

Editorial**Triaging – Prioritizing emergency care**

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Editor in Chief

The emergency departments across the world provide round the clock care to all the people who feel that their problems are needed to be seen by a physician urgently. Patients come to the emergency departments with all sorts of complaints and different kinds of timelines. Their complaints may range from very trivial toothache for a few days to life-threatening chest pain or limb weakness for a few minutes. In between, there are plenty of scenarios that we are all familiar with. The people working in the emergency department have the toughest job to match their resources with the problems that the patients are presenting with. Similarly, the expectations of the patients and their attendants are at times misguided regarding the emergency situation and the expected treatments. ⁽¹⁾ The art of emergency care is in balancing the resources made available to the emergency departments with the patient load presented to them as well as their expectations. This can only be done through proper triaging – the process to see who needs to be seen first.

Good diagnostic machinery or laboratory is very helpful and adds great value to the care but does not provide safety to the patients or department. ⁽²⁾ It is only through accurate triaging that we can provide quality emergency care while being safe for the patient as well as the department.

The emergency department should take account of the following parameters

1. Patient load
2. Patient disposition
3. Resources of the department

Keeping a balance is only possible when we know our patient load and create ways to deal with it. This can be achieved by doing accurate triage. ⁽³⁾ Through triage, the patients are categorized and then the staff deals with them based upon their clinical urgency. This has the potential to match the resources and the patient load with the safety of the patients as the prime objective. ⁽⁴⁾

There are multiple ways to triage patients, and plenty of work has been done on the disposition as well as the quality of care. Started initially as a three-level triage system like traffic lights, now most of the world does the 5 level triage. ⁽⁵⁾

Common triage systems include Australian Triage Scale (ATS)⁽⁶⁾, Canadian Triage and Acuity Scale (CTAS)⁽⁷⁾, Manchester Triage system (MTS)⁽⁸⁾ and Emergency

Severity Index (ESI). ⁽⁹⁾ The basic premise is the same that the quality of care and patient's satisfaction increases when the sickest is seen the earliest if the patients are educated about it.

Emergency departments throughout our country aim to provide care to all patients but it is evident that there is a high level of dissatisfaction in emergency rooms. ⁽¹⁰⁾ Not only are the patients dissatisfied but also the ER team as they are being exhausted by mundane work that could have been sorted through proper triage. The reason is that in most hospitals in Pakistan, no systematic approach for triaging is available to the people working in the emergency department. Another factor is that the proper resources are not available to provide the required care to patients. Provision of resources is out of the scope of this editorial, but triaging can be implemented in every emergency department with education and practice. Most hospitals have a registration process through which patients are seen according to their number. Their clinical condition or severity is not considered in this process. This creates a milieu of sub-optimal care and abnormal response to the sickest. This result in actual harm to the patient and the creation of an environment of lack of trust in the system. This kind of lack of trust is detrimental to the healthcare community as well as the relations of healthcare with the society at large. With this sort of mistrust, all bad outcomes are considered as incompetence and negligence of treating staff regardless of the severity or natural outcome of the disease. ⁽¹¹⁾

The solution to this problem is multifaceted and needs a combined approach of all stakeholders including patients but begins with the introduction of triaging. Unless we do not categorize patients correctly, we will have to continually suffer dissatisfaction and worse outcomes for patients that required our most dedicated attention. It also means that the emergency departments should have the right pathways and procedures to ensure the quality and safety of the care it renders. ⁽¹²⁾

All the above measures must be equally paired with patient education and gaining patient's trust. It is a routine practice in our country that attendants and patients are seen shouting in the departments due to lack of information and long waiting times. The patients must be taken on board as to why someone is being seen urgently and why not. If someone has to wait, then they should know why and for how long. ⁽¹³⁾ In the meantime, they should be kept informed regarding the waiting time

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and when they will be seen by the doctors. The triaging categories and wait times can be displayed in the department so that people are aware of what is to be expected. Most people show understanding if they are dealt with trust and the right information.

The triage process thus is the main pivot that not just brings the stability, but also the safety to the patients, treating physicians and the emergency department. The patient should have an understanding that if they are sick enough, then they will be seen quickly and if they are asked to wait then it will be till that necessary time the next physician is free to see them safely. ⁽¹⁴⁾

We are advocating a 5-level triage system to all emergency departments of Pakistan whether they are public or private, large or small, urban or rural. A 5-level triage solves most of the potential issues of our emergency departments. If implemented properly along with the provision of the resources, it has the potential to keep the patients safe and build trust in the system of the emergency and the treating doctor.

Through the triage, the acute and time-sensitive issues will be addressed in due time and the patients along with their attendants will feel that they have been given due attention. It will bring the trust on the system and will help avoid conflicts. The system of care will be working for the safety of the patients and thus will be efficient. We feel that it requires the right training of the physicians and the nurses and a sense of responsibility for the patient's wellbeing. It can be implemented in an emergency department no matter how busy it is.

I would like to see that day when all emergency departments across Pakistan will treat patients with safety and care in mind and do accurate triage. That will be the day where patients will develop trust, and the overall safety will be ensured

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