

# 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**