

RAPIT

Rapid Assessment Processes in Triage:

A quantitative study

BACKGROUND

The role of the triage nurse is critical to patient safety and timely access to emergency care. In 2013, a review of the NSW Triage Policy resulted in NSW Health encouraging emergency departments (EDs) to scrutinise their triage and registration processes and improve patient flow. A large regional referral hospital re-structure of 'front-end' processes included co-location of the triage nurse and ED ward-clerk; education related to rapid triage practise and introducing an early treatment zone senior streaming area. These processes support efficient throughput as patients are seen by a triage nurse on arrival into ED and are concurrently registered and streamed to appropriate clinical areas for commencement of treatment.

The aim of this study was twofold: provide a profile of triage waiting times pre and post implementation of the restructure to 'front-end' ED processes, especially for potentially life-threatening conditions; and identify nurses' education support needs to manage changes to the triage process.

METHOD

A quantitative research project utilised a retrospective audit and a validated questionnaire tool. The audit using the Firstnet eMR database compared

- Time from ED arrival to triage for all presentations; and
- Time from ED arrival to treatment for potentially life-threatening presentations.

The validated and reliable questionnaire (Hicks & Hennessy, 2011) explored triage nurses' perceived educational support needs to manage the triage process i.e. ED 'front end' restructure.

RESULTS

ED presentations increased from 42718 in 2012/13 to 48253 in 2014/15, an overall increase of 11.47%. Overall arrival to triage times (average) decreased by 2 min 39s with differences in mean waiting time pre- and post- ED changes were significant for total, ambulance, and ambulant presentations (all $Z = -3.06$, $p = 0.002$). Triage nurses ($n=27$) identified priority education needs that focused on clinical tasks such as physical assessment skills.

CONCLUSION

The restructure to 'front-end' ED process improved patient waiting times for potentially life-threatening presentations from arrival to clinician engagement. The priority education needs reported by triage nurses to support "front-end" change will inform the design of education programs and development of nursing workforce capability.

The results from this project should impact on future policy review and strategic and operational planning for Emergency Departments in NSW.

KEYWORDS

Triage, Emergency, Education, Patient Flow, Clinical Re-design



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