

Triage of Patients in NSW Emergency Departments

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Functional Sub group Clinical/ Patient Services - Critical care

Summary The purpose of this policy directive is to ensure that the process of Triage is undertaken by appropriately trained and skilled clinicians. The policy has been amended to address concerns that in some rural and remote services a small staffing complement may not be able to meet the requirements of the original triage policy PD2006_086.

Replaces Doc. No. Triage of Patients in NSW Emergency Departments [PD2006_086]

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Applies to Area Health Services/Chief Executive Governed Statutory Health Corporation, Public Hospitals

Audience Administration, clerical, medical, nursing and emergency departments

Distributed to Public Health System, NSW Ambulance Service, NSW Department of Health, Public Hospitals

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Policy Manual Not applicable

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Status Active

Director-General

This Policy Directive may be varied, withdrawn or replaced at any time. Compliance with this directive is **mandatory** for NSW Health and is a condition of subsidy for public health organisations.

TRIAGE IN NSW EMERGENCY DEPARTMENTS

The purpose of this policy directive is to ensure that the process of Triage is undertaken by appropriately trained and skilled clinicians.

Triage is an essential function of an Emergency Department. Triage must be the first interaction a patient has in the ED. Its aim is to ensure that patients are treated in an appropriate stream of clinical urgency, which refers to the need for a time critical intervention.¹

The process of triage involves the application of high-level patient assessment and theoretical knowledge in order to assess a patient and make a decision about the degree of urgency to see a treating clinician. There is a significant level of complexity of practice required to support the process of triage and to ensure that the level of urgency assigned is appropriate and reflective of the needs of individual presentations.

The Emergency Care Taskforce has undertaken a significant body of work to outline the elements and principles of the “Ideal Emergency Department Patient Journey”. This defines many of the principles under which Emergency Department care should be provided in NSW. A fundamental principle that promotes the achievement of the Ideal Emergency Department Patient Journey is that Triage should occur at the time of arrival by an experienced clinician.

Whilst the term clinician is not defined within the context of the Ideal Emergency Department Patient Journey, the imperatives behind the use of the term clinician are that triage is undertaken by a senior clinician who has appropriate skills and competency to:

- Identify high risk patients
- Separate the less complex patient presentations
- Ensure early assessment, fast tracking and early initiation of clinical care

It is therefore imperative that the practice domain for Triage is that of at least a Registered Nurse. Hospital/Emergency Department Management are instructed to ensure that Triage is undertaken by clinical staff who have proven capacity to identify and set priorities of care. It is not appropriate or reflective of acceptable practice for triage to be undertaken by clerical/administrative or Enrolled Nursing staff.

In hospitals with ED role delineation level 1 & 2, there may be occasional circumstances when an Enrolled Nurse is the first point of contact for a patient arriving in the ED. For these contingencies, hospitals must:

1. Have clear processes established in order to rapidly notify a registered nurse of the patient's arrival.
2. Note that Registered Nurses are responsible for formal triaging in all circumstances.
3. Establish training for those EN's likely to encounter these circumstances so that they are equipped to identify high acuity patients.

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Director-General

¹ Guidelines for the implementation of the Australian Triage Scale in Emergency Departments Australasian College of Emergency Medicine 2000