

THE EFFECTIVENESS OF VARIOUS HEALTH PERSONNEL AS TRIAGE AGENTS

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ABSTRACT: The effectiveness of pediatricians, pediatric nurse practitioners, registered nurses, and receptionists in the performance of triage in the pediatric acute care clinic of a large, urban hospital was assessed. Approximately 888 nonscheduled patients were seen during the course of 24 clinic sessions. Of these, 1.5% presented emergency problems, 9.6% had urgent needs, and 88.9% had problems of a non-urgent nature. No significant difference between the groups performing triage was found in the amount of time the patients with urgent and non-urgent problems spent in waiting; physicians and pediatric nurse practitioners performed significantly better than did the registered nurses and receptionists in referring patients to the appropriate provider and in referring patients to specialty clinics.

In this study, the best triage agents appear to be the physicians and pediatric nurse practitioners; no significant difference was found between these two groups. However, receptionists and registered nurses have been demonstrated to be capable of performing triage safely, and the factors that make pediatric nurse practitioners and physicians better as triage agents are economic, i.e., saving the clinic physician's time. Therefore, considering the salary differences between the groups, receptionists may be the most cost-effective agents in certain clinics.

The rapid increase and concentration of urban populations have placed a greater demand on inner-city hospitals to meet the health care needs of communities. Medicare and Medicaid have made health care more accessible financially for many but have added to the burdens inner-city hospitals face. In addition, there has been a growing tendency among the few private physicians who practice in the crowded urban areas to refer patients with "off-hour" complaints to hospital emergency services.¹ As a result, a large proportion of the patients cared for in the emergency service areas today present problems that are not actually emergencies. This situation has made it increasingly difficult to identify and treat those patients with real emergency complaints.²⁻⁵

In an attempt to solve the problem of emergency care and to provide a more efficient system for the delivery of care to those with non-urgent problems, the triage system has been utilized in many hospitals.⁶ *Triage*, which is derived from the French word for "sorting out", involves the initial

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