Additional file 4. Team triage and similar interventions

Author Year, reference Country	**Study design**	**Size of emergency dept Admission rate**	**Intervention (I) Control (C)**	**Outcome**	**Results Intervention (I) Control (C) Difference (D)**	**Study quality and relevance Comments**
Holroyd BR et al 2007 [40] Canada	RCT Randomisation of shifts during 3 two-week periods During each 2 week-period: 7 shifts (11 am–8 pm) with and 7 shifts without triage physician	55 000/year	I: Triage physician (initiate, assist triage, consult per telephone, discharge) N=2 831 C: No triage physician N=2 887	LOS LWBS Staff satisfaction	I: 4 hours 21 minutes C: 4 hours 57 minutes D: 36 minutes p<0.001 I: 5.4% C: 6.6% D: 1.2% p<0.02 80–90% positive	Moderate Shorter LOS and fewer LWBS with triage physician High staff satisfaction
Subash F et al 2004 [41] Northern Ireland	RCT Selection of 8 days during 4 consecutive weeks. Randomisation of 4 shifts with and 4 shifts without team triage	50 000/year	I: Team triage 9 am–12 am (physician + nurse in triage) N=530 C: No team triage N=498	LOS (during 9 am–12 am) Time to x-ray Time to analgesia	I: 37 minutes C: 82 minutes D: 45 minutes p<0.057 I: 11.5 minutes C: 44 minutes p<0.029 I: 13 minutes C: 37.5 minutes p<0.4	Low Shorter LOS and time to x-ray with team triage
Travers JP et al 2006 [42] Singapore	Observational study Prospective w retrospective control. 10 days with team triage and 10 days without team triage Only triage category 3	Size not described	I: Senior emergency physician in triage with nurse (10 am–4 pm) N=290 C: No emergency physician in triage N=286	WT to see doctor in treatment area (triage category 3)	I: 19 minutes C: 35.5 minutes D: 16.5 minutes p<0.05	Low Shorter WT with physician in triage Low numbers
Richardsson JR et al 2004 [43]	Observational study Prospective retrospective control.	39 000/year	I: Senior emergency physician in triage (to initiate treatment, order	WT to see doctor within thresholds Triage category 3	I: 78% C: 67% p<0.0001	Low Shorter WT with physician in

Australia	Three months before and 3 months after intervention		x-ray and lab and sometimes discharge) N=2 193 C: No emergency physician in triage N=1 991	Triage category 4 LWBS Staff satisfaction	 I: 73% C: 53% p<0.0001 I: 5.1% C: 6.3% D:1.2% p<0.024 86% positive	triage
Partovi SN et al 2001 [44] US	Prospective Observational study Eight Mondays 9 am to 9 pm with and 8 Mondays without team triage	52 000/year Admission rate 16%	I: With additional senior physician in triage (to order diagnostic studies, fluid, discharge direct from triage) N=920 C: Without senior physician in triage N=841	LOS LWBS	I: 363 minutes C: 445 minutes D: 82 minutes Medel: -82 minutes (95% CI = -111 to -54 minutes) I: 7.9% C: 14.7% D: 6.8% p=0.068	Moderate Shorter LOS with team triage Fewer LWBS with team triage
Grant S et al 1999 [45] Australia	Observational study. Prospective vs retrospective control 3 months before and 3 months after intervention	40 000/year	I: Rapid assessment team (physician and nurse). Initiating diagnostics and treatment. N=10 691 C: Regular triage N=10 476	WT to see doctor (median) Seen in required time LWBS (numbers (%)) LOS (median)	I: 32 minutes C: 50 minutes D: 20 minutes p<0.001 I: 59% C: 39% p<0.001 I: 518 (4.9%) C: 685 (6.4%) D: 1,5% NS I: 3.2 hours C: 3.2 hours D: 0 NS	Moderate Shorter WT with rapid assessment team Fewer LWBS Same LOS

LOS = length of stay; WT = waiting time; LWBS = left without being seen;