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Does triage education reduce classification errors in the ED?

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IN A METRO ATLANTA LEVEL TWO EMERGENCY DEPARTMENT, DOES THE APPLICATION OF TRIAGE EDUCATION REDUCE TRIAGE CLASSIFICATION ERRORS?

Abstract

Incorrect triage of patients leads to excessive wait times, an increase in length of stay, and escalating medical conditions. One of the most common triage systems in the United States is the Emergency Severity Index (ESI), a five-level triage system that focuses on prioritizing patient care based on the urgency of the patient's illness. An assessment is performed by nurses to determine patients' level of acuity. This method is subjective to the nurse performing triage. Currently, nurses have no or minimal non-standardized training or standardized continuing education models for triage nursing. Research shows that educating nurses on how to effectively triage patients can help detect and anticipate subtle changes in conditions to correctly assign a more accurate triage level, provide care to higher acuity patients faster, and reduce length of stay in the emergency department. To ensure accurate and objective data, we will train all emergency department nurses, regardless of experience level, and we will exclude any patients that are system activations (stroke, trauma, STEMI). Training will include dedicated classroom time and field training to implement tools learned in classroom training followed by quarterly computer training with testing scenarios. We will compare the ESI of patients in triage to the level of acuity of their diagnosis at final disposition before program implementation and 1 year after program implementation. We will then analyze data to determine if our intervention shows a statistically significant ($p < 0.05$) decrease in triage errors. The proposal will be considered successful if there is statistically significant ($p < 0.05$) decrease in triage errors 1 year after program implementation.