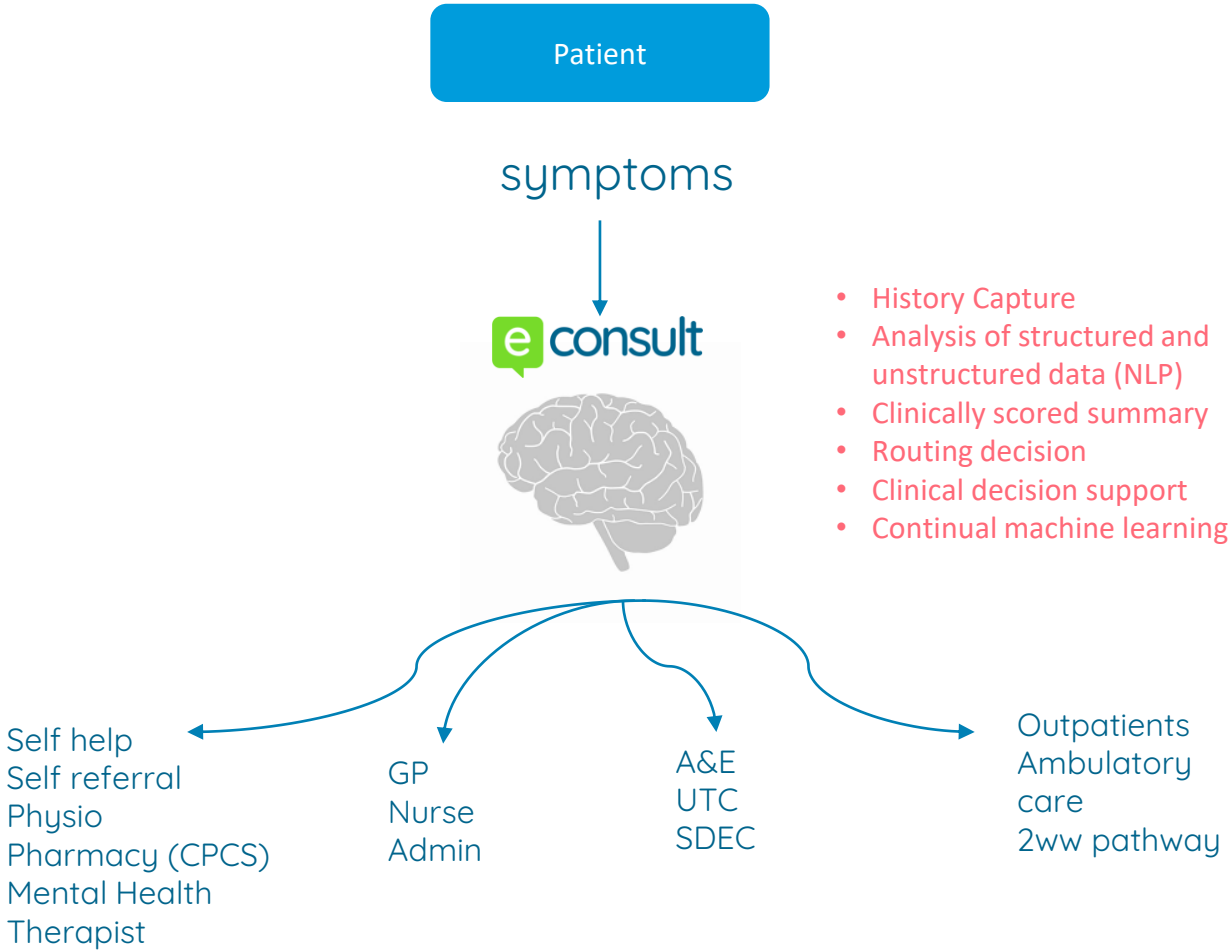
……..to 1 patient centric ecosystem available from home…..



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Speak to us to find out how we can help you and your department.

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