



EMERGENCY
MEDICINE

Emergency Medicine Programme

Implementation Guide 2:

Mini-Registration

January 2013

Mini-registration



Definition:

Mini-registration refers to the collection of patient information limited to that necessary for the commencement of care. It includes the generation of an ED record and matching of the patient to existing hospital records.

- Mini-registration aims to prevent delays to initial registration and the start of patient care.
- It should be followed by full formal patient registration at a later less time-critical stage in the patient's journey through the ED.
- Research evidence indicates that the appropriate use of ED mini-registration reduces the number of patients leaving before completion of treatment, improves patient satisfaction and decreases ED length of stay. ¹

Recommendations



- Newly presenting patients who need initial mini-registration must always be prioritised over patients completing full registration.
- Patient registration should take place before or at the same time as triage, depending on the patient's clinical status but delays to triage must be minimised.
- Bedside mini-registration (as is routinely undertaken in the resuscitation room in most EDs) is now recommended for all patients who need trolley-based care.

Walk-in/Ambulatory Patients



- Walk-in patients find it easier to understand what to do if registration occurs before triage² but mini-registration should be employed if there is any delay to registration (i.e. a queue forming).
- Ambulatory patients may, if considered clinically appropriate by the Triage Nurse, return to a registration desk to complete registration after triage or full registration may be undertaken in the ambulatory care area.

Acute Medicine Patients



- Mini-registration must be provided for patients referred to AMU/AMAU by their GPs.
- These patients will usually undergo Triage in the ED and proceed rapidly to the AMU/AMAU.
- They will be recorded as ED departures at the time of transfer to the AMU/AMAU.

Mini-registration and ED Process Data



- ED Registration time should be considered the ED Arrival Time. It is vital therefore that delays to registration do not occur as unrecorded delays must be prevented.
- The Ambulance Patient Handover Time will be retrospectively recorded in the patient Mini-Registration record for all ambulance patients.
- It must be recorded in the ED Information System (EDIS) that patients referred by their GPs to AMU/AMAU are NOT new ED patient attendances unless they require resuscitation-level care in the ED.

Implementing Mini-registration



- Mini-registration should reduce the time taken for initial patient registration and help prevent queues forming at the Registration Desk.
- The broader use of mini-registration will require reception and clinical staff to work in a flexible manner.
- EDIS should be configured, if possible, to allow mini-registration to occur.
- The EMP will develop a standard National ED Patient Registration Dataset that will include the Mini-registration dataset. Local adaptation may add other data fields to the mini-registration data set but these should be kept to a minimum to avoid registration delays.

References



1. Wiler JL, Gentle C, Halfpenny JM. Optimising Emergency Department Front-End Operations. *Annals Emerg Med* 2010;55:142-160 15.
2. Goodacre, S., Morris, F., Tesfayohannes, B., Sutton, G. 2001. Should ambulant patients be directed to reception or triage first? *Em Med J* 18:441-443.

For more information please see

- EMP Report 2012
- First Steps Implementation Guidance

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