Triage Nursing Practice in Australian Emergency Departments 2002-2004: An Ethnography

Submitted by
Margaret Mary Fry B.App Sc (Nursing) M.Ed (Adult Education)

A thesis process submitted in total fulfillment of the requirements for the degree of Doctor of Philosophy

Department of Family and Community Health Nursing
Faculty of Nursing

University of Sydney
November 2004
ABSTRACT

Introduction: This ethnographic study provides insight and understanding, which is needed to educate and support the Triage Nursing role in Australian Emergency Departments (EDs). The triage role has emerged to address issues in providing efficient emergency care. However, Triage Nurses and educators have found the role challenging and not well understood.

Method: Sampling was done first by developing a profile of 900 nurses who undertake the triage role in 50 NSW EDs through survey techniques. Purposive sampling was then done with data collected from participant observation in four metropolitan EDs (Level 4 and 6), observations and interviews with 10 Triage Nurses and the maintenance of a record of secondary data sources. Analysis used standard content and thematic analysis techniques.

Findings: An ED culture is reflected in a standard geography of care and embedded beliefs and rituals that sustain a cadence of care. Triage Nurses to accomplish their role and maintain this rhythm of care used three processes: gatekeeping, timekeeping and decision-making. When patient overcrowding occurred the three processes enabled Triage Nurses to implement a range of practices to restore the cadence of care to which they were culturally oriented.

Conclusion: The findings provide a framework that offers new ways of considering triage nursing practice, educational programs, policy development and future research.
ACKNOWLEDGEMENTS

The Triage Nurses who speak in this study helped me to view and come to understand the complexity of their practice. There can be no denying that this ethnographic text reflects my own cultural milieu and linguistic conventions to present a scholarly piece of work. Despite this, I believe the participants of the study would recognise this work as an accurate depiction of triage nursing practice. I remain responsible for the construction of the text, but am conscious of the debt owed to those who shared their world so openly and negotiated my understanding of the cultural environment within emergency department settings.

The richness and depth of this study was made possible through the guidance and support of my supervisor Professor Colleen Stainton. I also want to thank Dr Anna Holdgate, Dr Gayle Burr, Dr Caroline Homer, Janice Gullick and Dr Rhonda Hawley for their support and encouragement.

This study on triage nursing was made possible by a NSW Nurses Registration Board Category 5 Scholarship (2001) and the Vivian Bullwinkle Scholarship from the College of Nursing (2003). These scholarships supported the research process, through which I have come to value, learn and understand the richness and complexity of nursing practice. This research has had a profound impact on my own practice and the way I support and educate those undertaking the challenging role of triage nursing.
CONTENTS

ABSTRACT .........................................................................................................................II

ACKNOWLEDGEMENTS .............................................................................................. III

CONTENTS ........................................................................................................................IV

LIST OF TABLES .......................................................................................................... XIII

LIST OF FIGURES .........................................................................................................XIV

LIST OF PUBLICATIONS ............................................................................................. XV

GLOSSARY OF TERMS ...............................................................................................XVI

CHAPTER 1: INTRODUCTION ....................................................................................... 1

HISTORICAL DEVELOPMENT OF EMERGENCY TRIAGE SYSTEMS................................. 2

EVOLUTION OF THE TRIAGE NURSE ROLE ................................................................... 3

Specialist nurse education .............................................................................................. 4

Specialist nurse industrial awards .................................................................................. 6

The triage role: Sub-specialty ED nursing ....................................................................... 7

DEVELOPMENT OF THE AUSTRALASIAN TRIAGE SCALE GUIDELINES....................... 9

STATEMENT OF THE PROBLEM ..................................................................................... 11

PURPOSE OF THE STUDY ................................................................................................. 11

Aim ................................................................................................................................11

Research Questions ....................................................................................................... 12

Significance ..................................................................................................................... 12
CHAPTER 2: LITERATURE REVIEW ................................................................................. 13

THE NEED FOR STANDARDISED TRIAGE SCALE GUIDELINES .............................................. 14

Reliability and validity of the Australasian Triage Scale Guideline ...................................... 15

EXTENDING THE PRACTICE OF EMERGENCY DEPARTMENT TRIAGE NURSES ............ 18

Extended practice 1: Triage Nurse initiated distal limb x-rays ........................................... 19

Outcome on waiting time ......................................................................................................... 20

Outcome of staff utilisation patterns ......................................................................................... 21

Outcome of detection abnormality rates ..................................................................................... 21

Medical concerns .................................................................................................................... 23

Extended practice 2: Triage Nurse initiated Schedule 4 and Schedule 8 drugs ............ 25

Extended practice 3: Australian Triage Nurse initiated referrals ........................................... 27

SUMMARY ............................................................................................................................... 29

CHAPTER 3: METHODOLOGY ................................................................................................. 31

SECTION 1: ETHNOGRAPHY AS A MODE OF INQUIRY ........................................................... 31

ED Triage Nursing practice: A cultural context ...................................................................... 34

The writing of ethnography as product ...................................................................................... 36

SECTION 2: SAMPLING TECHNIQUE FOR THE ETHNOGRAPHY ............................................. 38

Phase 1: Locating Triage Nurses in NSW .............................................................................. 39

Using the Delphi technique to design a self reporting triage survey tool .............................. 39

Piloting the Triage Questionnaire ............................................................................................ 41

Exploring and locating triage nursing practice throughout NSW ........................................ 42

Phase 2: Establishing the Field for fieldwork ........................................................................ 43
A CULTURE OF EMERGENCY DEPARTMENT CARE ........................................... 68

THE GEOGRAPHY OF CARE ............................................................................ 68

Entry points ........................................................................................................ 70

Outside: Workspaces ......................................................................................... 71

The Waiting Room .............................................................................................. 72

The Reception Room ......................................................................................... 73

The Triage Room: Similarities ........................................................................... 75

The Triage Room: Differences .......................................................................... 77

Hospital 1 ........................................................................................................... 77

Hospital 2 .......................................................................................................... 78

Hospital 3 .......................................................................................................... 78

Hospital 4 .......................................................................................................... 79

Inside: Workspaces ............................................................................................ 79

The Consultation Room ..................................................................................... 80

The Acute Room ................................................................................................ 81

The Resuscitation and Trauma Room ............................................................... 82

The Subacute Room ......................................................................................... 84

The Hidden Areas ............................................................................................. 84

EMBEDDED BELIEFS AND RITUALS OF CARE ............................................. 85

Belief 1: Respecting triage space ...................................................................... 86

Belief 2: Patients should take control ................................................................ 88

Belief 3: Patients should not arrive with expectations ..................................... 90
Belief 4: Do not ask for a bed.................................................................................................................. 91
Belief 5: Expect a level playing field...................................................................................................... 92
Belief 6: No benefit from having a referral letter..................................................................................... 93
Belief 7: Do not waste time...................................................................................................................... 94

The influence of embedded beliefs on triage practice............................................................................ 96

SUMMARY ............................................................................................................................................ 97

CHAPTER 5: FINDINGS.............................................................................................................................. 98

BEING THE TRIAGE NURSE IN A CULTURE OF CARE.................................................. 98

A TYPICAL SHIFT ................................................................................................................................. 98

TRIAGE NURSE AS GATEKEEPER..................................................................................................... 101

Allocating a bed................................................................................................................................. 103
Managing uncertainty in bed allocation .............................................................................................. 105

Triage Nurse as a Cultural Broker....................................................................................................... 106

TRIAGE NURSE AS TIMEKEEPER ...................................................................................................... 109

Allocating the code ............................................................................................................................. 112
Initiating extended triage activities ..................................................................................................... 116

TRIAGE NURSE AS DECISION-MAKER ............................................................................................ 118

Collecting observational information ................................................................................................. 119

Target questioning: Identifying the problem......................................................................................... 120

Barriers to questioning ....................................................................................................................... 121

The language of questioning ............................................................................................................... 123

Asking about regular medications....................................................................................................... 124
Determining a patient’s need for urgent medical intervention .................................. 126

Obtaining haemodynamic observations ................................................................. 126

Be suspicious ........................................................................................................... 128

Pattern recognition ................................................................................................. 129

Having a ‘working diagnosis’ ................................................................................. 131

SUMMARY ................................................................................................................... 133

CHAPTER 6: FINDINGS .......................................................................................... 135

RESTORING THE CADENCE OF CARE .............................................................. 135

PATIENT OVERCROWDING: DE-SYNCHRONISING THE CADENCE OF CARE .......... 135

THE OUTCOMES OF PATIENT OVERCROWDING ON TRIAGE NURSES ............... 139

Experiencing aggression at triage .......................................................................... 139

A broader picture of aggression .............................................................................. 140

Aggression during triage .......................................................................................... 142

Aggressive patients compromising the safety of other patients ......................... 145

The use of aggression to speed up care ................................................................. 146

Practices for managing, mediating and/or preventing aggression ....................... 147

Practice 1: Keeping the door open ........................................................................ 147

Practice 2: Focusing on clinical urgency ............................................................... 148

Practice 3: Explaining the wait ............................................................................. 149

Practice 4: Lowering the triage code ..................................................................... 150

Practice 5: Removing the patient .......................................................................... 151

Practice 6: Putting on a neutral face ..................................................................... 152
Practice 7: Getting eye to eye ................................................................. 153
Practice 8: Swapping the triage shift ...................................................... 153
Practice 9: Calling security and/or police .............................................. 154

Experiencing negative emotions at triage ............................................. 155
Feeling dissatisfied ............................................................................... 157
Feeling blame ....................................................................................... 157
Feeling bad .......................................................................................... 159
Feeling the need to justify practice ....................................................... 160

Practices for managing the wait ............................................................. 161
Practice 1: Going Code Red .................................................................. 163
Practice 2: Increasing the triage code .................................................... 167
Practice 3: Fast tracking ....................................................................... 170
Practice 4: Breaking the rules ................................................................. 172
Practice 5: Moving care outside routine practice .................................. 174
Practice 6: Helping inside ..................................................................... 177
Practice 7: Referring away ................................................................... 179

Learning to Become a Triage Nurse ..................................................... 182
Learning about ‘place’ and patient movement ....................................... 183
Being different ...................................................................................... 185
Being a team player ............................................................................. 187
Being responsible ................................................................................ 189

Summary ............................................................................................. 194
CHAPTER 7: DISCUSSION

THE ETHNOGRAPHIC APPROACH: STRENGTHS AND LIMITATIONS

Strengths of the study

Limitations of the study

TEACHING AND SUPPORTING TRIAGE NURSES

An educational framework based on triage processes

1. Becoming the Triage Nurse

2. Cultural implications

3. Establishing new relationships at triage

   Clerical – Triage Nurse relationship

   Emergency Doctor – Triage Nurse relationship

4. Teaching triage assessment

5. Planning learning experiences to manage tension in triage practice

6. Planning learning experiences to manage patient overcrowding at triage

7. Planning education sessions to address dimensions of power

8. Planning education sessions to enhance policy adherence

Further considerations in triage practice

Implications for future triage research

SUMMARY

CHAPTER 8: RECOMMENDATIONS

RECOMMENDATIONS FOR TRIAGE NURSING EDUCATION

RECOMMENDATIONS FOR TRIAGE NURSING PRACTICE
RECOMMENDATIONS FOR TRIAGE NURSING RESEARCH .......................................................... 218

RECOMMENDATIONS FOR TRIAGE NURSING POLICY ......................................................... 219

CONCLUSION .......................................................................................................................... 220

REFERENCES ........................................................................................................................ 221

APPENDICES .......................................................................................................................... 237

Appendix 1: CNS Award Classification ............................................................ Error! Bookmark not defined.

Appendix 2: An example of an ATS guideline .................................................... Error! Bookmark not defined.

Appendix 3: The NSW Triage Questionnaire ....................................................... Error! Bookmark not defined.

Appendix 4: Study guideline provided to Triage Nurses Error! Bookmark not defined.

Appendix 5: Ethical approval letters ................................................................. Error! Bookmark not defined.

Appendix 6: Participant consent form ................................................................. Error! Bookmark not defined.

Appendix 7: A sample of another’s voice .......................................................... Error! Bookmark not defined.

Appendix 8: Interview question guideline ......................................................... Error! Bookmark not defined.

Appendix 9: An example of a triage assessment form .... Error! Bookmark not defined.
LIST OF TABLES

TABLE 1. PILOT SURVEY TRIAGE NURSES ................................................................. 41
TABLE 2. TRIAGE NURSE SURVEY RETURN RATES .............................................. 42
TABLE 3. EMERGENCY SERVICE PROVIDERS ....................................................... 44
TABLE 4. TRIAGE NURSE AGE AND YEARS OF NURSING AND SPECIALIST EXPERIENCE .......... 47
TABLE 5. TRIAGE NURSE ACADEMIC QUALIFICATIONS .......................................... 48
TABLE 6. HOURS OBSERVED IN EACH HOSPITAL ............................................... 51
TABLE 7. THE AMBULANCE DIVERSION OVERCROWDING CODE GUIDELINES .......... 164
LIST OF FIGURES

FIGURE 1. THE STREET ENTRANCE AND SIGNAGE OF A TYPICAL METROPOLITAN NSW ED. .. 69

FIGURE 2. A NSW ED SHOWING AMBULANCE AND AMBULANT ENTRANCES.......................... 70

FIGURE 3. NEWSPAPER HEADLINES FROM IRELAND, UK AND USA .................................... 138

FIGURE 4. NSW HEALTH ANTI-AGGRESSION POSTER LAUNCHED 2001. .............................. 141

FIGURE 5. NEWSPAPER REPORTS ON AGGRESSION IN AUSTRALIAN EDs .......................... 142

FIGURE 6. A TYPICAL PICTORIAL INCIDENT OF OVERCROWDING IN AUSTRALIAN ED ............. 156

FIGURE 7. COMMUNITY PERCEPTION OF CODE RED PRACTICE: THE SYDNEY MORNING

Herald (Peatling 2002) ............................................................................................................. 166

FIGURE 8. A CONCEPTUAL FRAMEWORK FOR TRIAGE NURSING PRACTICE ..................... 200
LIST OF PUBLICATIONS

Fry M & Burr G (2001) Using the Delphi Technique to design a triage survey tool, 
*Accident & Emergency Nursing*, 9 (4): 235-41


<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACEM</td>
<td>The Australasian College for Emergency Medicine</td>
</tr>
<tr>
<td>ATS</td>
<td>The Australasian Triage Scale guidelines</td>
</tr>
<tr>
<td>CDA</td>
<td>Central District Ambulance functions as the coordinating centre for local ambulance officers.</td>
</tr>
<tr>
<td>CNC</td>
<td>Clinical Nurse Consultant functions as a specialist nursing consultant</td>
</tr>
<tr>
<td>CNE</td>
<td>Clinical Nurse Educator functions as the key provider of educational programs</td>
</tr>
<tr>
<td>CNS</td>
<td>Clinical Nurse Specialist: functions as a specialist clinical expert</td>
</tr>
<tr>
<td>DNW</td>
<td>Patients who leave the ED prior to medical assessment</td>
</tr>
<tr>
<td>ED</td>
<td>Emergency Department</td>
</tr>
<tr>
<td>EDIS</td>
<td>Emergency Department Information System</td>
</tr>
<tr>
<td>ENA</td>
<td>Emergency Nurses’ Association</td>
</tr>
<tr>
<td>GP</td>
<td>General Practitioner functions as a primary local care medical practitioner</td>
</tr>
<tr>
<td>NESB</td>
<td>Non-English speaking background</td>
</tr>
<tr>
<td>NSW</td>
<td>New South Wales – One of three east coast states of Australia</td>
</tr>
<tr>
<td>NUM</td>
<td>Nursing Unit Manager functions as overall departmental manager</td>
</tr>
</tbody>
</table>