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The Triage Experience

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Background (things we know)

- ▶ ED crowding (30% increase in past 10 years)
 - ▶ Delays in care
 - ▶ Accuracy decisions
 - ▶ Urgent patient needs
-
- ▶ Venkat et al., 2003; Diercks, Peacock et al., 2006; Pearlman et al., 2008; Atzema et al., 2009a



Interaction Between Nurse & Patient

- ▶ “Triage” to sort BUT it’s a human interaction
- ▶ Right Every Time
- ▶ Decision-making Skills
- ▶ Arslanian-Engoran, 2004; Kosowsky et al., 2001; Holdgate et al., 2007; Considine, LeVasseur, and Villanueva, 2004; Atzema et al., 2009b
- ▶ Literature Review
- ▶ Peer Anecdotes
- ▶ Personal experiences

Gaps in the Literature

- ▶ Limited literature on the EXPERIENCE of triaging.
- ▶ What's it like to triage? To have that responsibility? To make a mistake? To make a save?



Purpose

- ▶ to elicit the perspectives of the Emergency Department triage nurse to uncover possible components of successful triage

but why?



Methodology

- ▶ Descriptive Phenomenology
- ▶ Semi-structured interviews
- ▶ Explore how nurses experience and perceive their role of triage
- ▶ Study approved by Georgia State University Institutional Review Board



Trustworthiness

- ▶ The researcher and mentor stayed true to the descriptive phenomenology method as described in the literature.
- ▶ Frequent debriefing between researcher and mentor



Participants

- ▶ Emergency Department nurses were invited to participate in a research study about triage.
- ▶ Excluded travel nurses due to difficulty in follow up
- ▶ Word of mouth. No mailing lists. No posters or flyers.

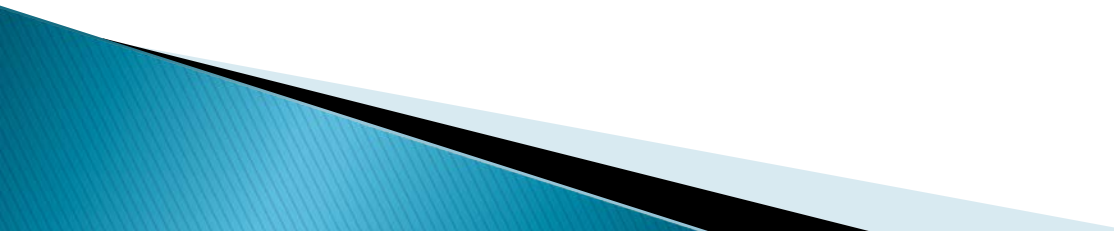


Demographic information

7 Emergency Department Registered Nurses

- ▶ Race/Ethnicity:
1 African American; 1 Asian; 4 Caucasian; 1 Hispanic
- ▶ Experience: 2–15 years (mean 9, SD ± 4.68)
- ▶ Mean age: 40

Interview Questions

- ▶ **“Can you tell me about triaging”**
 - ▶ **Follow up prompts were, “Can you tell me about patients you have triaged”**
and
 - ▶ **“Can you remember a story about a specific patient”**
- 



Data Collection and Analysis

- ▶ A complete read of each interview followed by coding, comparing, categorizing, and identifying themes while interviewing continued using a constant comparative analysis.

(DeSantis and Ugarriza, 2000)



Emerging Themes

- ▶ Connecting
- ▶ Reading between the lines



Connecting

“I ask more questions and touch the patient more. I tend to get more into their story, and they want to tell me, because I ask in a caring way. You know, I make eye contact, appear friendly, like I’m triaging a friend.”

“I think that the nurses who act friendly and actually see the patient as a person pick up more subtle information.”

This nurse compares how she triages now compared to how she triaged at the beginning of her career.

...and NOT connecting...

- ▶ ...relayed the story of a patient with dizziness & high blood sugars, but could not get the patient to give detailed information nor make eye contact with her. Concerned with providing the best care, she stated that she never did connect with the patient and fears that a lack of connection hampered her triage decision-making
- ▶ Nurse C told a patient triage story of not connecting and explained how this detracted from accurate triaging.

...and another...

- ▶ “It’s like some people are just plain rude...it upsets me. This Mom, the kid had a 104 temperature and she didn’t even give Tylenol to her kid. She’s like, ‘I just came here directly’, you know, and then she was so focused on like ‘your computer screen is dirty’, I think...if your kid was that sick, who cares about the screen of my computer being dirty. And then she reported me to patient relations.”
- ▶ Nurse F told the story where connecting did not occur. The interaction during triage began with an adversarial tone, which affected the nurse’s responses. Instead of connection, one can almost feel the uncomfortable situation growing. Nurse F personalized the rudeness she felt which interfered with her ability to connect and may have affected her triage decision and ability to connect with this parent.

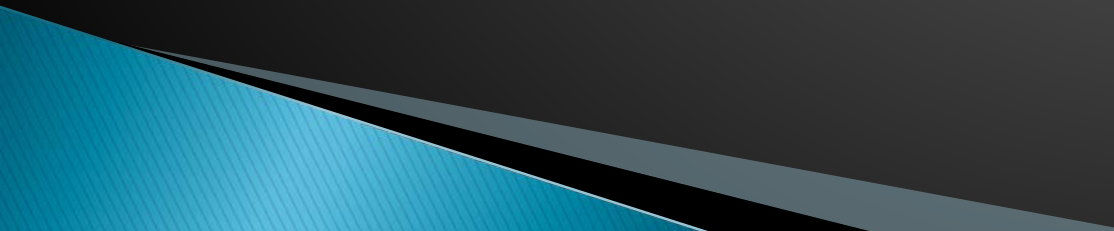
Reading Between the Lines

- ▶ “You have to be mentally alert when you’re in triage. Because you have to listen to the verbal cues that the patient is giving you, what you see with your eyes, and your actual evidence in reference to meds and vital signs, it’s not just their vital signs, you know, it’s not just their vital signs. Sometimes you have to read between the lines of what they’re saying, because sometimes they can’t voice to you...”

The ability to pick up what is not so obvious is vital in the triage role. Not every disease process or injury presents in a standard fashion.



Conversely...

- ▶ “Sometimes I’m not quite sure because you will get those patients who have multiple complaints and you don’t know which one to focus on. They ramble on and on about this has been going on for a month, so you’re like...um, and then [later] look and they [physicians] have ordered all these labs and x-rays and all this stuff and the patient is being admitted. You’re like, oops, the doctor saw something I missed.”
 - ▶ Nurse D is not as experienced and still has difficulty finding the most important information during triage. This “reading between the lines” skill was less sharp in the nurses with less experience.
- 

Discussion

- ▶ The triage encounter is multifaceted and requires **more than** didactic knowledge to arrive at the right decision.
- ▶ Being **genuinely concerned** about the patient has been identified in the literature as a motivator to provide appropriate care.

Wiman & Wikblad (2004)



Implications for Practice

- ▶ Emergency Department orientation and continuing education
- ▶ Creative, less traditional methods
 - Case situations
 - Role-playing
 - Simulation



Limitations of the Study

- ▶ Accounts in this study are based on nurses' recollections of events and may have been affected by the passage of time.
- ▶ Nurses in this study may not have been willing to share mistakes made in triage.
- ▶ Nurses choosing not to be interviewed may have experiences in triage that differ from those in the study.



Future research...

- ▶ Accuracy of triage decisions
- ▶ Delay in response to emergent need
- ▶ How do nurses learn triage?
- ▶ Does experience matter?



Conclusion

- ▶ This study is one of the first to yield information about the multifaceted skills required in ED triage and begins the discussion about the positive effects of human connection reducing the risk of poor outcomes.