DEDER GENERAL HOSPITAL

Standard Operating Procedure (SOP) for Sustaining Improvement in Emergency Department Triage Care

BY: HSQU

May 2025

Deder, Eastern Ethiopia

SMT SOP APPROVAL

TITLE

SOP for Emergency Department Triage Care

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Approved Date: May 2025

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REVIEW

Review date: May 2026

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1.0 PURPOSE

To establish a standardized, multidisciplinary process for the assessment, categorization, and management of patients in the Emergency Department (ED) to sustain a compliance rate of >80% for appropriate triage care, optimize patient flow, reduce waiting times, and improve patient satisfaction and outcomes.

2.0 SCOPE

This SOP applies to all healthcare providers involved in the triage and initial management of patients in the Emergency Department at Deder General Hospital, including but not limited to: ED physicians, triage nurses, ED staff, administrative staff, and the quality improvement team.

3.0 DEFINITIONS

- **Appropriate Triage Care:** The percentage of patients for whom the standardized triage protocol is correctly followed, including accurate assessment, timely categorization, and appropriate prioritization based on clinical urgency.
- **Triage Protocol:** A standardized, evidence-based guideline (e.g., adapted from ETAT or ESI) used to assess and categorize patients upon arrival in the ED.
- **Triage Compliance Rate:** The percentage of audited patient encounters where all critical steps of the triage protocol were correctly performed.
- **PDSA Cycle (Plan-Do-Study-Act):** A systematic series of steps for gaining valuable learning and knowledge for the continual improvement of a product or process. It is used for testing changes on a small scale before full implementation.

4.0 RESPONSIBILITIES

- **Emergency Department Director**: Ultimately responsible for protocol adherence and overall, ED performance. Leads monthly performance reviews and champions the triage process.
- **Triage Nurses/Staff**: Responsible for the initial patient assessment, categorization, and documentation using the standardized protocol and electronic system. They are the primary users of the triage guidelines.
- **ED Physicians:** Responsible for receiving triaged patients in order of priority and providing clinical oversight. They participate in feedback and review sessions.
- **Quality Directorate (QI Team):** Conducts monthly audits, compiles performance data, facilitates feedback sessions, and monitors balancing measures (e.g., patient satisfaction).
- **Hospital Administration:** Ensures the availability of necessary resources (e.g., functional electronic system, training materials, adequate staffing) and supports process changes like the optimized ED layout.

5.0 IMPLEMENTATION & SUSTAINABILITY FRAMEWORK

To ensure the triage improvement is effectively implemented and sustained, the following key areas shall be managed using a structured approach. PDSA cycles will be used to test and adapt support systems before full-scale rollout.

Key Implementation Areas	Changes to Support Implementation	Lead	Cycle No.	Objective of PDSA Cycle
Standardization	Policies and Procedures	QI Team	1	Update triage P&P document. Test with a group of nurses and physicians.
Documentation	Job Descriptions	ED Director	2	Develop and test revised job descriptions for triage nurses.
Training	Staff Education/Training	QI Team	3	Test effectiveness of onsite vs. web-based refresher training modules.
Measurement	Information Flow	QI Team	4	Integrate new time-to-triage measurement into the standard audit tool.
Resourcing	Equipment & Layout	Hospital Admin	5	Monitor and adjust staffing levels based on patient volume data.

6.0 PROCEDURE

6.1 Initial Triage Assessment & Categorization

1. Upon arrival, all patients are immediately directed to the **triage station** by ED staff or a greeter.
2. A **trained triage nurse/staff** conducts a rapid, standardized assessment using the approved triage protocol (e.g., vital signs, chief complaint, level of consciousness).
3. The patient is assigned a **priority category** (e.g., Resuscitation, Emergent, Urgent, Less Urgent, Non-Urgent) based on the assessment.
4. The assessment findings, assigned category, and time of triage are **documented electronically** in the triage system.
5. The patient is then directed to the appropriate waiting or treatment area based on their category.

6.2 Daily Triage Operations

1. Triage is performed **continuously** during all operational hours of the ED.
2. Staff must use the **electronic triage documentation system** for all patient encounters. Paper-based backup protocols are available and used only during system downtime, with data to be entered retroactively.
3. The **redesigned ED layout** must be adhered to, ensuring clear patient flow from triage to designated waiting/treatment zones.
4. Staff are expected to **reassess** patients in the waiting area if there is a significant delay or if a patient's condition deteriorates.
5. Any deviations from the protocol or system failures must be reported to the ED Head or Quality Officer immediately.

6.3 Daily or Shift Handover Briefing

1. At the start of each shift, the outgoing and incoming triage staff conduct a **brief handover**.
2. **The handover includes:**
   - Status of patients currently in the waiting area.
   - Any system issues or protocol challenges encountered.
   - Updates on resource availability (e.g., bed status, physician availability).
3. **This ensures continuity of care and consistent application of the triage protocol.**

6.4 Monthly Audit and Feedback Session

1. The **QI Team** audits a random sample of patient charts (e.g., 20-30 cases) from the past month using the **Triage Process Audit Tool** (Annex 2).
2. A **monthly feedback session** is held with all ED staff to present audit findings, discuss recurring issues, share best practices, and celebrate successes. Minutes are recorded in the **Audit Log** (Annex 3).

6.5 Data Monitoring & Performance Review (Monthly)

1. The **QI Team** compiles data from the monthly audits to calculate the overall triage compliance rate and patient satisfaction score.
2. The **ED Director** leads a Monthly Performance Review Meeting with key stakeholders (ED staff, QI Team, Hospital Admin) to:
   - Review the monthly triage compliance rate and patient satisfaction trends.
   - Discuss systemic challenges (e.g., staffing shortages, system bugs) and plan corrective actions.
   - Review balancing measures to ensure no negative unintended consequences.

7.0 DOCUMENTATION

- Triage Process Audit Tool (Annex 2)
- Monthly Audit & Feedback Log (Annex 3)
- Monthly QI Monitoring Report (Annex 4)
- Monthly Performance Review Meeting Minutes

8.0 REVIEW OF SOP

This SOP shall be reviewed **annually** by the Emergency Department Director, Quality Directorate, and key ED staff to ensure its ongoing effectiveness, relevance, and alignment with any new guidelines or technologies.

ANNEX

Annex 1: Sustainability Checklist for ED Triage Care QI Project

DOMAIN	CHECKLIST ITEM	STATUS (YES/NO/PARTIAL)
Leadership & Commitment	Triage compliance is a standing agenda item in ED staff meetings.	
Process Adherence	Standardized triage protocol is available and used for 100% of patients.	
Process Adherence	Electronic triage documentation system is the primary method for recording.	
Resources	ED layout is maintained as redesigned to optimize triage workflow.	
Resources	Adequate staffing and training materials for triage are available.	
Monitoring & Evaluation	Monthly audits are conducted and documented.	
Monitoring & Evaluation	Monthly compliance and satisfaction data are reviewed by the QI team.	
Patient Outcomes	Triage compliance rate is maintained at >80%.	
Balancing Measure	Patient satisfaction rate is monitored and remains at or above 70%.	

Annex 2: Triage Process Audit Tool

Month of: _____ **Auditor:** _____ **Sample Size:** ____ patients

PATIENT ID	PROTOCOL USED? (Y/N)	CATEGORY ASSIGNED CORRECTLY? (Y/N)	DOCUMENTED ELECTRONICALLY? (Y/N)	TIME TO TRIAGE <5 MIN? (Y/N)	OVERALL COMPLIANT? (Y/N)
% Compliance	__%	__%	__%	__%	

Annex 3: Monthly Audit & Feedback Log

Date of Feedback Session: _____ **Facilitator:** _____ **Attendees (Roles):** _____

Summary of Monthly Audit Findings (from Annex 2):

- **Strengths:**
  - e.g., High compliance with electronic documentation.
  - e.g., Consistent use of protocol for trauma cases.
- **Areas for Improvement:**
  - e.g., Delays in triaging during peak hours.
  - e.g., Inconsistent reassessment of waiting patients.

Action Plan:

ACTION ITEM	RESPONSIBLE PERSON	DEADLINE
e.g., Schedule additional triage staff for evening shift.	ED Director	DD/MM/YYYY
e.g., Conduct refresher training on pediatric triage.	Quality Officer	DD/MM/YYYY

Annex 4: **QI Team Monitoring Tool**

Department: Emergency Department (ED) **Project:** Sustaining ED Triage Care Compliance

Reporting Month: _____ **Prepared by:** _____**Reviewed by:** _____

1. Key Performance Indicators (KPIs)

INDICATOR	DEFINITION	TARGET	CURRENT MONTH	STATUS
Triage Compliance Rate	% of patients for whom the full triage protocol was correctly followed.	>80%	___ %	
Protocol Usage Rate	% of patients assessed using the standardized protocol.	100%	___ %	
Electronic Documentation Rate	% of triage assessments documented in the electronic system.	>95%	___ %	
Patient Satisfaction Rate	% of patients reporting satisfaction with ED wait time and communication.	>70%	___ %	

2. Process Monitoring

Activity	Planned Frequency	Actual Conducted	% Achieved	Remarks
Monthly Audits	1 per month	___	___ %	
Monthly Feedback Sessions	1 per month	___	___ %	
Monthly Review Meetings	1 per month	___	___ %	

3. Challenges Identified

- _____
- _____
- _____

4. Corrective Actions & Recommendations

ISSUE IDENTIFIED	CORRECTIVE ACTION	RESPONSIBLE PERSON	TIMELINE	STATUS
e.g., System downtime during peak hours.	e.g., IT to perform system maintenance off-peak; update backup protocol.	IT Head / ED Director	DD/MM/YYYY	
e.g., New staff unfamiliar with layout.	e.g., Include layout orientation in onboarding.	Quality Officer	DD/MM/YYYY	

5. Summary & Way Forward Overall Compliance Status This Month: _____ Next Steps / Priority Actions:

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