

# A National Survey of Emergency Department Triage in Sweden

Katarina Göransson RN, BSc (Nursing), MMSc, PhD-student<sup>1</sup>, Anna Ehrenberg RN, PhD, Assistant Professor<sup>1,2</sup>, Margareta Ehnfors RNT, PhD, Professor<sup>1</sup>

<sup>1</sup>Department of Caring Sciences, Örebro University, Örebro, Sweden, <sup>2</sup>Department of Health and Society, Dalarna University, Falun, Sweden

## Abstract

The aim of this study was to identify the organisation of and knowledge about triage work in Swedish emergency departments (ED) as a first step to understanding what is necessary for decision support in ED triage systems in Sweden. A national survey using telephone interviews for data collection was used. Results showed great variety in how work regarding ED triage is organised and performed. The variety occurs in several areas including education, personnel performing triage, facilities available and scales used.

## Introduction

The concept of triage when being performed at an Emergency Department (ED) is to ensure that patients are treated in order of their clinical urgency and that the treatment is appropriate timely. Inappropriate triage decision may result in delays for all patients attending the ED and also in excess costs for the department. It might also lead to that patients in need of urgent care will have to wait, which may be hazardous to them. Many patients arriving to the ED feel that they are ill and in need of the care provided by the ED, and having to wait for that care can be annoying. Many hospitals around the world use some kind of triage system when assessing the patients attending the ED. In many countries, a registered nurse is assigned to perform triage at the ED. An earlier Swedish survey concluded that half of the EDs used registered nurses to perform triage. Studies show that the qualifications needed for triage work varies, though several authors suggest that performing triage requires special knowledge.

## Method

A national survey, via telephone interviews was used in this study to identify both the organisation of and knowledge about ED triage in Sweden. All EDs in Sweden (N =79) were contacted and 69 (87 %) responded. Questions focused on triaging personnel, tasks performed during triage and whether triage scales were used for acuity ratings.

## Results

Findings demonstrate that work associated with ED triage in Sweden was non-uniformly organised. The variety occurred in many areas, including: educational qualification requirements and previous experience for being scheduled for triage, as well as facilities available for triage personnel to assess and prioritise patients. There was also variation regarding what personnel performed triage. Likewise, triage scales used and their acuity ratings were non-uniformly organised. About half (54%) of the EDs did not use any kind of triage scale to document patient acuity. Triage scales with 3, 4 and 5 levels were most common, but the design of the scales themselves differed. In comparison with other countries' use of and recommendations for use of registered nurses specially trained for triaging patients, this study shows that Swedish EDs do not adhere well to guidelines for emergency care triage. Further this study demonstrates that there is little agreement on the design of triage scales and acuity ratings used, which is also common in other countries.