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

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## 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 and provide care for immediate patient needs.
- Emergency Severity Index (ESI) is a validated method to assign an acuity level from level 1 (emergent) to level 5 (non-urgent).
- ESI handbook states competency is vital to the success and accuracy of the ESI tool & requires periodic assessment of RNs participating in triage.
- The Emergency Nurses Association (ENA) reports only 60% accuracy in assigning acuity.

## Purpose
The overarching aim of this evidence-based practice project was to determine compliance with triage standards and provision of initial care before and after an educational update.

## Methods
- Audited EHR for all ESI categories to identify accuracy of assigned acuity and provision of immediate care.
- Focused on over/under triaged and implementation of Triage Standardized Procedure.
- Educated ECC RNs in February 2022 to improve acuity accuracy and use of standardized procedures (STPs) / nurse-initiated orders (NIOs).
- Audits continued.

## Results
- SJO ECC baseline overall acuity accuracy was 65.83%, post education improved to 70%.
- 88% accuracy of identifying high risk ESI 2 patients pre education.
- Post education saw increase to 97% accuracy of identifying high risk ESI 2 patients.
- Opportunities to increase use of STP / NIOs and audit for under-triage of level 4 patients.

## Discussion
- Education and feedback from audits lead to improvement in ESI accuracy with largest improvements immediately after education.
- Provider in Triage during high census times may reduce use of STP / NIOs.

## Implications for Practice
- New RNs need support to ensure accurate acuity assignment and use of STP / NIOs.
- Periodic re-education for triage is necessary for ensuring high accuracy and implementation of care.
- Audit ESI level 4 patients who are admitted to determine appropriate triage level.

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## References available upon request.