# Providence St. Joseph Hospital

# Background

- Triage is the process of sorting and prioritizing patients requiring medical treatment.
- A primary goal is to identify high-risk or life-threatening situations.
- Emergency Severity Index (ESI) is a validated method to assign an acuity level from Level 1 (emergent) to Level 5 (nonurgent).
- ESI handbook states competency is vital to the success and accuracy of the ESI tool & requires periodic assessment of RNs conducting triage of patients.
- The Emergency Nurses Association(ENA)latest report states only 60% accuracy in assigning acuity.

### Purpose

The aim of this evidence-based practice project was to determine congruency with triage standards and provision of initial care through use of Nurse-Initiated Orders (NIOs) before and after an educational update.

#### **References available upon request.**

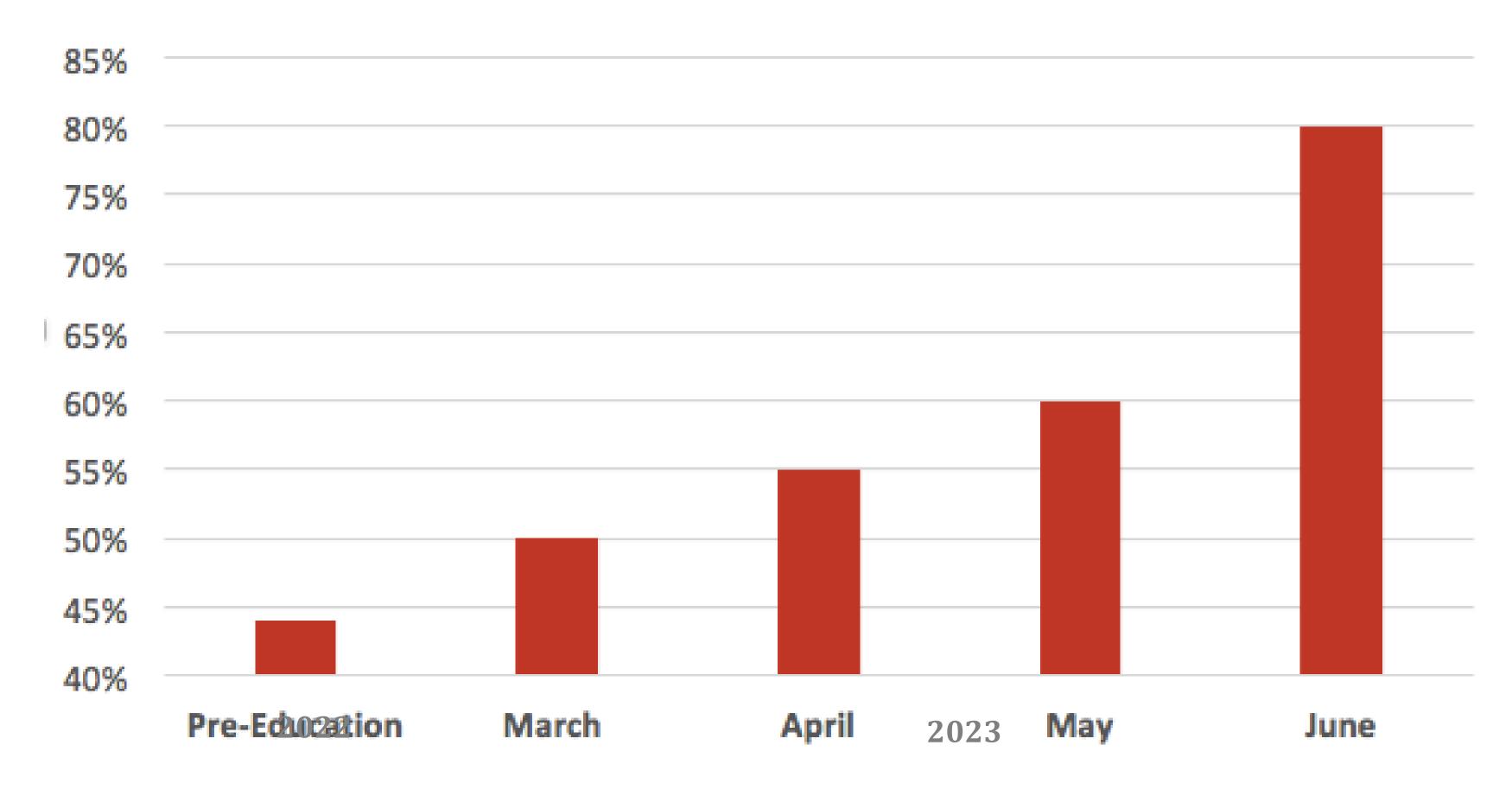
# **Triage Re-Education: Impact on** Accuracy of Acuity and Care Provision

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# Methods

- Audited EHR from September to December 2022 for ESI Level 4 patients who required admission to hospital to identify accuracy of assigned acuity and provision of immediate care.
- Focused on over/under assignment of ESI triage levels and implementation of Triage Standardized Procedure.
- Provided additional education on ESI in February 2023 to improve acuity accuracy and encourage use of NIOs.
- Continued audits post intervention.

#### Level 4 Acuity Acuracy







# Results

• St. Joseph Hospital, Orange ECC baseline acuity accuracy of ESI \_evel 4 patients who required admission was 44%. • 100% of inaccurate ESI Level 4 patients who required admission were 'under-triaged'. 4-month post education March to June 2023 saw increase to 60% average accuracy of identifying ESI Level 4 patients who required admission, with highest accuracy in June at 80% (see Figure 1 below).

 Education and competency validation of New RNs, along with re-education of experienced RNs is imperative to ensure accurate ESI acuity assignment and use of NIOs. Periodic re-education for triage is highly encouraged to ensure standardization and congruence.

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## Discussion

 Education about audit results given to staff lead to improvement in ESI acuity accuracy.

 Audits completed at range of census levels demonstrated Provider in Triage during high census times may reduce use of NIOs.

# Implications for Practice

#### Acknowledgments