Implementation Strategies

Emergency Severity Index
Implementation

• “It is what it is”
• Research based
• Maintain reliability and validity
• Research is ongoing
• ESI Level 1 Study – Chicago, Boston, Penn.
• Pediatric research - Boston
• Don’t mess with it!
Implementation

• One chance to do this right!
• Timing
• Commitment
• Involvement
• Planning
• Education
• Go Live
• On-going monitoring
Why The Change?

- Sentinel event
- Improve safety
- Use a common language
Timing

- Leave at least 3-6 months
- What other large changes are happening in your ED?
- Are other process changes driving the triage system change?
- Who and when are key players available for training and implementation?
Commitment

• Why are you doing this?
• Organizational commitment
  – Education, training, $$$$
• Organize a working group
• Identify key players
• Physicians, nurses, educator, administration
• Staff participation is mandatory
Involvement

• Representation from triage nurses
• ED nursing leadership
• ED physician leadership
• Identify triage preceptors and triage champions
• ED Educator, ED CNS
Planning

• Identify working group members
• Stick to goals, timelines and agendas
• Make your meetings productive
• Plan for education, didactic and go-live competency assessment
• Plan for on-going follow-up process
Education

- Didactic component – 2-4 hours
- Use practice and competency cases
- Develop other cases – pilot test – content validity
Education

• Use real examples
• Go-live – competency assessment of accurate triage and also other elements of triage
• Your triage policies are separate & should be included in training (order entry, standing protocols)
Go-Live

• Plan it – pick a realistic date
• Stick to it
• Support it – staff, training etc
• Give feedback
• Expect bugs!
• Identify problems early and nip them in the bud!
• Positive feedback
On-going monitoring

• Plan it
• Choose indicators, thresholds and number of charts to audit
• Evaluate ESI accuracy
• Conduct chart audits
Chart Audits

- Staff nurse participation
- Expert participation and oversight
- Provide feedback to staff
- Review only triage notes
Final Thoughts

• Share mis-triages with staff
• Disseminate results
• NEVER audit number of resources used