EMERGENCY NURSES ASSOCIATION

Position Statement

930 E. Woodfield Road, Schaumburg, IL 60173 | 800.900.9659 | ena.org

Triage Qualifications and Competency

Description

Triage is the process of collecting pertinent information about patients who are seeking emergency care and initiating a decision-making procedure that uses a valid and reliable triage acuity designation system.[1] Rapid and accurate triage decisions are important for successful emergency department (ED) operations[2] and optimal patient outcomes.[3] This process includes collecting pertinent patient information, performing a focused assessment, assigning an acuity level, and prioritizing the needs of the patient seeking emergency care, all in a time-sensitive manner. Accuracy in problem identification is a crucial component of clinical decision making, especially in the triage encounter, and requires the nurse to establish boundaries of physiological and psychological stability as well as predict the potential trajectory of the patient's condition.[4] To make effective and safe triage decisions, nurses must draw from an extensive internal base of knowledge and experience to identify salient cues and act based on the patient presentation. For performing triage, the Emergency Nurses Association (ENA) supports the use of a reliable, valid, five-level scale such as the Emergency Severity Index (ESI)[2,5] or the Canadian Emergency Department Triage and Acuity Scale (CTAS).[6] The process of triage is best carried out by registered nurses and nurse practitioners with emergency nursing expertise who have completed a triage-specific educational program. Competency is an ongoing validation process that is part of safe practice in the ED; it includes observation and chart review to ensure accurate clinical decision-making.

ENA Position

It is the position of the Emergency Nurses Association (ENA) that:

1. Triage is a critical assessment process performed by a registered nurse or nurse practitioner with a minimum of one-year of emergency nursing experience, as well as appropriate additional credentials and education that may include certification in emergency nursing and continuing education in trauma, pediatrics, and cardiac care, with verification or certification in those subspecialties as appropriate.

2. Emergency nurses complete a comprehensive, evidence-based triage education course and a clinical orientation with an experienced preceptor to enhance triage knowledge and skills.

3. Triage nurses are engaged in an ongoing triage competency validation process that includes observation and chart review, with remediation and further education as appropriate.

4. Emergency department leadership ensures that registered nurses receive appropriate education and demonstrate the knowledge application and situational awareness required to successfully function in the role of triage nurse according to professional and accreditation standards.

5. Emergency nurses support and participate in research involving the triage process and patient outcomes in the emergency care setting.

Background

Emergency department triage decisions can be complex and multifaceted. In the current emergency care environment, with increasing patient volume and acuity, it is more important than ever to ensure that nurses performing the vital triage function have the appropriate competencies. Nursing competence refers to a demonstrated ability to integrate knowledge, skills, abilities, and judgment based on scientific knowledge and expectations for nursing practice.[7] Collaborative observational assessment of triage competency has been increasingly suggested as an adjunct or alternative to written or didactic instruction.[8-10] Some examples of observational assessment include real-time feedback by preceptors or charge nurses, or triage simulation experiences.[10] Online courses and online case studies have also emerged as valid educational alternatives with which to evaluate triage competency.[11]

Years of experience in ED nursing or triage are not a proxy for initial or continued ED triage competency assessment. Experienced triage nurses may place an unfounded reliance on their ability to correctly interpret ambiguous clinical signs and symptoms,[12] and progressively increase their distance from formal protocols, relying more on memory and past experience.[13,14] In contrast, less-experienced triage nurses may be more likely to adhere strictly to protocols in making their decisions.[12] Additionally, factors such as ED crowding can contribute to greater subjectivity and inconsistency in triage decisions.[15] In short, the assigned triage acuity can be determined by factors that are environment-specific rather than patient-specific.[15] Mis-triage or incorrect triage acuity level assignment can cause delays in treatment for the patients involved as well as other patients in need of care, ultimately compromising patient outcomes and possibly leading to mortality.[3,12] For example, research suggests that up to one half of patients with acute myocardial infarction (AMI) are assigned an inappropriately low triage acuity level.[12,16,17]

Inconsistencies in triage decisions are not fully understood and represent an opportunity for nursing research.[3] To maintain the quality, safety, and efficacy of nursing care in emergency settings, triage competency assessment should not be a one-time event, but rather a fluid, dynamic process, with periodic assessment of all nurses who practice this high-risk skill.

Resources

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Authors

Authored by

Elizabeth Stone, MSN, RN, CPEN
Lisa Wolf, PhD, RN, CEN, FAEN

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Reviewed by

2016 ENA Position Statement Committee
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Katie Bush, MA, RN, CEN, SANE-A
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Ellen Encapera, RN, CEN
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Justin Winger, PhD, MA, BSN, RN, Chairperson
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Elizabeth Stone, MSN, RN, CPEN
E. Marie Wilson, MPA, RN

2016–2017 ENA Board of Directors Liaison
Sally Snow, BSN, RN, CPEN, FAEN

2016–2017 ENA Staff Liaison
Monica Escalante Kolbuk, MSN, RN, CEN

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