

Evaluating Triage Nursing Practice

The Problem

Triage is a rapid sorting mechanism for patients presenting to the Emergency Department (ED) to distinguish those who need immediate medical attention vs patients who can safely wait. The Emergency Severity Index (ESI) is a standardized severity rating scale used to score the severity of illness and resource requirements. The process and tools utilized in triage are standardized however there appears to be significant variance of individual nursing triage practice. The quality and accuracy of individual nursing triage largely impacts resource utilization and patients care.

Aim/Goal

To improve patient care and resource utilization by designing a standardized triage evaluation process and nursing education that will support consistent nursing assessment. Standardization of our practice and quality review will provide a reliable and reproducible decision making process to accurately sort patients who require immediate care.

The Team

Patty Lydon RN	Julie Dateo RN
Linda Geib RN	Dan Johnston RN
Chrissie Faulkner RN	Garry Dunster RN
Shelly Calder RN	Triage QA Work Group
ED Nursing Leadership	John Fisher MD
Nina Joyce	

The Interventions

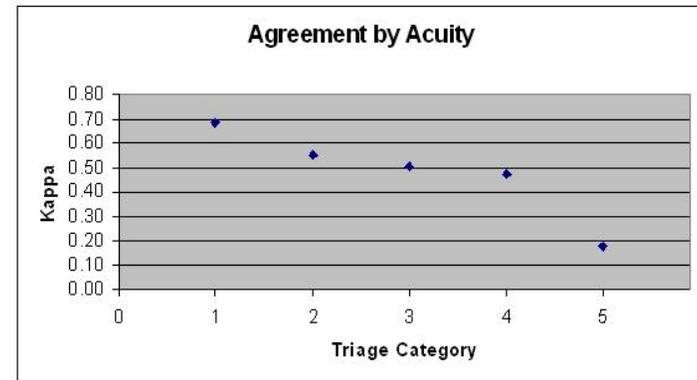
- Formation of QA triage work group
- Definition of data required to assign a triage acuity
- Electronic data collection via ED Dashboard

Sex	Age	Temp	Pulse	BP	RR	Sao2	Pain 0/10	Triage Assessment	ESI
F	87	97.5	92	138/64	20	100	13	Pt has been unable to ambulate, unknown length of time, "scoots" around her apartment on a rolling desk chair x 1month. No known trauma. States feels weak	3

- Development of a standardized triage auditing process
 - Development of audit tool
 - 3 members of the QA group are randomly selected each week to audit 25-30 blinded randomized charts
- Triage nursing education based on audit findings
- Peer review

The Results/Progress to Date

- 800 plus triage charts audited 1/10 to 1/11
- Consensus is seen in triage higher acuity patients i.e. trauma, cardiac arrest, hemodynamic instability
- Consensus is significantly decreased in lower acuity patient's i.e. medication refills, work note, suture removal



- Preliminary data suggests that education should be focused on resource allocation for lower acuity patients (ESI level 4 & 5 patients) as it can directly impact care for other patients.

Lessons Learned

- Standardization of nursing assessment and practice can be challenging.
- Standardization in triage practice is fundamental in order to provide a reliable and reproducible decision making process
- Participating in a QA review process can be both educational and an opportunity for departmental improvement

Next Steps / What Should Happen Next

- Triage education to standardize practice
- Study the relationship between triage acuity assignment and patient outcomes



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