



Gloucestershire Safety and Quality Improvement Academy 2025

# Reducing the time taken for clinician contact for priority 2 walk in presentations to the emergency department

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## The Safety Concern

- National guidelines state that patients who are identified as a priority 2 at triage should be seen by a clinician within 10 minutes of arrival in ED.
- The average time for patients to have their initial clinician contact was 60 mins for those walk in patients identified as priority 2 at triage.

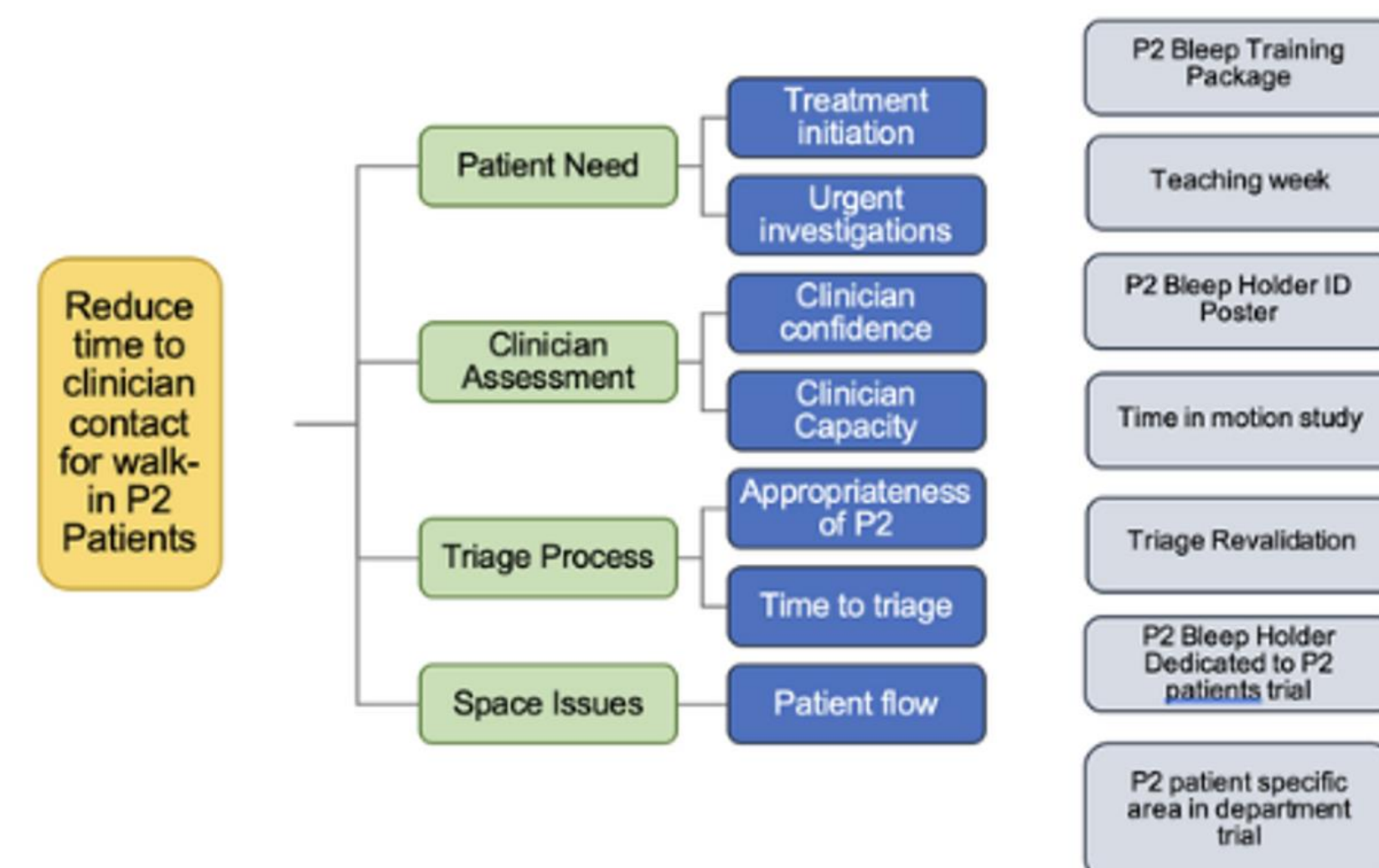
## The Aim

The aim of this project was to increase the proportion of walk in patients who are identified as priority 2 at triage that are assessed by a clinician in under 30 minutes over a 1 year period from 22% to 50%.

## The QI team

- ED Registrar
- Senior nursing staff-Clinical Educator in Safety and Quality
- SHO's
- Clinical Vision of Flow Team
- ED Matron

## Driver Diagram



## Measures

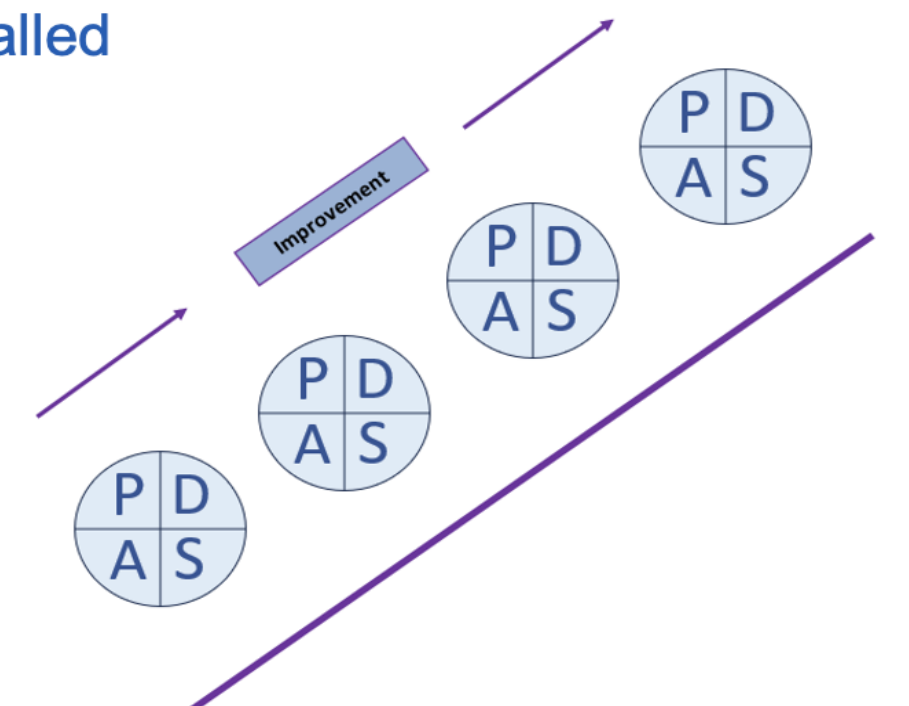
Outcome:  
-Proportion of priority 2 patients seen by a clinician in under 30 minutes

Process:  
-Clinician compliance with training package  
-Clinician confidence in assessing P2 bleep patients.  
-Nursing staff confidence in triaging P2 bleep patients.  
-Assessment of the perceived efficiency of the process for walk in P2 patients.

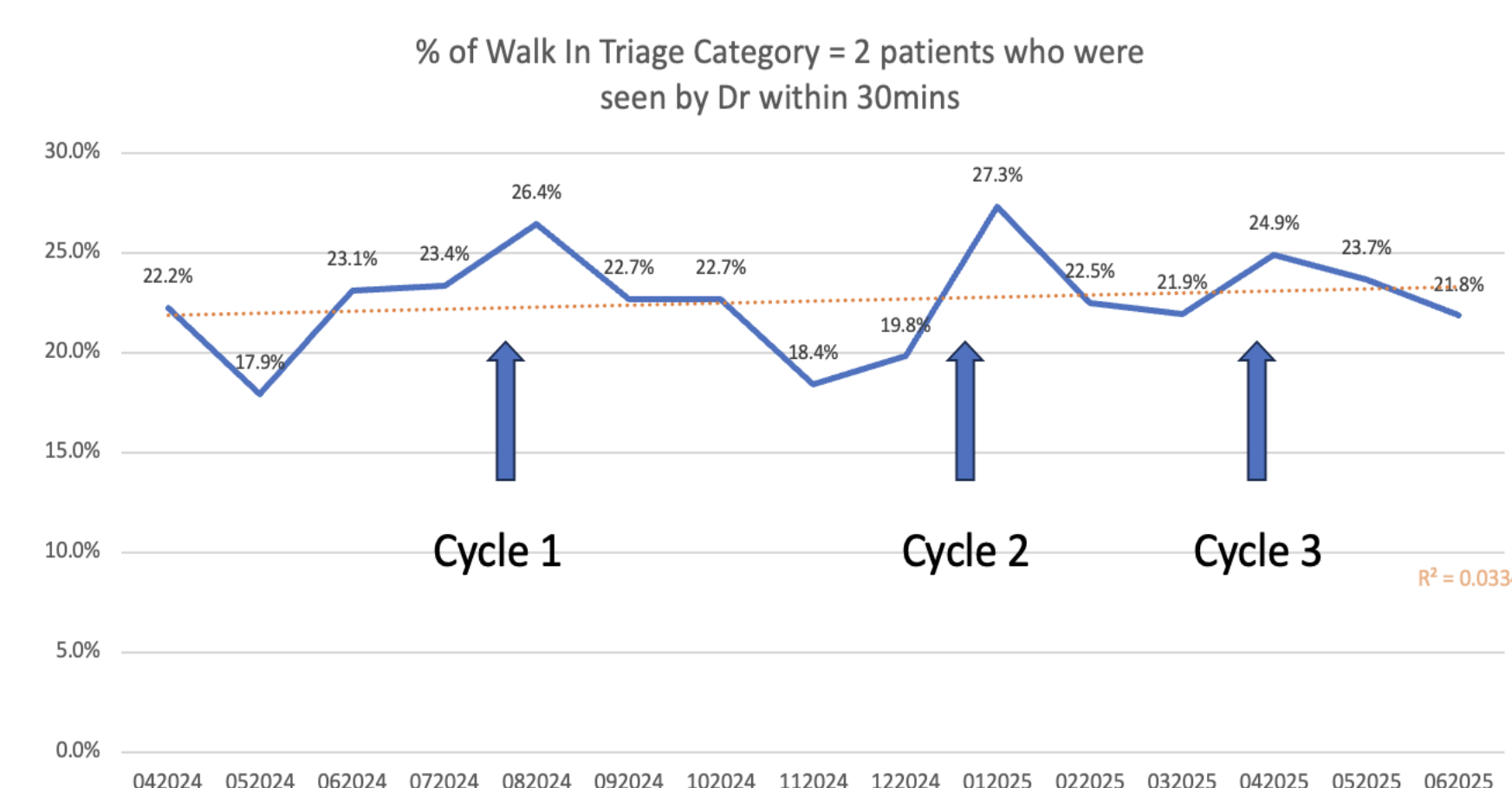
Balancing:  
-P3-5 patient time to be seen by a clinician.

## PDSA cycles

Cycle 1A – Mandatory clinician compliance with training package  
Cycle 1B – Introduction of name boards for P2 bleep holder  
Cycle 2 – Teaching week held for clinicians and triage nursing staff  
Cycle 3A – Designated P2 assessment zone set up in ED minors  
Cycle 3B – Alternative P2 bleep holder process trialed



## Outcome Measure



## Measurements and Key Results

Process measures:  
Clinician confidence in assessing P2 bleep patients increased from 65% pre teaching to 75% post teaching.

Nursing staff confidence increased from 42% pre teaching to 68% post teaching.

Clinicians were surveyed throughout the year to assess how efficient they thought the P2 bleep process was. The proportion of clinicians that thought it was efficient or very efficient increased from 37% in May 2024 to 64% in May 2025.

Balancing measure:  
No sustained difference in the time taken for P3-P5 patients to be seen by a clinician.

## Next Steps

Permanent walk in P2 assessment area/P2 escalation area to majors

Funding for new nursing staff in minors ED

Expansion of the triage revalidation system for nursing staff