

Triage Training Program for a Large Emergency Department

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Structured Abstract

LOCAL PROBLEM

Registered nurses (RNs) in an acute care trauma emergency center (TEC) of a regional health system were leaving the department in staggering numbers. Informal leaders in the TEC verbalized frustration working with novice nurses in triage compared to working with experienced emergency nurses. Novice nurses felt unequipped and underprepared to effectively triage more acute patients due to lack of experience and mentoring. Emergency department (ED) triage is instrumental in ensuring high quality, timely care. It is a process through which patients are registered, the chief complaint is obtained, and patients are seen according to the highest nurse-assigned treatment priority. In the TEC, novice nurses with 4 months experience were assigned an online learning module and started shifts in the triage area by 6 months. These nurses do not receive trauma and high acuity training until after 1 year of experience. Experienced TEC nurses complained that patients were sometimes assigned inappropriate triage acuity scores by novice nurses. The Emergency Nurse Association (ENA) recommends a minimum of 1 year of emergency nursing experience, as well as appropriate credentials and education, before assuming responsibility for triage assessment.

PROJECT PURPOSE

This DNP project sought to positively impact nursing practice and patient outcomes by improving the nursing environment and using empowerment strategies to transform the triage training process for the Saint Francis Hospital (SFH) emergency department.

METHODOLOGY

A nurse empowerment theoretical framework influenced by Kanter's structural empowerment theory and Benner's Novice to Expert theory was created for improving critical organizational factors to address clinical concerns related to both emergency patients and emergency nurses. The framework centers on the key concepts of the nurse and empowerment connected by confidence and competence. The DNP project created a triage orientation program for TEC and the pediatric emergency center (PEC) nurses. The triage orientation training consisted of four parts: (a) prerequisite requirements, an interactive class with (b) didactic content and (c) competency stations, and (d) preceptorship. Novice nurses were assigned prerequisite online modules and enrolled in the class based upon meeting established practice competencies and readiness as determined by the nursing supervisors and manager. Class schedules were posted on the hospital's learning management system for nurses to sign-up. The authors developed and facilitated the class material in collaboration with the department clinical nurse educator, education coordinator, experienced TEC nurses, and

administrators in the quality improvement department. The final stage was spending 2 days precepting with an experienced triage nurse (24 hours total) as scheduled by the department clinical coordinator. The planned method of evaluation for improving nursing skill and triage workflow included analysis of ED performance and the impact on quality improvement. Patient specific will be a comparison of ED waiting times and existing patient satisfaction metrics before the intervention and 1 year after implementation of the process. SFH uses the Emergency Severity Index (ESI) triage acuity scale to prioritize care; therefore, increased accuracy of triage levels assigned by nurses is a performance metric for improved patient outcomes.

RESULTS

The implementation of the program included four face-to-face classes. Education provided to 45 TEC and PEC nurses between the four classes. The ED director required all SFH emergency nurses attend the face-to-face class to ensure uniform information about expectations. SFH plans to continue this several times a year; eventually the class will be for novice ED nurses. The unprecedented global pandemic impacted the ability to complete the scheduled classes and evaluate the patient specific metrics for this project. Baseline data was obtained, but evaluation now and in 1 year will be influenced by the changes in practice to follow CDC recommendations and national shelter-in-place orders. Positive feedback of nurse empowerment from experienced and novice nurses warrants continuation of the program.

IMPLICATIONS FOR PRACTICE

The proposed DNP project will impact nursing practice through the environment by empowering novice RNs to provide competent triage in the unit. A healthy work environment and empowerment are strong predictors of nurses' intent-to-stay, and the authors hypothesize that educating nurses with a new triage training program including typical scenarios, new processes, tools, mentoring and support will improve triage competence, empower nurses to be confident in their practice, decrease frustration, improve efficiency and thus improve the overall work environment. The implication for emergency nursing practice is the need to develop strategies to increase tenure in order to address chronic, critical shortages in the local trauma emergency center. Triage is a vital, yet challenging area of the emergency department. Adequate education and training can empower emergency nurses with the skills and competency to practice in the triage area. An improved work environment will further impact patient outcomes, with reduced door-to-triage and patient-to-provider times, increased patient satisfaction with care, and an improved accuracy of emergency severity index (ESI) scores.

Keywords: emergency nurse, empowerment, triage training

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