

**Abstract 2310 Table 1** Data comparison table pre-DTS and since launch of DTS

	Prior to DTS Protocol (4 weekly average)	Weeks 1 - 4	Weeks 5 - 8	Weeks 9 - 12	Weeks 13-16	DTS Average / 4-week block	
Number of referrals	19	34	30	32	52	37	
Number of patients who have benefited from increased access to MRI who would have been delayed prior to DTS	-	13	14	12	32	18(48%)	
Average time for assessment and MRI referral to ED (attendance to referral time, hrs:mins)	04:08	03:15	03:17	03:35	03:57	03:31	
Mean average wait for MRI for patients attending during normal operating hours (referral to scan completion, hrs:mins)	08:33	05:13	05:01	03:57	04:11	04:35	
Mean average wait for MRI for patients attending OOH's (referral to scan completion, hrs:mins)	14:59	09:51	09:43	06:12	09:13	08:44	
Number of positive cases	0.6 (4.2%)	0	1	4	5	2.5	6.76%

has improved both ED and inpatient bed access. The increased number of positive cases demonstrates robust governance of scans requested. Further work is required to reduce time from presentation to request with more robust triage and earlier senior review. There needs to be regional discussions to ensure recommended 24/7 MRI imaging is available and reduce delays in the OOH period further.

**2323 CAN A DELPHI STUDY DESIGN A TRIAGE TOOL TO IDENTIFY THE PATIENT AGED 65 AND OVER WHO HAS FALLEN LESS THAN TWO METRES AND SUSTAINED SERIOUS INJURIES?**

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**Aims and Objectives** Previous work carried out by the authors revealed that current triage tools for older trauma patients identified those with serious injuries, but specificity ranged from 11% - 31%, potentially resulting in significant levels of over-triage. The ideal triage tool should have an over-triage rate of under 35% with an under-triage rate of 5%.

Our aim was to develop a triage tool better able to discriminate between those seriously injured after low level falls and the minimally injured patient.

**Method and Design** An electronic three round Delphi study was designed to utilise the experience of triage nurses, and associate specialists and consultants in Emergency Medicine.

Participants initially listed criteria they use to determine whether a patient aged 65 and over who had fallen less than two metres required immediate assessment, assessment within 30 minutes or routine assessment. In subsequent rounds participants rated their agreement or disagreement with each criterion and if consensus was reached that criterion was accepted. If pre-determined consensus was not reached the criterion was discarded.

**Results and Conclusion** Twenty-nine clinicians completed three rounds of the study. A wide range of potential triage criteria were identified for this patient group. A total of 55 criteria

reached consensus for immediate assessment, 16 for assessment at 30 minutes and 8 for routine assessment.

The Delphi study revealed that senior clinicians use multiple criteria to decide which older patients who have fallen are at risk of serious injuries. Such a large number of criteria mean the Delphi study has failed to immediately generate a triage tool for the older, low-energy trauma patient. Owing to the study design we were unable to reduce the number of criteria further.

Future work will focus on refining the criteria to aid development of a useable triage tool, especially as many immediate triage criteria are unlikely to be present in this patient group.

**2326 DOES A NOVEL ED TRIAGE TOOL FOR PATIENTS AGED 65 AND OVER WHO HAVE FALLEN LESS THAN TWO METRES IDENTIFY THE SERIOUSLY INJURED OLDER ADULT?**

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**Aims and Objectives** The novel ED triage tool was developed after the authors found that 3 current triage tools for older adults injured by low level falls had very low specificity, resulting in significant over-triage. A Delphi study with experienced EM clinicians was subsequently carried out to create the novel tool. The triage tool utilised their responses.

The aim was to determine whether these criteria could be used to identify patients with serious injuries at the point of ED triage, and hopefully improve their care.

**Method and Design** A retrospective review of 250 consecutive patients attending an East Midlands Trauma Unit after a fall or collapse from a height of less than two metres was carried out. The notes were examined to assess whether the patient met triage criteria in the new triage tool.

The primary aim of the triage tool was to identify those with an Injury Severity Score of 9 or more.