INTRODUCTION

• Unprecedented pressures being faced by Emergency Departments (EDs) nationally
• Increased exit block experienced by EDs nationally
• Increased patient numbers resulting in increased time to triage and time to being seen by a doctor

Rapid assessment and treatment (RAT) models supported by the College of Emergency Medicine and the Emergency Care Intensive Support Team (1)

RESULTS

• Since the introduction of RAT, the average time from arrival in the ED to being taken in to the RAT area was 24 minutes
• Patients were “RAT ready” having had observations, ECGs, bloods, cannulation if appropriate and triage by a doctor after a mean of 41 minutes (range 1 to 203 mins), compared to 90-120 mins before the introduction of RAT

DISCUSSION

• Senior doctors requesting investigations potentially reduces the number of unnecessary tests
• Waiting time reduced
• Junior decision making led by senior decision making but with potential to carry through errors from early assessment to majors – a culture facilitating juniors to challenge early decisions must be encouraged
• Potential impact on junior training
• Staffing requirements are increased
• Currently difficult to staff out of hours

CONCLUSIONS

• RAT appears to be beneficial, although further work needs to be done to establish definite benefits with respect to investigations ordered and also whether it impacts on admission and reattendance rates.

REFERENCES