

Audit of Emergency Department Triage

1. Purpose

This guidance aims to provide a standardised approach to the audit of triage practice in all Emergency Departments (ED) and enable EDs and Acute Hospitals to comply with the recommendation of the *Report of the investigation into the quality, safety and governance of the care provided by the Adelaide and Meath Hospital, Dublin incorporating the National Children's Hospital (AMNCH) for patients who require acute admission, Health Information and Quality Authority, May 2012 (HIQA Tallaght Report)*¹ that "The Manchester Triage System must be implemented, managed and periodically evaluated to ensure it is being applied effectively in all hospitals".

2. Scope

This guidance applies to all acute hospitals that have Emergency Departments (EDs). It does not apply to Local Injury Units (LIUs) as triage is not used in the LIU setting. The triage of adult and paediatric patients should be audited. Additional guidance on the audit of children will be issued as part of the Irish Children's Triage System that is currently in development.

3. Background

- The National Emergency Medicine Programme (EMP)² recommends that the Manchester Triage System³ (MTS) should be the only triage system used for the triage of adult patients in EDs in Ireland.
- The EMP also recommends that patient triage should be completed within 15 minutes of registration, with a compliance rate of at least 95% expected in practice.²

4. Recommendations

The EMP now recommends that the MTS Audit Tool⁴ should be used in all EDs to evaluate the quality of triage practice. This includes audit of:

- (a) The quality of triage:
 - (i) Triage audit should include at least 2% of attendances over a 12 month period, as recommended by the MTS Audit Tool. The EMP acknowledges that this will not be possible currently in EDs that do not have appropriate ED Information Systems (EDIS). The frequency and comprehensiveness of audit exercises will be determined within each ED, according to the need for improvement and EDIS capability. In EDs with EDIS

audits should be undertaken at least twice a year and there should be a rolling programme of triage audit in all EDs.

- (ii) Triage audit criteria (Appendix 1) should be assessed for completeness and accuracy and a 95% compliance rate is expected in all EDs. Individual practitioner level audit and network-level peer review are optional at this time.

(b) Access to triage

In addition to the MTS Audit Tool, the EMP recommends that the timeliness of triage should be monitored and reported at ED and Emergency Care Network (ECN) level. The recommended standard is that 95% of triage episodes should be completed within 15 minutes of patient registration. Where EDIS allows, all triage episodes should be included in the routine monitoring of triage times. Sampling approaches will have to be used where EDIS has not been implemented.

(c) Structures to enable and enhance Triage Audit:

- (i) All EDs should have fit for purpose ED Information Systems (EDIS) that provide electronic triage decision-making supports/algorithms and data capture with reporting to support triage audit.
- (ii) Governance for triage audit should be provided through the Clinical Operational Group and triage access times and quality audit data should be reviewed. The COG should identify and implement measures to optimise performance, support audit and ensure continuous improvement in the timeliness and quality of triage practice.
- (iii) Communication procedures should be in place to ensure that audit results are shared with all ED staff.
- (iv) The EMP recommends that cross-site audit of triage should be developed within and across ECNs.

(d) Training requirements to support Triage Audit:

- (i) Triage training and updates should be provided to all staff who triage.
- (ii) Accredited training for MTS Trainers that is provided by the Advanced Life Support Group⁴ should be resourced so that there are sufficient trainers in all ECNs to provide training and updates for all triage staff.

5. Disclaimer

This guidance has been developed to act as a resource for health care providers, including clinicians and health service managers. Health care providers should exercise their professional judgement in the interpretation, application and use of this guidance and current information. The guidance is not intended to replace clinical judgement and cannot cover all clinical and governance scenarios.

Appendix 1: Triage audit criteria

The MTS Audit Tool measures the triage process on 2 levels: completeness and accuracy.

Completeness

The triage episode is complete if all the necessary steps have been undertaken to reach the conclusions made. As the method is reductive (i.e. it assumes everybody is priority one and works its way down from there) this requires that the practitioner excludes all the discriminators in any higher priority e.g. the audit should ensure that triage nurse excluded discriminators for life-threatening and high-acuity conditions before arriving at a lower-acuity triage score.

Accuracy

An episode is recorded as accurate if both the presentation and discriminator selected are appropriate. This audit should be carried out by a practitioner with sufficient experience to make this judgement and it is important to appreciate that the system is designed to provide appropriate presentation and discriminator alternatives for many conditions.

Target	0%	incomplete episodes
	95%	accuracy
	95%	agreement between assessors i.e. the person doing the audit should agree with the nurse who did the triage on 95% of occasions.

(Emergency Triage, 2nd Ed (2006))

Timeliness

This is not included in the MTS Audit Tool, but EDs and ECNs should assess practice against the EMP standard of 95% compliance with triage within 15 minutes of registration.

Appendix 2: References

1. Mackway-Jones, K., Marsden, J., Windle, J., (eds) (2006) Emergency Triage. Manchester Emergency Triage Group 2nd Ed). BMJ books, Blackwell publishing. Oxford
2. Report of the investigation into the quality, safety and governance of the care provided by the Adelaide and Meath Hospital, Dublin incorporating the National Children's Hospital (AMNCH) for patients who require acute admission, Health Information and Quality Authority May 2012. Accessed 1st May 2013 at: <http://www.hiqa.ie/press-release/2012-05-17-tallaght-hospital-investigation-report-published-health-information-and-qua>
3. The National Emergency Medicine Programme Report 2012. Accessed 5th July 2012 at <http://www.hse.ie/emergencymedicine>
4. Advanced Life Support Group, Manchester, UK. Accessed 27th September 2013 at <http://www.alsg.org/uk/>

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Audience	Acute hospital/hospital group CEOs/General Managers/Operational Managers, Clinical Directors, Directors of Nursing, Consultants in Emergency Medicine and Emergency Department nursing, medical and administrative staff; Health Information and Quality Authority.
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Associated documents	National Emergency Medicine Report 2012 http://www.hse.ie/eng/about/clinicalprogrammes/emp/empreport2012.pdf Report of the investigation into the quality, safety and governance of the care provided by the Adelaide and Meath Hospital, Dublin incorporating the National Children’s Hospital (AMNCH) for patients who require acute admission, 8th May 2012. http://www.higa.ie/press-release/2012-05-17-tallaght-hospital-investigation-report-published-health-information-and-qua