

New emergency department technology cutting triage time in half

The Scarborough Hospital first in Ontario to implement eTriage

By Cindy Woods

A new electronic triage application at The Scarborough Hospital (TSH) is cutting triage time in half and giving its multicultural patient population the opportunity for more control over their reassessment while in the waiting room. TSH is the first hospital in Ontario and the second in Canada to launch eTriage software, part one of a two-pronged multilingual approach to emergency triage and reassessment. The "Enhancing Emergency Services" project combines an electronic application at the start of the triage process, with ongoing patient-driven reassessment using kiosks located in the waiting room.

"E-triage is definitely the standard to push and to move forward," says Louise LeBlanc, Patient Care Director, emergency services at TSH. "We have been electronically tracking our patients since 1998, so this is the next logical step." Patients presenting to TSH's General and Grace emergency departments are evaluated by a triage nurse, who enters symptoms and other data into a computer. The computer analyzes the data, and determines the acuity level of the patient based on the one-to-five Canadian Triage Acuity Scale (CTAS). "The acuity will show up based on the information the triage nurse feeds into the computer," LeBlanc adds. "And the nurse can over-ride the system based

on their observations and experience. But they can only triage to a more acute level."

It's been less than a year since eTriage began as a pilot project at TSH, and the system is already proving beneficial to both patients and frontline staff. "E-triage helps to process patients in an effective, timely manner, which is accurate in accordance with CTAS standards," says triage nurse Steve Gillis, who accepted a six-month secondment as clinical lead on the project in November 2007. "It keeps all triage nurses on the same page in terms of what level patients are being triaged at. At the same time, it allows nurses to exercise their clinical judgement and to override the system to a more acute level if necessary."

The second part of the project, known as Enhancing Emergency Services (EES), involves the implementation of multilingual patient-driven kiosks. Integration of the kiosks into department workflow is underway and is being followed closely by project partners Medisolve, University Health Network and Canada Health Infoway. The kiosks (there are five at the General and three at the Grace) are still new arrivals within the ED waiting rooms and are expected to show their full potential in the coming months. They show great promise, especially for the multicultural population that TSH serves.

While all ED patients report

to the triage nurse on arrival, the triage nurse may direct selected stable patients to a kiosk to begin the registration process with a swipe of their health card. Once the triage assessment is completed by the triage nurse, the triage nurse can direct the non-acute patient to scan their wristband at a kiosk should their condition change or at pre-selected intervals to update their condition. Patients are asked specific questions in one of nine languages selected (English, French, Cantonese, Mandarin, Tamil, Punjabi, Farsi, Hindi and Urdu). If a patient's responses to the questions indicate their condition has worsened while in the waiting room, the triage nurse is immediately alerted.

"The use of the kiosk to promote reassessments must be carefully incorporated into triage workflow," Gillis admits. "As with all change, some nurses will be quicker to embrace the technology than others, and patient safety and department workflow will continue to be the top priorities. The kiosks are expected to prove most useful when triage nurses are very busy. Patients can then assist with their initial reception and, later, update their condition and receive important instructions electronically. The nurse will ultimately be better informed and the waiting room will be a safer place."

Considered an adjunct to the role of triage nurses, e-triage is



The new eTriage kiosk in the emergency department at The Scarborough Hospital has multilingual capabilities.

designed to promote, not interrupt, patient flow. "The initial data we have received shows e-triage has cut our triage time in half, so we're saving a lot of time and we're more accurate," explains Kiki Ferrari, Patient Care Manager, emergency & urgent care. "Having the right

triage score means we are putting the patient in the right part of the emergency department with the right caregiver at the right time."

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Royal Victoria Hospital's SWAT team swoops in

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Dr. Austgarden. "Research shows that if we treat these patients early they won't get as sick, in 80 per cent of cases it prevents ICU/CCU admissions. Ultimately, our presence saves lives."

There are currently 27

Ontario hospitals with similar teams. RVH's CCOT was formed in September 2007 and went 24/7 in December 2007. This is a three-year pilot project funded by the Ministry of Health and Long Term Care as part of the Critical Care

Strategy for the province. The program, which originated in Australia, is called the Critical Care Response Team, but the RVH team changed its title to reflect what is actually happening on the floors when they respond to a call. "We named ourselves the Critical Care Outreach Team because we are reaching out, not only to the patient in distress, but to the nurses on the floor as well. A huge benefit to this program is that we provide the ward nurses with peer group support," says Dr. Austgarden.

Forster couldn't agree more. "When the nurses on the floor page us we respond just like paramedics to a 911 call," says Forster, who says the team has responded to more than 100 calls since December. "I love it

because it gives me a chance to go outside the CCU and work with patients and floor nurses that I don't often get a chance to see. It is a great opportunity to challenge your own skills, however, our primary goal is patient safety."

In Paul's case she had just undergone an operation to remove her thyroid, and was recovering on 4NC. Everything seemed to be going well and she was getting ready to be discharged when her hands began to tighten up and go into a claw-like posture. Eventually, her lips felt the same way, her tongue felt swollen and her hands were beginning to hurt. "I didn't know what it was, but I was panicking because I was losing my ability to speak. I remember screaming, 'I can't feel my tongue.' My dad had a stroke and I thought that's what was happening. I could hear the woman in the next bed praying

for me," says Paul. "The pain in my hands was so severe by this time, I can't even describe it."

Nurses on the floor called for CCOT. Paul believes they were at her bedside within minutes, were able to calm her down, assess her condition, give a medical directive and within two hours of onset, Paul was feeling more herself.

She had experienced a severe calcium deficiency related to the thyroid surgery. It is something only one to two per cent of patients, who undergo the same surgery, will experience. "I think the Critical Care Outreach Team is awesome. They were right there almost immediately after the nurses called them. They stayed with me and listened to me. I really feel as if they saved my life."

Donna Danyluk is the Public Affairs Coordinator at Royal Victoria Hospital in Barrie.

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