



**Service Priorities and Programmes**  
**Electronic Presentations**

**Convention ID:** 88

**Submitting author:** Miss Fung Ling SO

**Post title:** Nurse Consultant, Tuen Mun Hospital, NTWC

**Under-triage, no way! How to tackle the under-triaged problem in a local Accident and Emergency Department in Hong Kong?**

*So FL (1), Chan WYW (1)*

*Accident and Emergency Department, Tuen Mun Hospital*

**Keywords:**

Under-triage

Triage nurse

Accident and emergency department

priority

Triage

audit

**Introduction**

Under-triage, no way! How to tackle the under-triaged problem in a local Accident and Emergency Department in Hong Kong? Author: So FL (1), Chan William YW (1) Accident and Emergency Department, Tuen Mun Hospital In Accident & Emergency Departments (AEDs), Triage refers to the sorting and classification of patients to determine priority of care, proper place of treatment and the initiation of immediate, life-saving care for patients. The decision of the triage category is made to determine how long the patient will wait before seeing a physician and to treat patients in a timely and appropriate manner. In Hong Kong, a 5 levels triage scale is used and each associated with the waiting time limits. Therefore, if a triage category is selected which is different from the one that a patient actually requires (under-triaged), the patient's waiting time may be affected more than anticipated. It is necessary to understand the accuracy of triage nurses' judgment in order to prevent patient suffering in an effective way.

**Objectives**

To reduce the number of under-triaged cases

**Methodology**

In order to explore the under-triaged problem; a monthly-based audit was performed by the Nurse Consultant (NC) and Nurse Specialist (NS). A monthly upgraded triage case list was generated from the Accident and Emergency Information System (AEIS) from Nov 2012 onwards till Dec 2013 and all cases list out would be audited by NC and NS. For cases which were judged as under-triaged (with reference to the A&E Triage Guideline 2012 endorsed by Central Organization Committee (COC) (A&E)), face-to-face briefings were conducted to the particular staff and education was given to prevent repeated error in future. Some common and recurrent triage misconceptions were shared in "Nurse Reminder", "Monthly Nurse Training Session", "Preceptor Nursing Workshop" and other training occasions. Last but not least, a

simulation training workshop was conducted for all new graduated staffs.

### **Result**

Within the aforesaid period, there were total 3076 cases needed to upgrade after primary triage. 140 cases were judged as under-triaged. All triage nurses involved were interviewed by NC/NS afterwards. Obviously, there was a gradual drop in the number of under-triaged cases (from 26 cases on Nov 2012 to 6 cases on Dec 2013 with a total reduction rate ~ 75%). Besides, two training sessions were conducted on Jan 2012 and Sept 2013. A marked decrease in number of under-triaged cases was noted on the subsequent months after the training sessions. In addition, we noticed that there was a small peak on June and July 2013. After root cause analysis, the reason for the peak may be due to the staff rotation program among A&E and Emergency Medicine Ward. Staffs became novice in triage after a half year rotation to EMW. Thus, a refreshment session should be conducted next year for those backflow staff. Furthermore, among those cases, 46.4%, 22.1% and 31.4% were performed by nurses with A&E experience under 3 years, 3 to 6 years and more than 6 years respectively. Therefore, continuous triage training is essential to staff in all levels but more training and supervision should put on to staff in novice level.