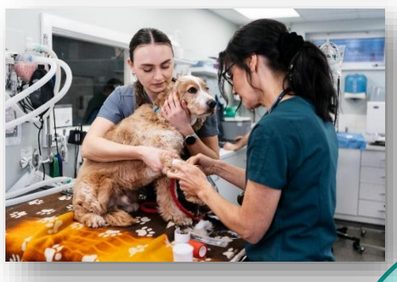
# Right Care, Right Now!

A quality improvement initiative to ensure patients are triaged in <5 minutes

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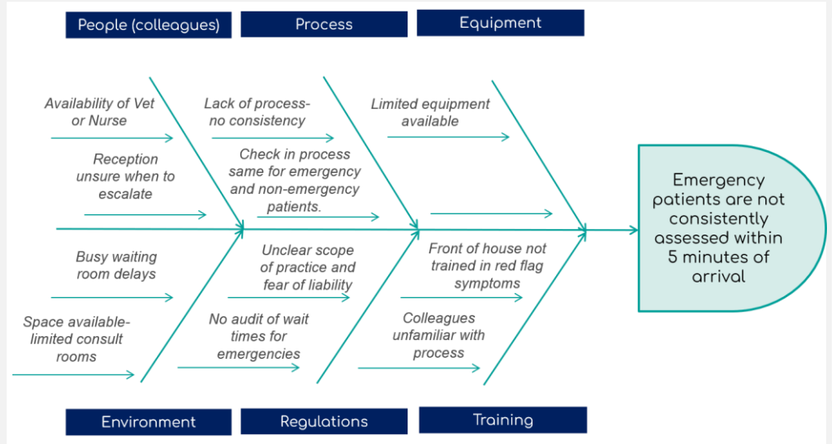
**When we don't triage emergency patients quick enough, they are left waiting, wondering and potentially in pain. Owners are upset, staff struggle under pressure and patient treatments and recoveries are then delayed.**

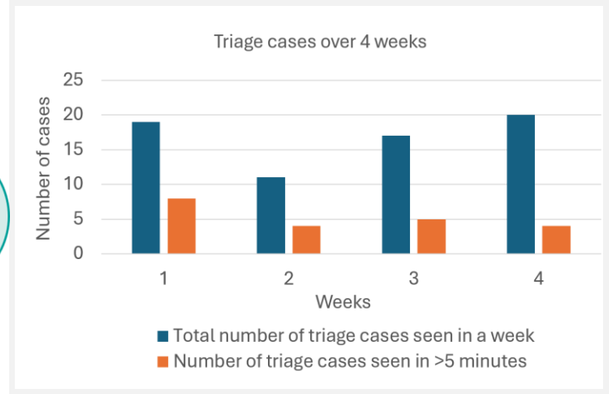
## BACKGROUND

- Patients are sitting in the waiting room, some in visible pain, others anxious and unsure why someone who arrived after them were taken in first.
- There are frustrations at the front desk - "I've been waiting for ages" and staff quietly debate how urgent a case really is.
- It has been noticed that clinicians are making quick judgment calls under pressure, sometimes with limited information.
- There are differences in how patients are prioritised depending on who is triaging that day. The front of house team can play a vital role in helping to ensure that patients are triaged promptly.

## DIAGNOSTICS

*Patient arrives / contacts practice* → *Brief history obtained* → *Initial assessment performed.* → *Triage priority assigned using current system* → *Priority documented and communicated* → *Patient triaged correctly- Red flags seen in under 5 minutes*



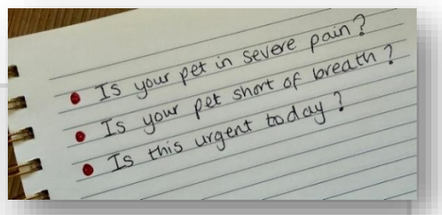

## AIM & MEASUREMENT DEFINITION

**Aim:** By the end of September 2026, 7 out of every 10 patients presenting for triage as emergencies are seen within five minutes of arrival.

**Chosen Measure:** Patient presenting for triage seen in <5 mins - Yes/No measure: 0 = No, not seen in 5 minutes. 1 = Yes, seen <5 minutes.

**Inclusions:** All species, booked triage appointments and all emergency walk ins.

**Exclusions:** Routine appointments and planned rechecks or follow-up appointments.

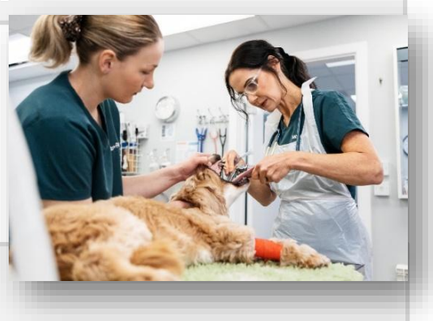



## CHANGE IDEAS

- Use a standard triage checklist for all patients during one shift.
- Train reception staff to ask 2 or 3 key red flag questions at patient check in.
- Notify the duty vet when a potential triage patient arrives.
- Assign one 'emergency responder' clinician per shift as a trial.
- Trial a simple alert (e.g. a bell, or flag on system) for urgent arrivals.
- Colour coding on practice management system for timings rather than appointment type. (e.g. urgent vs routine).
- Deliver a 10 minute team briefing on triage processes.
- Use a start of shift equipment checklist for triage for one week.

## PDSA cycles

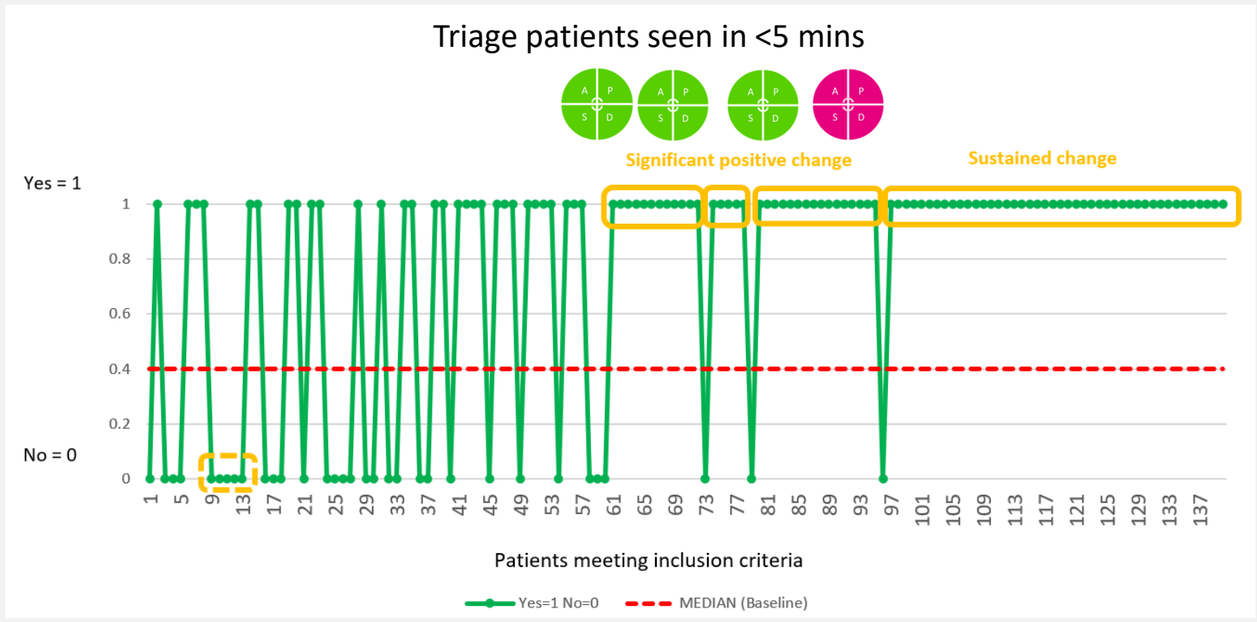
| PDSA Test # | PLAN | DO | STUDY | ACT |
|---|---|---|---|---|
| 1.1 | **Notifying a clinician of triage patients**<br>Ensure a designated clinician is aware asap once a triage patient arrives. | Reception team and vet briefed beforehand.<br>Record data for **all inclusion patients.** | To walk in appointments, both times the receptionist made the allocated vet aware. | **Abandon -** too many variables that could inevitably slow down the whole triage process.<br>Too big - could be a whole project itself. |
| 1.2 | **Assigning an "emergency responder"**<br>Prediction: having one named vet would reduce delays and confusion when inclusion patients present at the practice. | Assigned one clinician for the day shift as the "emergency responder."<br>Reception notify only that person when inclusion cases arrived.<br>Look at time taken for the patient triage and any missed notifications since it is reliant on humans. | 7 inclusion cases presented. All 7 reported to the emergency responder. Responder vet saw 4/7 cases.<br>Delegated 3 cases due to availability.<br>Process took a little longer as receptionist made the vet aware of the case and then handed the case over.<br>+ve - it was clearer for reception team having one emergency responder. Tirage time not always reduced: If the responder free then it was but otherwise wasn't. | **Adapt**. Risk of overwhelming one person. Considered having a back up person – ruled out as too messy and complicated.<br>Next step is to look at another cycle and test another change idea e.g. utilising the receptionist to filter down the cases for the responder. |
| 1.3 | **Reception red flag questions** | Reception asks every client (on behalf of the patient):<br>•"Is your pet in severe pain?"<br>•"Is your pet short of breath?"<br>•"Is this urgent today?"<br>Using a simple prompt card left on the desk. | 4 cases. All asked key questions by receptionist.<br>2/4 cases the receptionist got 'yes' answers, so went straight through to the back (once with the pet) to initiate clinician triage. 1 case handed straight to the vet (breathing case dealt with in minutes).<br>No questions missed. Appropriate patients seen in <5mins. Didn't seem to slow down check in process at reception. | **Adopt**<br>Could look at refining the questions. Colleagues felt that this PDSA cycle improved identification of triage cases and fed into what was uncovered in cycle one and two. |
| 2.1 | **Reception red flag questions- extended study** | Briefed the reception team and vet beforehand.<br>Record data for **all inclusion patients.** | There were two inclusion cases. Both cases were seen in under 5 minutes. | **Adopt** this change idea. |



## CONCLUSIONS

The project achieved its improvement aim of increasing the proportion of emergency patients seen within five minutes of arrival. Baseline data showed that approximately 40% of patients were assessed within the target timeframe. Following the implementation of a series of PDSA cycles, particularly the introduction of red flag screening questions at reception, there was a statistically significant change (indicated by consecutive data points above the median line). The improvement was maintained during the final PDSA cycles with all identified urgent patients being seen within five minutes of arrival. This confirms that the change was both effective and sustainable within practice. The findings indicate that simple, standardised processes involving the whole practice team, particularly the front of house staff, can improve the timely identification and prioritisation of emergency patients and contribute to safer patient care.

## RUN CHART




## REFLECTIONS & LEARNING

Using the Model for Improvement allowed me to break a larger problem down into smaller, manageable tests of change. Rather than trying to redesign the whole triage system at once (which I thought I could do), the PDSA cycles allowed me to test simple ideas safely on a small scale and learn quickly from both successes and failures. I kept thinking too big through the process: Things really clicked for me once I got my fishbone diagram completed. One of the biggest learning points was that sustainable change cannot rely on one individual person remembering to do something differently. I was pleasantly surprised at how one small change could make such a big impact on patient care and treatment and potentially save lives. The receptionist red flag questions worked well because they became part of the normal check in conversation rather than an additional process. They were also speedy. I feel like I really went on a journey with this project.

*Acknowledgements:*
*Stephanie Meddick-Dyson, QIC Mentor*
*Photo credit- Vets for Pets Yeovil*