

Re-location of triage and reception in the Emergency  
Department at Torbay Hospital  
Feedback Summary Report

August  
2016





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## Introduction

Torbay and South Devon NHS Foundation Trust is working as a Vanguard organisation within the Keogh Urgent and Emergency Care Review to improve the speed and quality of response to urgent and emergency care.

Healthwatch Torbay, as the local independent consumer champion for health and social care, was asked to talk to the public and patients visiting the walk-in part of the Emergency Department (minor injury). The discussion would clarify whether proposals for rearrangement of the space, to improve privacy, would be acceptable to the public and whether any comments might be helpful in determining the final design. No clinical or personal information was required for the survey.



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# Methodology

During this visit, trained Healthwatch Torbay Enter & View representatives were joined by trained Torbay Voice members. 59 patients and accompanying carers contributed their views over three sessions through use of a questionnaire and informal discussion. No plan for the proposed changes was available for viewing. To accommodate this, the interviewers were given an overview by the matron and this was shared with the public on a one-to-one basis on initial contact. Results were analysed by input to online analysis tool 'survey monkey' following the event, with responses viewed individually to pick up on textual information.



Overall the public welcomed the proposed re-arrangement, as it addressed their major concern of the apparent lack of privacy associated with the existing nurse led triage location. Both the questionnaire responses and informal interview brought out additional comments from the public and these are included in the report.

## Background

### Current accommodation

The current accommodation consists of a central waiting area with seating for approximately 50 people, adults and children, arranged in double rows of back to back seating with some space for wheelchair patients on the ends. Reception is on entry at the left, behind transparent screening.

Nurse triage area is on the right, without screening, at the far end of the waiting space with a room behind for further assessment if required. Devon Doctors Out of Hours service also uses the space and is located in an office on the left corner with the linking corridor to other areas of the Emergency Department between this service and Reception. There is a children's play area located next to the nurse triage area. High level opening windows are located above this area.

Refreshment is available from self-service machines on entry. There is a TV screen showing standard programmes without sound and with sub-titles viewable from the 50% of seating facing in its direction. A collection of well organised clinical advice leaflets are displayed but obstructed by seating.

Environmental conditions were specifically noted during the Saturday afternoon session along with attendees' movement patterns. The space was well ventilated but as this was summer (July) it was still very warm. The majority of attendees were seated for most of the time, some stood and moved to the entrance for short periods. No-one was actively



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watching the TV (sport). The noise level of the environment was often high causing difficulty in hearing the name of the person being called and requiring the need to shout a name. This became even more difficult when the children's play area was in use with a noisy game. Two rows of seating between corridor and nurse triage caused obstruction for nursing staff and monitoring equipment, especially when wheelchair users were in this area.

The mood of public and patients was one of resignation to waiting. Staff gave a clear impression of being in control and smiles were well in evidence.

## Our Findings

### Questionnaire Overview

The first interview question was intended to orientate the interviewee to the current triage area safety and privacy.

After explanation of the proposed new plan, questions then promoted reflection on whether problems would be resolved and whether new ones would arise. Without a visible plan it was difficult for some of the interviewees to respond, especially under the circumstances of their visit.

Most were pleased to take part and to contribute their thoughts, which, on the whole, were focussed around their personal privacy and comfort and the feeling of uncertainty and anxiety when waiting for an approximate period without notification of progress. Even though the interview was aimed at evaluation of the triage and reception areas, many incorporated this into their impression of the whole area and this was not discouraged by the interviewers.

Comments on personal comfort included the lack of a water cooler (and the cost of bottled water) and the lack of newspapers or anything to read. Comment was made more than once about the difficulty of seating (height of seat) for older people with mobility problems and the psychology in having seats facing (watching the person opposite). The level of noise and difficulty in communication was often spoken about. One family did not realise that the children's play area was for their use.

On asking if the new layout would provide a safe place to be, this was explained as being personal safety rather than clinical safety. Although there were stories of police accompanying patients and what would happen "if someone kicks off", there was no overwhelming expression of undue concern.

Some were concerned to improve the cross flow of people entering the area, locating reception, finding a seat and in the process obstructing staff crossing the area. (It was not known by the interviewers where the additional treatment rooms would be located or the arrangement of seating). A small number questioned whether the cost involved would not be better spent on more staff.

Discussion on the proposals was encouraged by asking "What will work well?"; "What could work better?"



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## Question 1 and discussion: current issues

In reflecting on the current location of triage and reception:

- The majority felt safe (63%) but also felt inhibited by the perceived lack of privacy (77%).
- Some were concerned to be left alone in the triage area.
- Some had felt confused on entry by the lack of signs to the Reception area.

## Question 2 and discussion: the proposed changes

In reflecting on the proposed changes, of those who were able to envisage the change:

- The majority (89%) felt that they would feel safe.
- Privacy would be improved (85%):
  - With less noise and therefore easier to communicate.
  - 45% of words used included the words “private”, “privacy”, “confidential” and “space”.

What could work better included:

- More space for triage.
- A better way to call patients (sound system, display screen).
- Seats in rows not facing each other and better seats or wheelchair location for less mobile people.
- Information on waiting time progress (there seemed to be an assumption that triage was an intermediate stage in a linear process and that patients were taken in order “it is my turn next”).
- A water cooler.
- There was a suggestion that triage could replace the Devon Doctors' office to reduce obstruction and cross flow of staff with one suggestion to move reception out of the waiting area completely.

## Question 3: use of other services

Interviewees were asked if they had visited or tried to use any other health service before attending the department.

- Some had multiple attendance and knew of Minor Injury Units which they had used for this specific health event (16%), but not open on Saturday.
- Some had been told to come to the department by the GP, pharmacy or Out of Hours service or NHS 111.
- One had attended Newton Abbot Minor Injury Unit but told that children under 5yrs could not be X-rayed, so they were re-directed (“which added to the waiting time, if we had known”). 45% had not used any other service.



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## Question 4: useful information

Interviewees were asked what information might be useful to read or have available.

- Whilst approximately half those interviewed agreed that health and wellbeing related information would be useful, many used the opportunity to redirect to their concerns about waiting times' information.
- Some expressed a hope for daily newspapers and magazines.
- Interviewees were provided with a pack of information about Healthwatch, suitable use of the emergency department (CCG information), location of minor injury units and availability and the web address showing current waiting times across the emergency and urgent care network. None of those interviewed realised that the latter was available.

# Summary

## Does the proposed re-arrangement address the issues?

- **Privacy:** The majority of those interviewed considered that this was a key issue and that the new arrangement would work better.
- **Safety:** This was difficult to confirm but there were no major issues raised.
- **Environment:** It was felt that noise levels would not have such a high impact and communication should be improved. It did not address the difficulty in hearing when called.
- **People/staff flow:** This was not clarified as the new arrangement of seating and the related location of treatment rooms were unknown but is a factor to be considered.
- **Comfort:** Seating types and orientation might require a further analysis, wheelchair mobility and reduction in their being an obstruction was unknown but is a factor to be considered.
- **Information:** Reception locating signs would remove uncertainty on entry. Also, any indication on waiting time progress would be appreciated.
  - *The often long, passive waiting time appears to be an opportunity for the transfer of information on health and wellbeing “Making every contact count”. Paper based reading use seemed to be directed towards leisure reading, many interviewees were using information through their mobile or tablet. (A post visit suggestion was to have a QR code at reception which linked to updated information, as used at Albany surgery.)*



# Further Reading:

The Keogh urgent and emergency care review. <http://www.nhs.uk/NHSEngland/keogh-review/Pages/urgent-and-emergency-care-review.aspx> (read 28th July 2016)

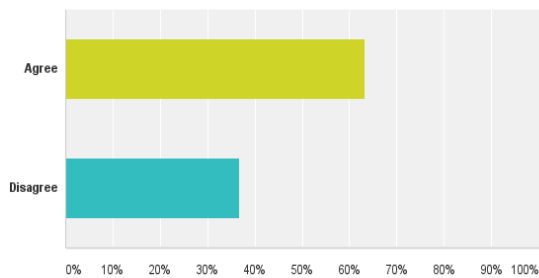
Making every contact count. <https://www.england.nhs.uk/wp-content/uploads/2014/06/mecc-guid-booklet.pdf> (read 28<sup>th</sup> July 2016)

Turner, J. (2015). Managing avoidable demand for an emergency department: a research project for South Devon Healthcare Foundation Trust.

# Appendices:

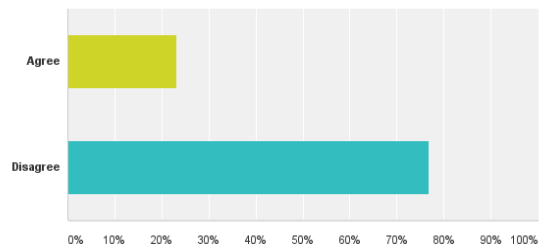
**Q1 Do you consider that the lay-out of the waiting area today provides a safe place to be?**

Answered: 57 Skipped: 2



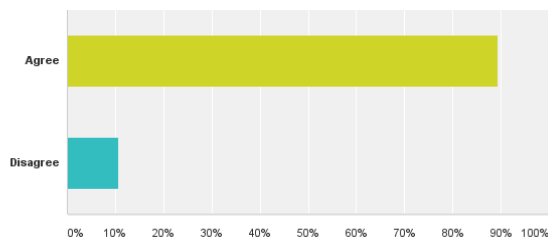
**Q2 Do you consider that you can explain your problem to the triage nurse located in the reception area without other people listening in?**

Answered: 56 Skipped: 3



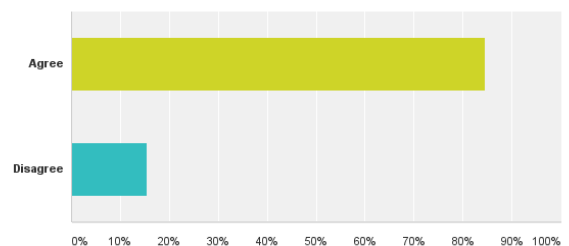
**Q3 Do you consider that the new lay-out of the waiting area will provide a safe place to be?**

Answered: 56 Skipped: 3



**Q6 Do you consider that you will be able to explain your problem to the triage nurse located in the reception area without other people listening in?**

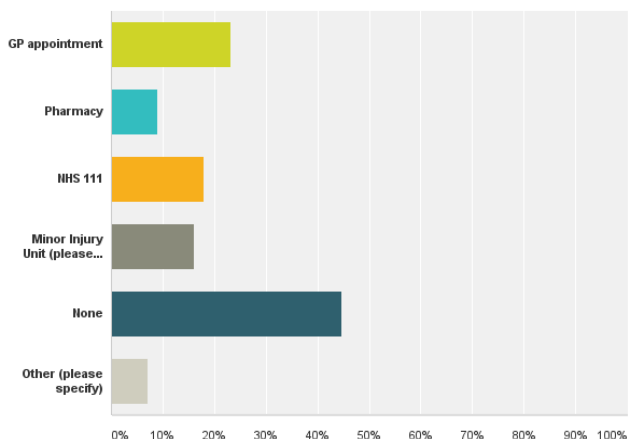
Answered: 52 Skipped: 7





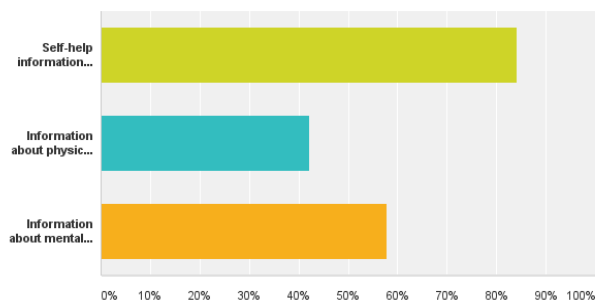
### Q9 3. Did you use or try to use any other health service before coming here?

Answered: 56 Skipped: 3



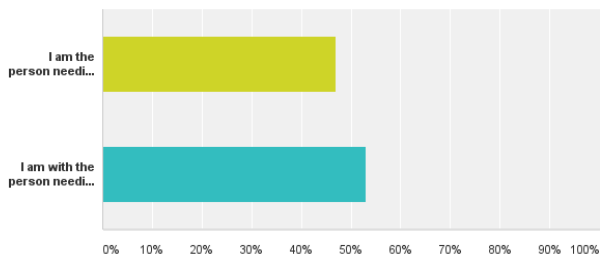
### Q10 4. Whilst waiting, what information might you find useful to read or have available?

Answered: 19 Skipped: 40



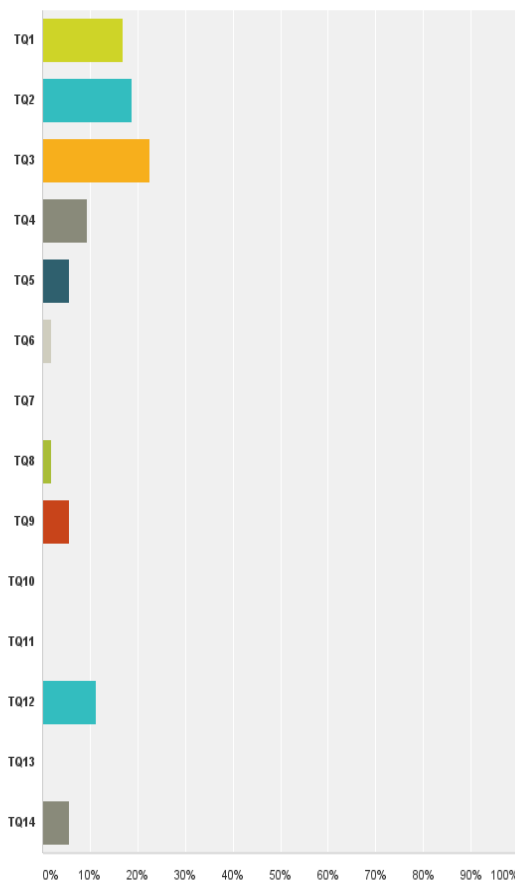
### Q11 5. Please tick which applies to you:

Answered: 51 Skipped: 3



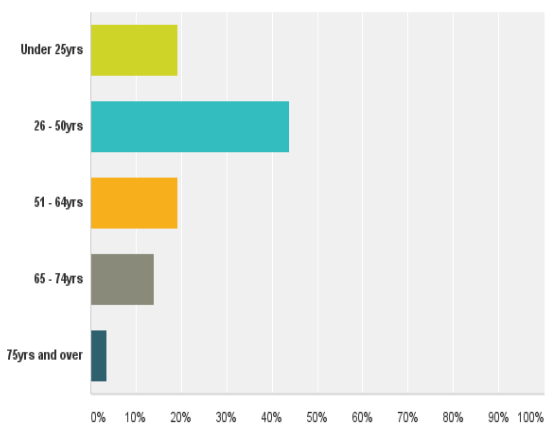
### Q12 6. Please state the first part of your post code:

Answered: 53 Skipped: 6



### Q13 7. Please indicate your age by ticking the relevant box below:

Answered: 57 Skipped: 2







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# Recognition

Healthwatch Torbay would like to thank the staff and patients at Torbay Hospital who gave their time to support and respond to our questionnaire.

## Contact us

### Get in touch

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Healthwatch Torbay



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