

Triage Training to Improve the Environment in a Large Emergency Department

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PROBLEM



- Unexpected Death of Long-time Manager
- High Turnover

This is a problem nationwide, but this ER had nurses leaving rapidly. Over 20 RN's resigned in a single month.

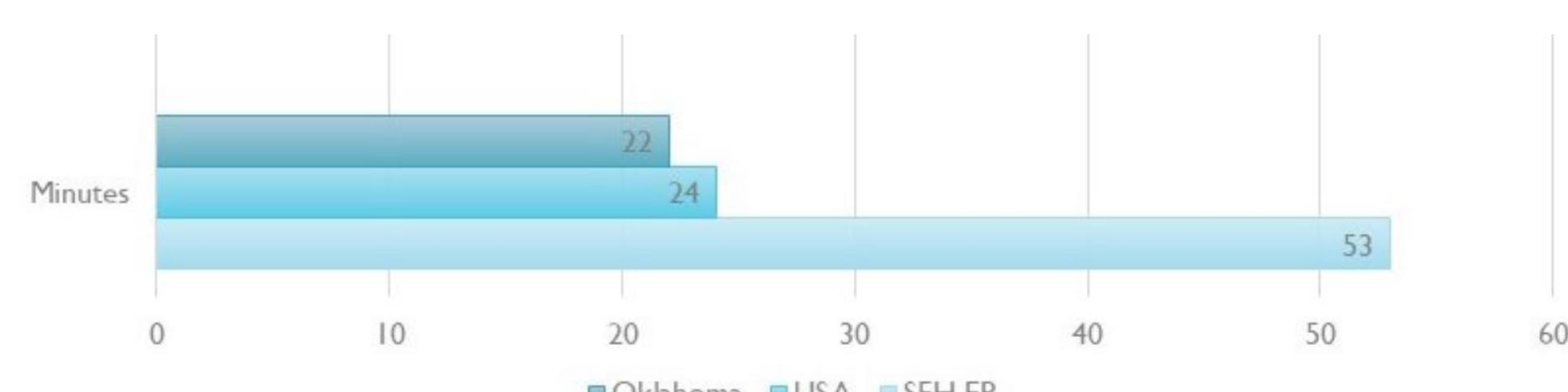
- Short Staffing with Heavy Patient Loads
- Nurses complained of symptoms associated with moral distress, compassion fatigue, and burnout syndrome.

Frustration With Triage

Experienced Nurses - inaccurate assignment of patient Estimated Severity Index (ESI) & delays in patient throughput.

Novice Nurses - felt unequipped and underprepared due to lack of experience with acute patients & lack of mentoring.

Average Patient Wait Times



PURPOSE

Work Environment

ED Wait Time

Triage Training Program

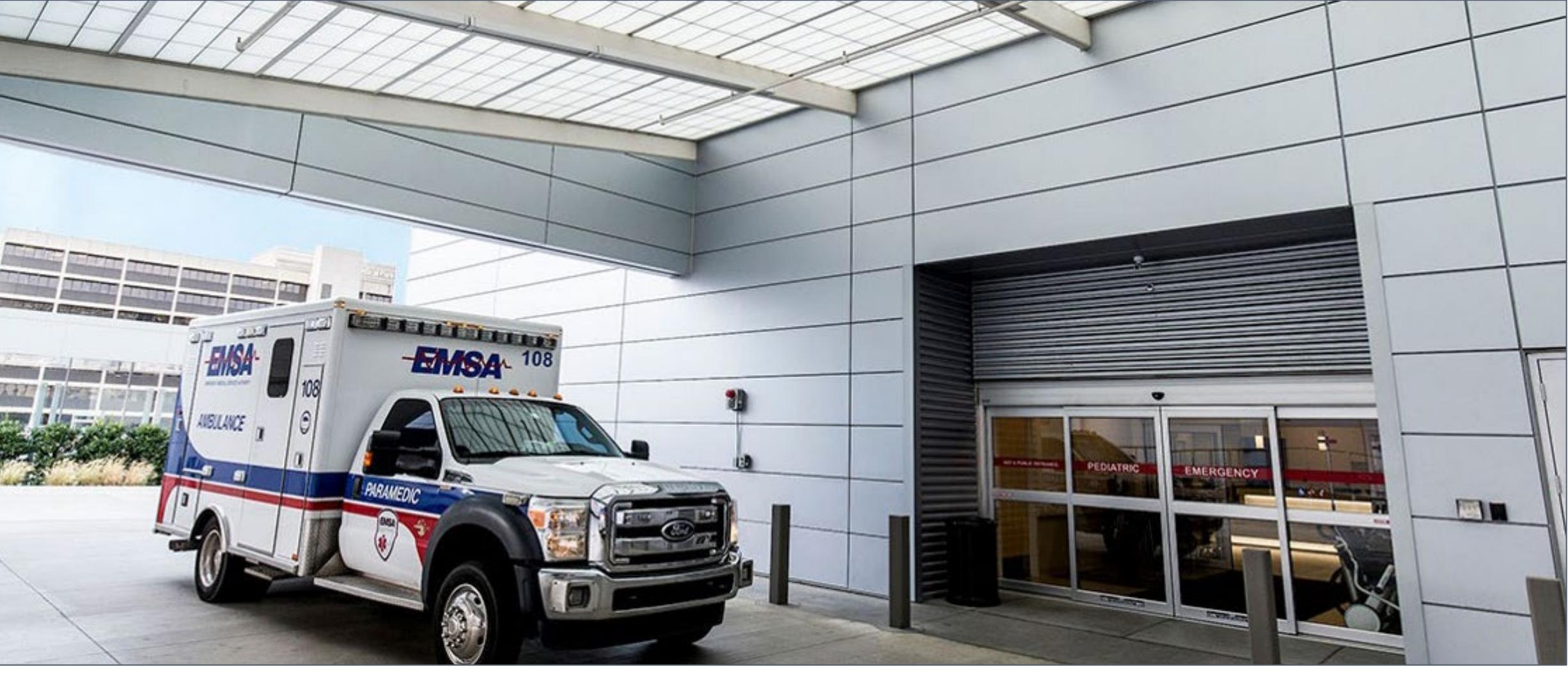
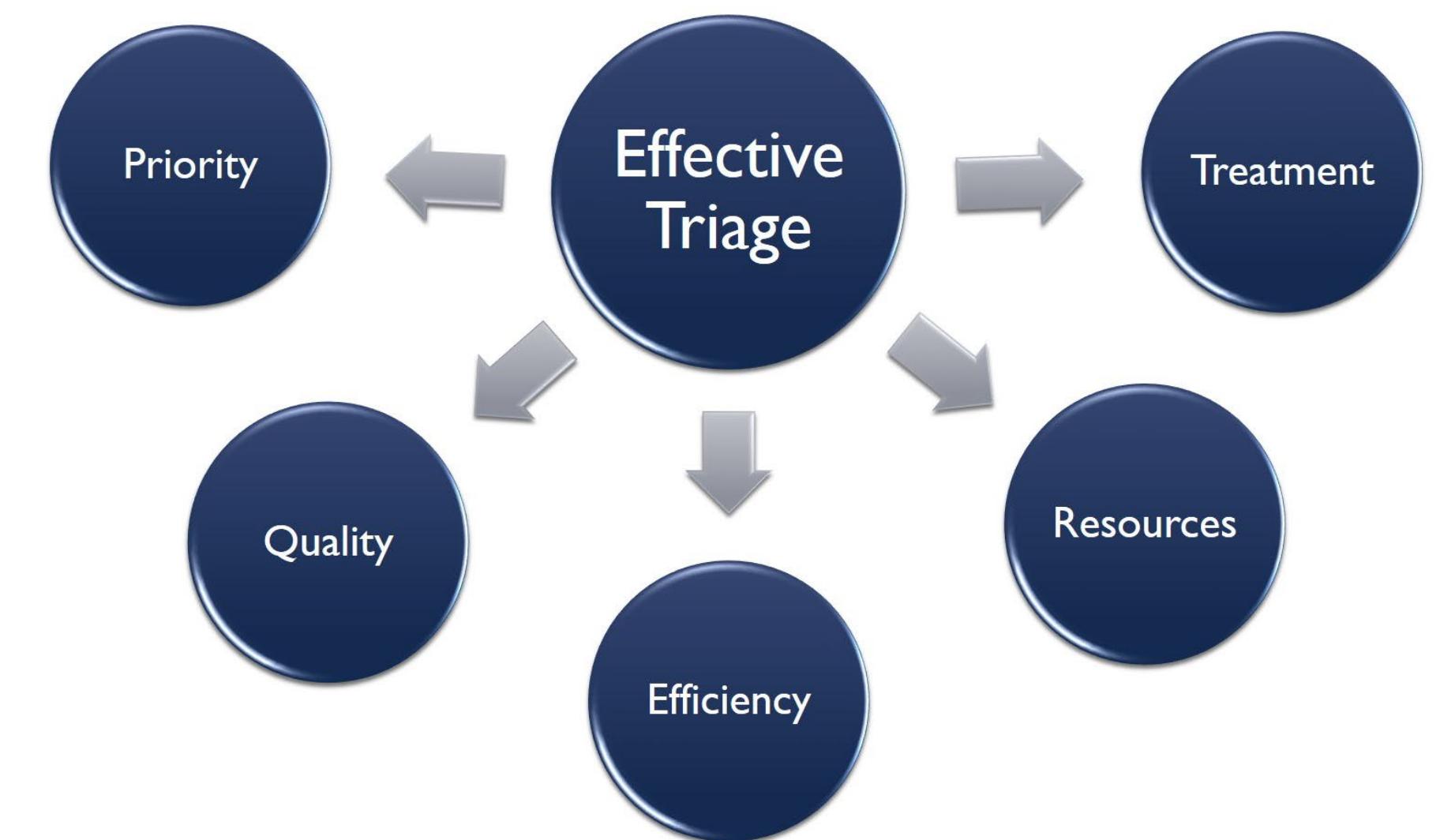
Intent-to-stay

Triage Acuity Accuracy

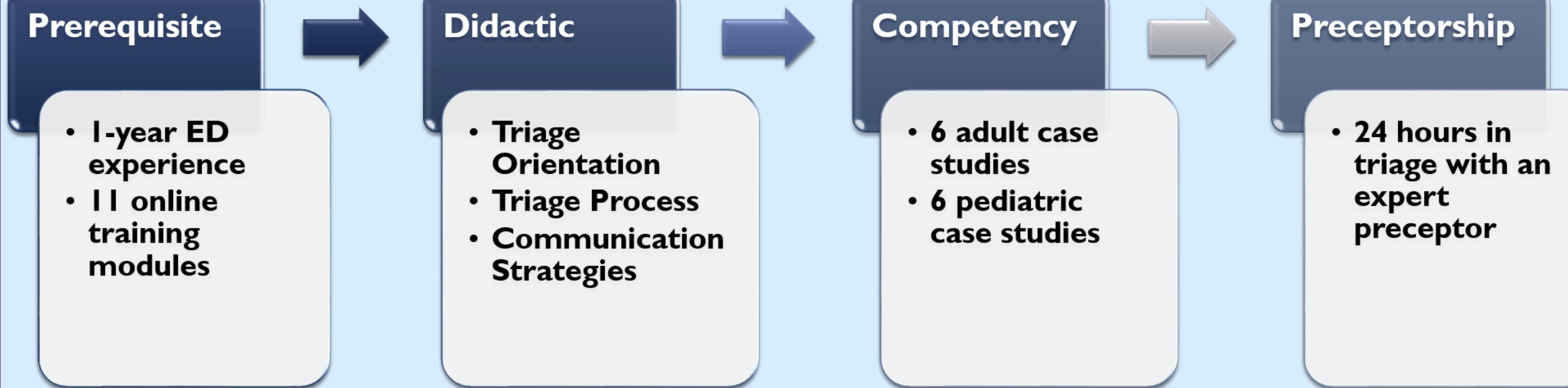
IMPLEMENTATION

PROCESS

- Previous orientation plan included 6 months of general medical orientation in the ER. Students were oriented to triage prior to being oriented to acute and trauma patients.
- New graduates were being asked to triage patients without knowledge of acute care practices.
- Process changed to include acute/trauma training around 6 months, and triage training at 9-12 months.



Triage Orientation Class



DIDACTIC

SCENARIOS

TRIAGE ACUITY

ESI is based on how the patient arrives and does not change after triage

EMERGENCY

TRIAGE NURSE
Being the worst makes you first.

Abuse Scenario

Check-in info: 4 month old male, lethargic, vomiting.

Initial US & Observations: Temp 37.5, HR 188, RR 42, BP 58/41, SpO2 94% on RA (placed on O2, gone to 99%), weight 3.6kg. Sinus Tachycardia; Eyes closed; Small purple bruise 2cm, above right eye; Anterior fontanel bulging; Capillary clear mucus from nose; Skin color mottled; Pupils reactive but sluggish; Capillary refill 4 seconds; Moves all extremities but somewhat lethargic. Child starts seizing.

Case progression: This simulated clinical experience is designed to introduce the learner to the management of an acutely ill infant that presents to the PEC in moderate to severe respiratory distress. The infant is intubated and ventilated with fluid boluses. The patient then deteriorates with a grand mal seizure, and child abuse diagnostic testing is performed. The infant is transferred to the Pediatric Intensive Care Unit (PICU).

On-going Assessment: Perform initial assessment to identify symptoms and priority problems. Assign ESI 1 – directly to the back

Reassessment of patient in response to treatments:

Key Question & Considerations:

Prioritization of Interventions:

Safe Medication Administration – Insert appropriate medication here.

Recall indications for drugs recommended for condition:

Identifies allergies or potential contraindications:

Evaluates responses of each medication:

Appropriate pain scale used:

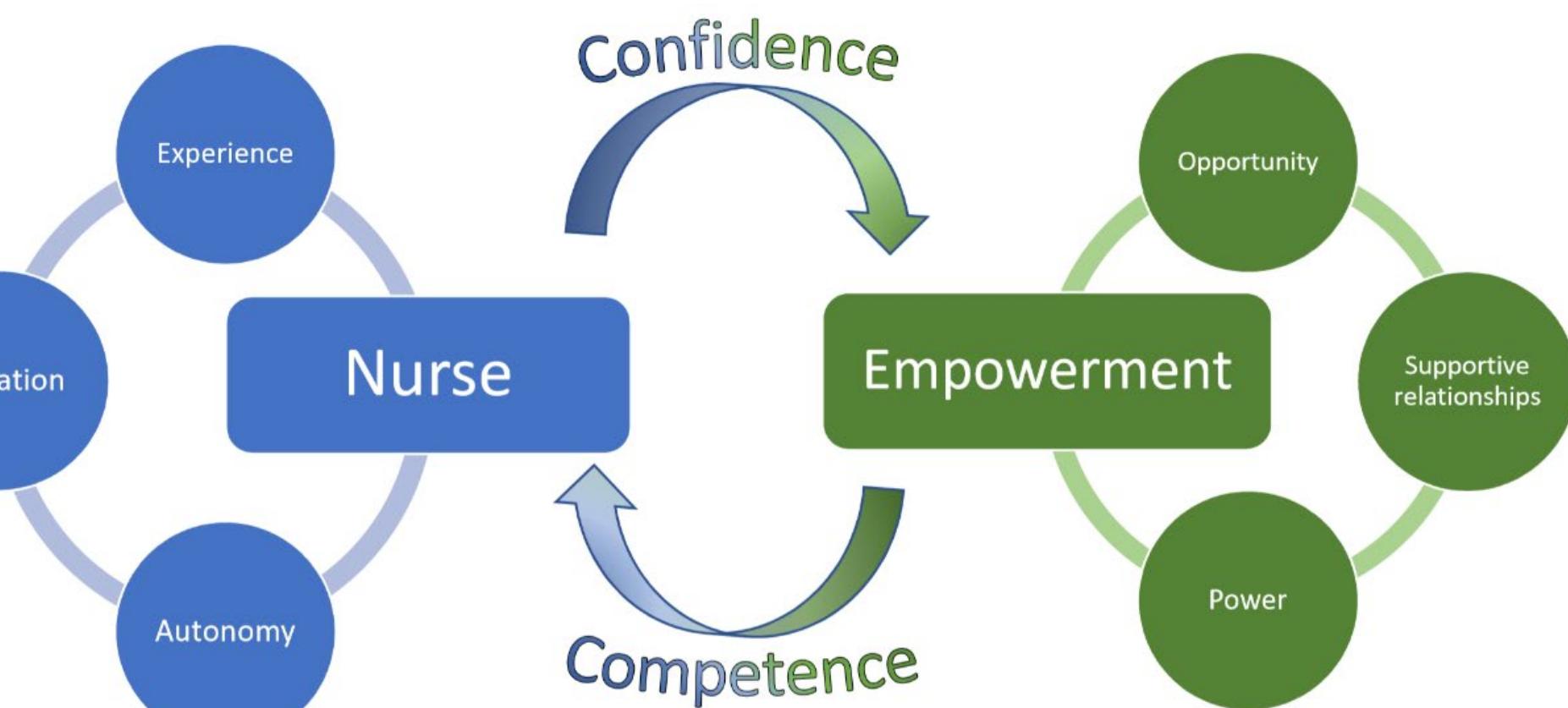
Communication:

Maintains continuous communication with PEC for patients with high level needs:

Manages patient & family concerns in developmentally appropriate manner:

THEORETICAL FRAMEWORK

Nurse Empowerment



EVALUATION

Nurse Measures	<ul style="list-style-type: none"> • Anticipated Turnover Scale (ATS) • Conditions for Work Effectiveness Questionnaire II
Patient Measures	<ul style="list-style-type: none"> • ED wait time (Door-to-triage) • Patient satisfaction • Triage acuity evaluation

The implementation of the program included two practice classes and two educational sessions. SFH plans to continue this several times a year; eventually the class will be for novice ED nurses.

The unprecedented global pandemic of COVID-19 impacted the ability to evaluate the patient specific metrics for this project. 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.

PRACTICE IMPLICATIONS

A healthy work environment and empowerment are strong predictors of nurses' intent-to-stay. The authors hypothesize that the new triage training program will improve triage competence, empower nurses to be confident in their practice, decrease frustration, improve efficiency and thus improve the overall work environment.

CONTACT INFORMATION

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