

# Utilising R.A.I.D to introduce formal triage into a primary care nurse-led walk-in-centre

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# Aim

To describe how the RAID<sup>1</sup> service development tool was used to introduce triage into a primary care WiC

# Objectives

Describe RAID tool

Review background

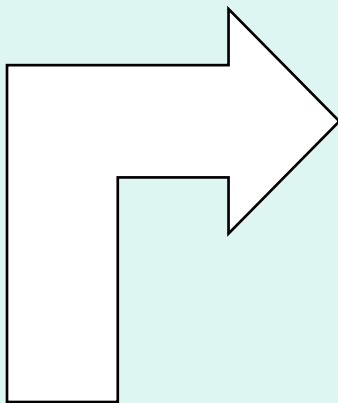
Audit current practice

Develop triage guidelines

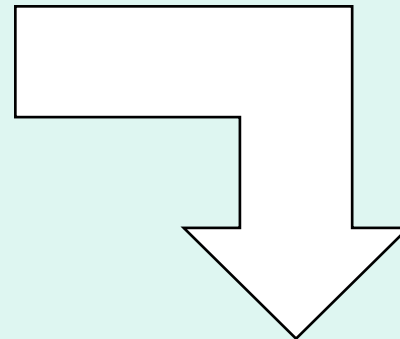
Implement triage

Re-audit

Obtain staff feedback



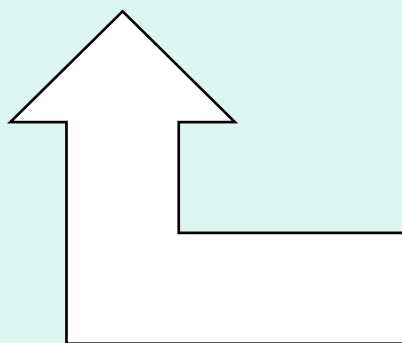
Review



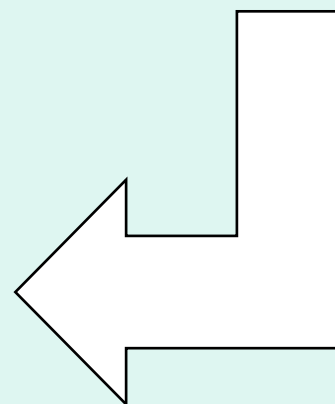
Demonstrate

***RAID***

Agree



Implement



# Background

Waiting room often full at bust times

Led to concerns for potential safety of patients

Triage system often ad-hoc – usually by NiC

NiC no formal guidelines to follow

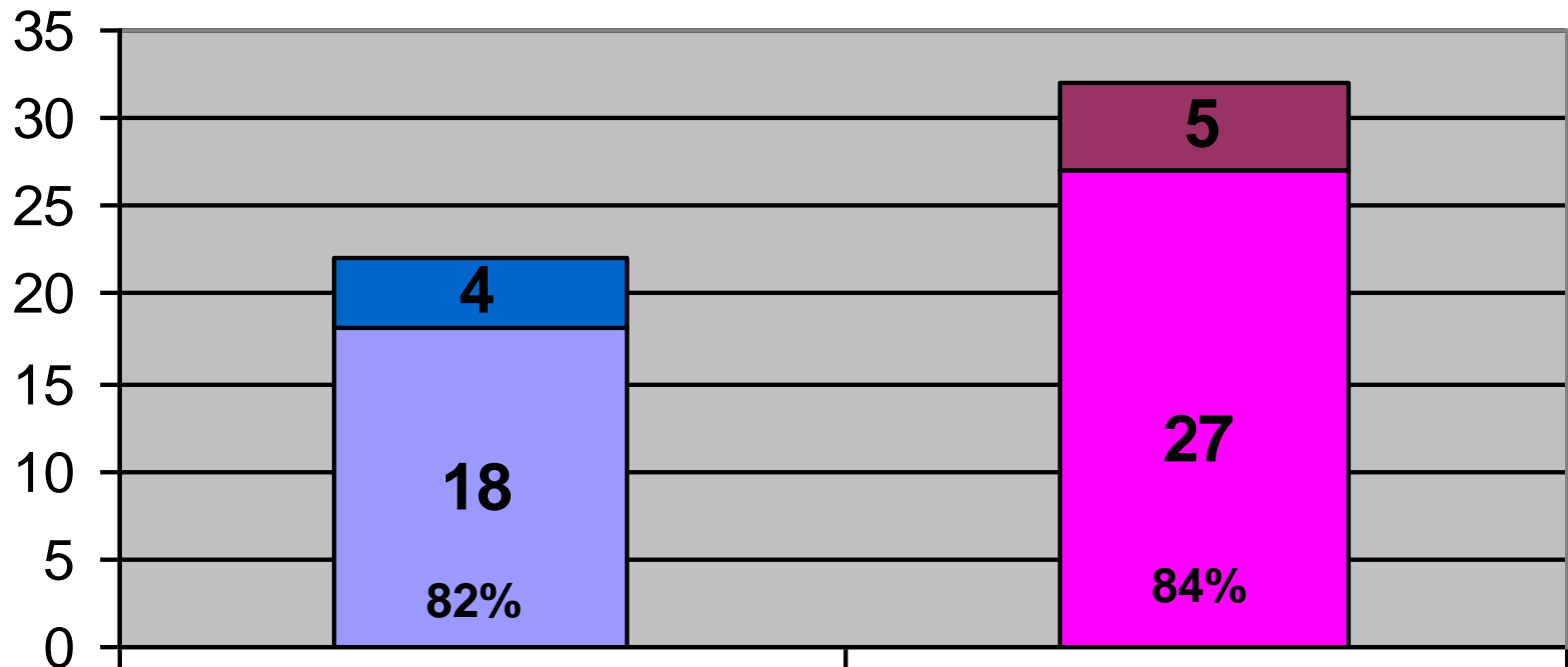
- NiC reliant on reception staff
- Challenging to assess patients within acceptable time frame
- DH best practice recommendation –  
*Commence clinical assessment of patients with urgent care needs within 20 minutes of arrival*
- If current system adequate – why change?

2 retrospective audits – Nov 2006 & Sept 2007

Urgent care needs defined as patients given discharge code '999 ambulance'

Audit criteria – 20 min DH standard<sup>2</sup>

# Retrospective audits



Nov 06

Sept 07

■ <20minutes ■ >20minutes

# Barriers to triage

Lack of validated system in primary care

Lack of space & confidentiality concerns if performed in WR

? Wasteful resource

Skill mix & staffing issues on some shifts

# Triage guidelines – *agree*

Band 7 – allocated at start of shift

Commence when 4 patients or 15 min wait

Receptionist to continue allocating category '0' on arrival

# Triage categories

0 - waiting to be triaged

1 - urgent care needs '*see immediately*'

2 - high risk '*see next*'

3 - safe to wait

4 - for HCSW

5 - not used

# *Implementation*

Initial 2 day trial identified triage categories not working

Patients allocated 0 defaulted to top of list

Nurses use to taking next patient in queue

# Amended triage categories

1 – urgent care needs

2 - high risk

3 – safe to wait

4 – HCSW

5 – to be triaged

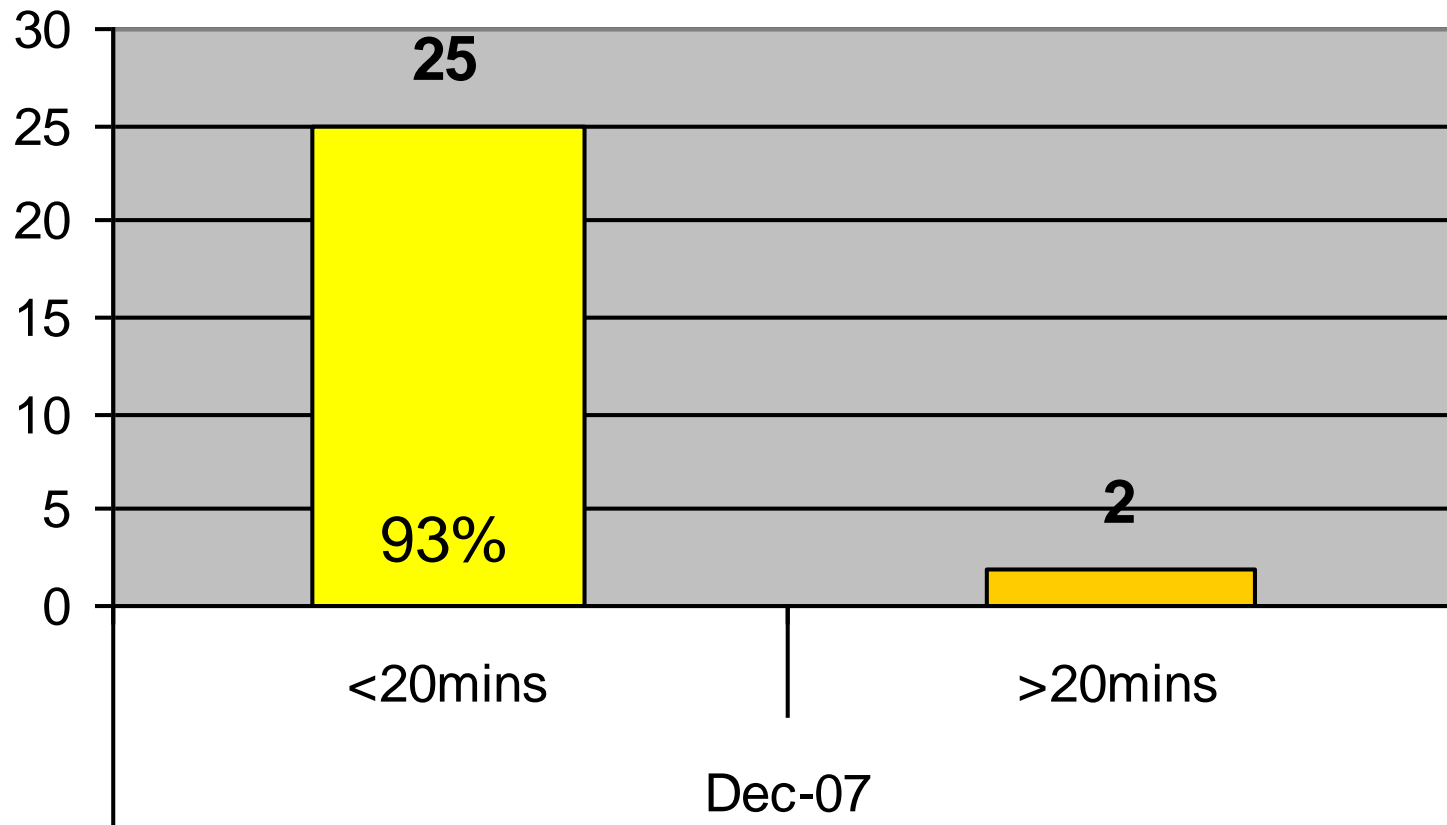
# *2<sup>nd</sup> implementation*

4 week pilot Nov 2007

MDT meeting mid-point and at end

Re-audit

# Audit after pilot



# Feedback received

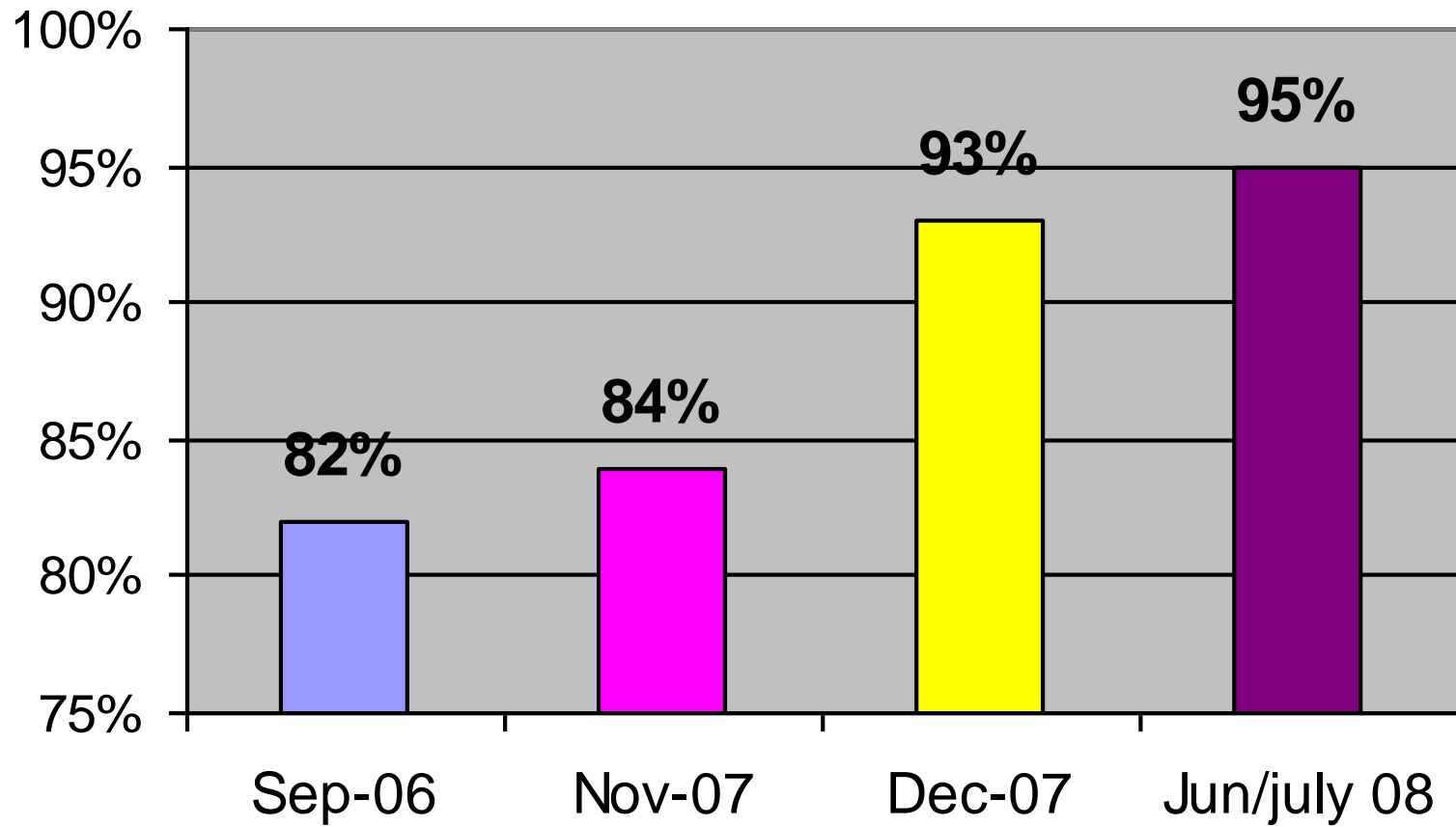
I don't know what triage is but I was glad to know I was in the right place  
(Patient)

Structured approach, safer practice...but success dependent on staffing levels  
(Senior nurse)

Nice to know nurse will be checking patients in waiting room. Better atmosphere in busy waiting room  
(Receptionist)

Love it ...safer environment  
(Senior nurse)

## Comparison of audits



# Conclusion

RAID allows those affected to take ownership of project

Regular MDT meetings led to successful implementation

Success dependent on staffing levels

Initial guidelines continue to be used

No new barriers identified

Triage to be rolled out to partner WiCs

# References

- <sup>1</sup>Rogers, PG. (2006). RAID methodology: the NHS Clinical Governance Team's approach to service improvement. *Clinical Governance: An International Journal*. 11(1), 69-80
- <sup>2</sup>Dept. of Health. (2006). *National quality requirements in the delivery of out-of-hours services*. Dept. of Health: London.