



ED/MHLT joint triage



Background

People presenting to the Emergency Department (ED) with mental health needs often experience long waits, repeated assessments and delays accessing the right care, driven by mental and physical health being assessed separately, limited information sharing and environments not designed for mental health care. These issues negatively impact patient experience and safety and contribute to staff stress, moral injury and system inefficiency, including inappropriate admissions and repeat attendances. In response, a multi-disciplinary project team made up of ED clinicians, the Mental Health Liaison Team and system partners came together to apply quality improvement and human factors approaches to test a parallel triage model, aiming to improve coordination, flow and access to timely, joined-up mental health support at the ED front door.



Aim & Stakeholders

The aim of this project was to test a parallel ED and Mental Health Liaison Team (MHLT) triage approach to improve early joint assessment, patient flow and access to timely mental health support at the ED front door. The project involved ED nursing and medical teams, the MHLT, community mental health services and wider system partners. A shared understanding of the problem and priorities was achieved through joint discussions, use of a driver diagram and application of a human factors lens, enabling agreement on where change would have the greatest impact and be most feasible to test.

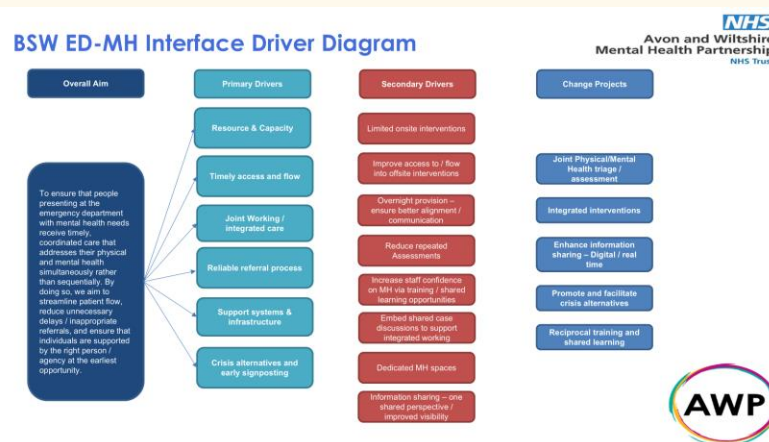


Measurement

Measurement focuses on whether parallel triage improves timeliness, flow and decision-making for people presenting to ED with mental health needs. Intended outcomes include reduced time from arrival to mental health assessment, fewer repeat assessments, clearer triage outcomes and increased use of appropriate discharge and crisis alternatives. Data will be collected during the pilot using a dedicated parallel triage outcome form to capture joint triage occurrence, key timings and outcomes, and will be compared with baseline ED-MHLT pathway data. Qualitative feedback from ED and Mental Health Liaison staff will support learning and inform PDSA review, adaptation and future spread.



Driver Diagram



PDSA cycles/testing

This project is testing a small number of high-impact, front-door changes aimed at improving coordination and decision-making for people presenting to ED with mental health needs. The core test of change is the introduction of parallel triage, enabling ED and Mental Health Liaison staff to assess mental and physical health needs together at first contact.

This was prioritised based on shared staff insight, human factors analysis and driver diagram work, which highlighted early assessment, communication and timing as key contributors to delays and poor experience.

The initial PDSA cycle is designed as a time-limited, small-scale pilot, allowing the team to test feasibility, clarify roles, refine documentation and understand operational pressures before considering wider rollout.

Supporting tests of change focus on enabling conditions for parallel working, including joint ED morning huddles, real-time IT access for liaison staff and structured outcome recording. Although live testing has not yet commenced, preparatory PDSA work has demonstrated strong multi-disciplinary engagement and shared ownership, positioning the team to adapt rapidly based on learning once testing begins.



Intended/outcomes

Although the parallel triage pilot has not yet gone live, the project has achieved key foundations for testing change, including an agreed pilot design, shared outcome measures and staff engagement across teams. Early “quick wins” have already been implemented, such as securing ED IT access for AWP Mental Health Liaison staff and embedding joint attendance at ED morning huddles to improve shared situational awareness and communication. The intended outcomes are to pilot and evaluate parallel triage, improve patient experience and flow, reduce delays and repeat assessments, and use learning from the PDSA cycle to inform adaptation, adoption or wider spread of the model.



General Reflections

The programme provided valuable protected space to step back from operational pressures and examine local challenges through a systems and human factors lens. It supported meaningful cross organisational dialogue, helping to build shared understanding of priorities and agree where change would be most impactful and feasible. The emphasis on collaboration, the opportunity to learn from others, to bring our line of sight back to the person using our services, to hear about best practice and innovation, and to ground this in meaningful data really brought energy to the process, all whilst reinforcing the importance of culture and relationships. Overall, the programme has acted as a catalyst for practical improvement, strengthening confidence to test change.



Next & sustainability

The immediate next step is to implement the parallel triage pilot, using a small-scale PDSA approach to test, learn and adapt in real time. Momentum will be maintained through regular joint ED-Mental Health Liaison check-ins, visible clinical leadership support, and feedback loops using early data and staff experience. Sustainability is being built by embedding changes into existing processes, such as routine joint huddles, consistent IT access, and shared documentation, alongside continued system partnership working. Learning from the pilot will inform decisions about refinement, wider rollout and longer-term integration into standard practice.

BSW ED-MH Interface Driver Diagram

