

## INTRODUCTION

Upon arrival at the Children's Emergency Department, all patients are appropriately triaged by trained nurses, so that the urgency of subsequent care can be determined. Patients who have abnormal vital signs or are acutely unwell are given immediate Priority 1 or urgent status Priority 2. The others are categorized as Priority 3 (P3), who may wait more than 60 minutes for a physician's consultation. Continuous reassessment of waiting patients has been advocated [1, 2] - highlighting the importance of re-triaging when indicated.

## AIMS

The main objective of this nursing-led project was to assess P3 patients' experience while waiting for a physician's consultation. Four research aims were crafted:

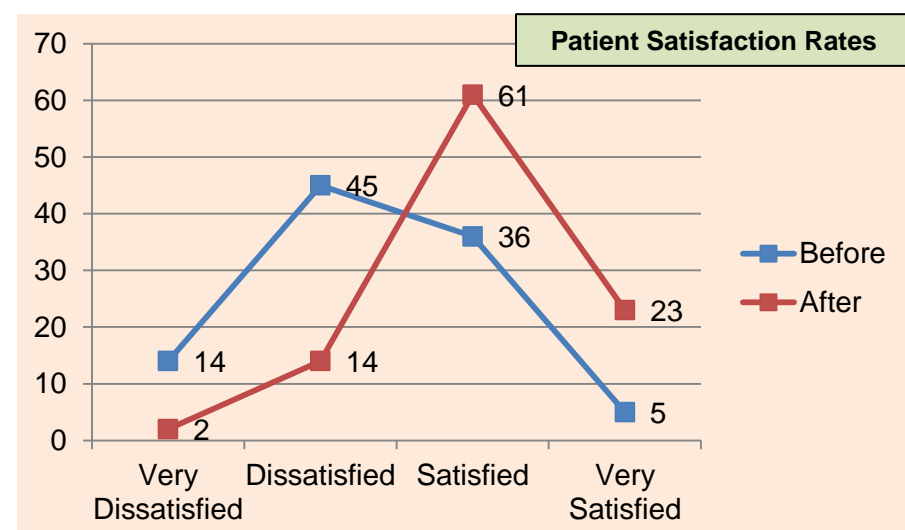
- Determine if a nursing reassessment for P3 patients prior to a physician's consultation increased their satisfaction rating (as translated by their caregivers);
- Determine if appropriate interventions can be performed to enhance the delivery of safe patient care e.g. uptriage or administration of anti-pyretics;
- Assess nursing staff satisfaction specifically in managing P3 patients' caregivers, as well as personal perception of workload with this reassessment activity;
- Improve patients' experience in the department, resulting in long-term service quality benefits.

## METHODOLOGY

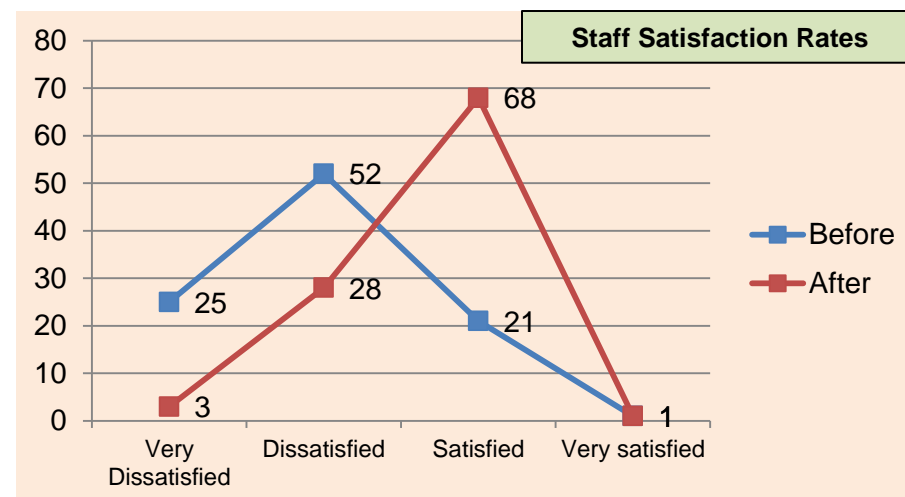
A patient satisfaction survey was issued to caregivers of P3 patients who waited more than 60 minutes for a physician's consultation and were reassessed by a nurse. A nursing staff satisfaction survey was also conducted simultaneously.

## RESULTS

With the nursing reassessment activity, 84% of P3 patients' caregivers rated their waiting time experience prior to a physician's consultation as satisfied/very satisfied; compared to the baseline rate of 41%.



Furthermore, only 22% of nursing staff were previously satisfied/very satisfied about their personal encounters when managing P3 patients' caregivers during long waiting time. After the nursing reassessment activity, there was a tri-fold increase of satisfaction rating to 69%.



With the nursing reassessment activity, 88% and 90% of P3 patients' caregivers indicated that they would return to Children's Emergency Department in future for another acute complaint and would recommend the department to their friends/relatives respectively.

On the nursing front, 54% of staff commented that the number of nurses would need to be increased in order to sustain this change in practice. However, 76% agreed that it was better to implement the nursing reassessment activity than not availing it, despite additional work.

## CONCLUSIONS

A clear increase in P3 patients' satisfaction rating was demonstrated in this study. This was likely due to the decrease in waiting time before being attended by a trained staff and the increase in number of contact points prior to a physician's consultation.

The majority of the nursing staff were also satisfied with the nursing reassessment activity, although they expressed that an increase in nursing manpower would be necessary for a sustainable change.

This study has shown the importance of availing nursing manpower for re-triaging in the Children's Emergency Department. This initiative would not only help to identify patients at risk of deterioration during the waiting time prior to the physician's consultation, but also improve patient satisfaction.

## REFERENCES:

1. Australian College of Emergency Medicine. (revised 2013). *The Australian Triage Scale*. Carlton, Victoria: Author.
2. Agency for Healthcare Research and Quality. (2012). *Emergency Severity Index (ESI): A Triage Tool for Emergency Department*. Rockville, Maryland: Author.