A critical point about triage is that it should not be a bottleneck. It should collect only enough information to determine the severity of the patient’s condition and which patient flow segmentation group the patient belongs to. Triage should not be a substitute for insufficient staff, space, or services.

The prime function of triage should be to evaluate and expedite patient care, not to determine which patients can wait for care. Ideally, triage should facilitate, not delay, patient care.

Team triage is a concept first developed and implemented at Inova Fairfax Hospital’s Department of Emergency Medicine under a Robert Wood Johnson Urgent Matters Grant. It is a part of the flow cascade and is described below.

**Figure 7.4: The “Front End” Flow Cascade: A Portfolio of Programs to Increase Value and Eliminate Waste**

1. Direct to room or “Pull ’till you’re full”
2. Bedside registration
3. Advanced triage/advanced initiatives (AT/Al)
4. Team triage
5. “Supertrack”
6. A “Fast Track on Steroids”
7. A Level 3 “Fast Track” or “Lean Track”