

Emergency Severity Index Triage

Maura Kathleen Adams

Implementation of the Emergency Severity Index (ESI) Triage Tool in an Urgent Care Setting Maisie Jeanne Burgess,2017

Effects of Implementing the Emergency Severity Index Triage in a Rural Emergency Department Janelle Edwards,2024

Reliability and Validity of the Emergency Severity Index Triage Tool in a Level IV Trauma Hospital Emergency Department George Lytton Baxter,2008

Reducing Length of Stay in the Emergency Department Using the Emergency Severity Index Triage System Angela Broughton,2018

Sheehy's Manual of Emergency Care Emergency Nurses Association,2012-02-01 - NEW! 2-column format features new Tricks of the Trade boxes to give you a professional's perspective on common issues in emergency nursing. - NEW! Fully revised content from the ENA and a broad panel of expert contributors includes up-to-date, practical information on topics such as critical care in the ED, time management, the morbidly obese patient, electronic medical records, disaster nursing, forensic nursing, and workplace violence.

Optimizing Emergency Department Throughput John M. Shiver,David Eitel,2017-07-26 Across the country ambulances are turned away from emergency departments (EDs) and patients are waiting hours and sometimes days to be admitted to a hospital room. Hospitals are finding it hard to get specialist physicians to come to treat emergency patients. Our EDs demand a new way of thinking. They are not at a tipping point; they are at a break

Implementation of the Emergency Severity Index Five Level Triage Acuity System in a Community Based Emergency Department Jean A. Kapsner,Mercy Hospital (Anoka, Minn.),2005 The purpose of this project was the implementation of the Emergency Severity Index Five Level Acuity System in the triage setting at Mercy Hospital.--Leaf 7.

Emergency Severity Index Implementation Handbook Ena,2003

Emergency Medical Services Triage Using the Emergency Severity Index Holly M. Buschhorn,Tania D. Strout,J. Matthew Sholl,Michael R. Baumann,2013

Evidence-Based Emergency Medicine Brian Rowe,Eddy S. Lang,Michael D. Brown,Debra Houry,David H.

Newman, Peter C. Wyer, 2011-08-24 Emergency physicians assess and manage a wide variety of problems from patients presenting with a diversity of severities, ranging from mild to severe and life-threatening. They are expected to maintain their competency and expertise in areas where there is rapid knowledge change. Evidence-based Emergency Medicine is the first book of its kind in emergency medicine to tackle the problems practicing physicians encounter in the emergency setting using an evidence-based approach. It summarizes the published evidence available for the diagnosis and treatment of common emergency health care problems in adults. Each chapter contextualizes a topic area using a clinical vignette and generates a series of key clinically important diagnostic and treatment questions. By completing detailed reviews of diagnostic and treatment research, using evidence from systematic reviews, RCTs, and prospective observational studies, the authors provide conclusions and practical recommendations. Focusing primarily on diagnosis in areas where evidence for treatment is well accepted (e.g. DVTs), and treatment in other diseases where diagnosis is not complex (e.g. asthma), this text is written by leading emergency physicians at the forefront of evidence-based medicine. Evidence-based Emergency Medicine is ideal for emergency physicians and trainees, emergency department staff, and family physicians specialising in the acute care of medical and injured patients.

Decision Making in Service Industries Javier Faulin, Angel A. Juan, Scott E. Grasman, Michael J. Fry, 2012-08-08 In real-life scenarios, service management involves complex decision-making processes usually affected by random or stochastic variables. Under such uncertain conditions, the development and use of robust and flexible strategies, algorithms, and methods can provide the quantitative information necessary to make better business decisions. Decision Making in Service Industries: A Practical Approach explores the challenges that must be faced to provide intelligent strategies for efficient management and decision making that will increase your organization's competitiveness and profitability. The book provides insight and understanding into practical and methodological issues related to decision-making processes under uncertainty in service industries. It examines current and future trends regarding how these decision-making processes can be efficiently performed for better design of service systems by using probabilistic algorithms as well as hybrid and simulation-based approaches. Traditionally, many quantitative tools have been developed to make decisions in production companies. This book explores how to use these tools for making decisions inside service industries. Thus, the authors tackle strategic, tactical, and operational problems in service companies with the help of suitable quantitative models such as heuristic and metaheuristic algorithms, simulation, or queuing theory. Generally speaking, decision making is a hard task in business fields. Making the issue more complex, most service companies' problems are related to the uncertainty of the service demand. This book sheds light on these types of decision problems. It provides studies that demonstrate the suitability of quantitative methods to make the right decisions. Consequently, this book presents the business analytics needed to make strategic decisions in service industries.

Issues in Critical and Emergency Medicine: 2011 Edition, 2012-01-09 Issues in Critical and Emergency Medicine / 2011 Edition is a ScholarlyEditions™ eBook that delivers timely, authoritative, and comprehensive information about Critical and Emergency Medicine. The editors have built Issues in Critical and Emergency Medicine: 2011 Edition on the vast information databases of ScholarlyNews.™ You can expect the information about Critical and Emergency Medicine in this eBook to be deeper than what you can access anywhere else, as well as consistently reliable, authoritative, informed, and relevant. The content of Issues in Critical and Emergency Medicine: 2011 Edition has been produced by the world's leading scientists, engineers, analysts, research institutions, and companies. All of the content is from peer-reviewed sources, and all of it is written, assembled, and edited by the editors at ScholarlyEditions™ and available exclusively from us. You now have a source you can cite with authority, confidence, and credibility. More information is available at <http://www.ScholarlyEditions.com/>.

Evaluation of the Emergency Severity Index Version 4 Triage Education Program at a University Hospital, 2014

Effectiveness of Implementing Emergency Severity Index Triage System in a Selected Primary Health Care Center in Oman Abeer Khalfan Al-Hasniyah, 2018

Triage Nursing Secrets Polly Gerber Zimmermann, Robert D. Herr, 2006 Part of the Nursing Secrets Series ® and written in a question & answer format, Triage Nursing Secrets begins with an overview of triage nursing and moves to a significant section on symptoms and a final section on issues and competencies. This practical resource is a collection of pearls of wisdom and tricks of the trade to aid effective nurse triage decisions. Content includes guiding principles, objective criteria, mnemonics/memory aids, discriminators, determinants from standardized triage systems and differences between the typical presentation of men vs. women in various conditions including stroke, chest pain, and domestic violence. Written by experts in the field of triage nursing for the most authoritative information. Key Points boxes emphasize the most important material in each chapter. Internet Resources in appropriate chapters provide sources for further studying and reference. Mnemonics/memory aids help readers remember important concepts. Top Secrets of triage nursing are included in the front matter for quick reference. Topical chapters are included on disaster and terrorism issues, as well as the always-changing regulatory issues in triage nursing. Engaging, straightforward Question-and-Answer format makes it easy to look up needed facts and information in any setting. Visually appealing two-color design makes material accessible and reader-friendly.

Implementation of the Emergency Severity Index Tool in a Community Hospital Emergency Department Maura Kathleen Adams, 2016 Introduction: Emergency departments (EDs) rely on experienced nurses who act as first responders to patients and prioritize their level of acuity. These nurses triage or sort the patients, allocating precedence for the provision of care. Consistent triage methods are necessary to provide prompt identification of sick patients and to improve quality outcome

measures. This evaluation project assessed the effectiveness of the implementation of the Emergency Severity Tool (ESI), a standardized triage tool, in enabling triage nurses to promptly identify sick patients in a consistent method and improve quality outcomes for ED patients. Methods: Two methods were utilized to assess the effectiveness of the triage tool: a chart audit of key ED metric data that serve as benchmark information that lead to quality ED outcomes and an inter-rater percent agreement to assess the accuracy of triage decisions compared to being the intervention. Chart audits of ED data were compiled over a 12 month period, beginning 6 months before and after the implementation of the triage tool. Inter-rater percent agreement was assessed by comparing 7 nurses' triage decision making from before and after the implementation. This was assessed against an expert triage rater. Results: Data demonstrated that the overall patient experience in the ED improved following the implementation of the triage tool, with an increase of 25% of accuracy in triage decision making. Analysis indicated increased correlation of accuracy of triage decisions, with a post intervention positive correlation of Spearman's rho = .791, p

Implementation of the Emergency Severity Index Susan E. Taylor, Gardner-Webb University. School of Nursing, 2004 Discusses the selection and implementation of a new triage acuity rating scale at a large, university-affiliated emergency department. Discusses differences between various triage systems and compares the Emergency Severity Index (which was chosen) with the other current measured five-level systems, the Canadian Triage and Acuity Scale, the National Triage Scale (Australia-New Zealand), and the Manchester Triage System.

Chronic Illness Care Timothy P. Daaleman, Margaret R. Helton, 2023-06-14 The second edition of this popular textbook provides a comprehensive overview to chronic illness care, which is the coordinated, comprehensive and sustained response to chronic diseases and conditions by health care providers, formal and informal caregivers, healthcare systems, and community-based resources. This unique resource uses an ecological framework to frame chronic illness care at multiple levels, and includes sections on individual influences, the role of family and community networks, social and environmental determinants, and health policy. The book also orients how chronic care is provided across the spectrum of health care settings, from home to clinic, from the emergency department to the hospital and from hospitals to residential care facilities. The fully revised and expanded edition of Chronic Illness Care describes the operational frameworks and strategies that are needed to meet the care needs of chronically ill patients, including behavioral health, care management, transitions of care, and health information technology. It also addresses the changing workforce needs in health care and the fiscal models and policies that are associated with chronic care. Several new chapters are included in the second edition and reflect the significant changes that have occurred in health care due to the COVID-19 pandemic. Chapters covering vaccinations, virtual care, and care of COVID-19 associated chronic conditions have been added. The revised textbook builds on the first edition's content that covered providing care to special population groups, such as children and adolescents, older adults, and adults

with intellectual and developmental disabilities, by including care approaches to adults with severe and persistent mental health disorders, the LGBTQ+ community, incarcerated persons, immigrants and refugees, and military veterans. Finally, chapters on important and emerging topics, such as natural language processing and health inequities and structural racism have also been added.

Structure, Process, and Recommendations of Emergency Department Triage in the U.S. Murtis Gilliam Worth, 2017 The purpose of this study was to explore and describe (1) to what extent emergency departments (EDs) in the United States (U.S.) are assuring the quality and reliability of triage acuity decisions and triage systems implementation according to recommendations in the Emergency Severity Index Handbook and (2) if relationships existed between triage structure and processes in EDs that promoted accuracy of triage decisions. The study was guided by Donabedian's Structure, Process, Outcome model that allows for the assessment of operations in EDs that organize and influence the quality of triage decision accuracy. The sample of 152 ED nurses with an average of 18 years of emergency nursing experience completed the online survey. The participants represented all four geographic regions of the United States, multiple levels of trauma center designation, annual patient visits from less than 25,000 to greater than 100,000, and 3, 4, and 5-level triage acuity systems. The majority of EDs (94%) used the Emergency Severity Index triage system. In 43% of EDs, nurses with less than one year of nursing experience met the qualification to triage. Triage nurse experience, triage education and quality monitoring of triage accuracy in EDs in the U.S. are not consistent with the recommendations outlined in the Emergency Severity Index guidelines. Procedures (processes) for triage education and quality monitoring were reported more often than having a policy (structure) to guide either of the processes. Significant positive relationships were found between EDs with a policy for triage education and those that required triage system training and between EDs with a policy for quality monitoring and those that monitored the accuracy of triage decisions. The findings add to the body of knowledge that relationships exist between structure (triage policies) and process (triage procedures) in the ED. The relationship needed to be established before quality assessment of emergency department triage can begin. This study is a foundation for examining triage accuracy and improvements in meeting the Emergency Severity Index recommendations.--Abstract from author supplied metadata.

Nurses' Professional Judgement of Emergency Cases. A Pilot Randomised Controlled Trial to Enhance the Understanding of Decision-Making, 2024-02-14 Master's Thesis from the year 2023 in the subject Business economics - Business Management, Corporate Governance, grade: A, University of Malta (Economics, Management, Accountancy), course: Management, language: English, abstract: This study serves as a pilot project utilizing simulation-based research tools to enhance understanding of decision-making processes and judgments in critical, clinical contexts. The aim is to conduct a 'noise audit' simulation to capture decision outcomes and analyze variances resulting from judgmental errors, particularly from a 'non-practitioner' standpoint. A blinded, randomized controlled trial employing Simulation-Based Research (SBR)

methods was conducted with control and experimental groups. Participants used a custom web-application to self-report mood, score triage judgments on fictitious emergency cases, provide justifications, and share personality traits. Sessions were held at hospital administration buildings and university campuses, with no interaction with academic personnel on setup. The study explores the concept of smoke detectors in managerial decision-making, recognizing errors and judgments as inherent to decision processes faced by organizational leaders and decision-makers. Bias and noise, identified as contributors to errors, are examined, with bias referring to systematic distortion and noise to variability or randomness in decision information. Empirical studies have demonstrated their impact, particularly in medical decision-making. Strategies such as bias recognition training and noise reduction through multiple information sources can mitigate human error. The study aims to deepen understanding of decision-making in critical contexts through simulation-based research tools.

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