



**DATE: 04/11/2022**

## **CENZ-NZNO POSITION STATEMENT**

### **TRIAGING AWAY**

#### **SUMMARY**

The College of Emergency Nurses New Zealand - NZNO (CENZ) does not support the practice of triaging away. The College of Emergency Nurses New Zealand - NZNO believes that health care should not be denied to any patient requesting care from an emergency department.

Triaging away refers either to a refusal to provide further care in the emergency department, or advice to the patient that they do not need care in the emergency department, based solely on the outcome of the triage interview. This is an update of previous position statement (College of Emergency Nurses New Zealand-New Zealand Nurses Organisation, 2009).

Recommendations related to a safe redirection process for referring a patient from an Emergency Department to another health care facility are found in a position statement on the CENZ website.

#### **CENZ POSITION: KEY RECOMMENDATIONS**

It is the position of the College of Emergency Nurses - NZNO that:

- Emergency department care should not be denied to anyone who seeks it
- Lower acuity triage scale category does not directly correlate with need for emergency department care
- The provision of equitable and culturally safe care is a priority for NZ emergency departments

#### **BACKGROUND:**

People present to emergency departments for care due to their urgent health concerns. While the role of the emergency department is primarily to provide emergency care, the Ministry of Health states that care should not be denied to anyone who seeks it (Ministry of Health, 2011).

Patients presenting to an emergency department require triage at time of arrival by a trained and experienced registered nurse or medical practitioner (Ministry of Health, 2021). Triage is an advanced assessment skill requiring skilled questioning and clinical judgment.

The triage interview is a brief assessment of clinical urgency (Australasian College for Emergency Medicine, 2013) and is not intended as a tool to deny treatment (Australasian College for Emergency Medicine, 2019). The potential for patient condition to change following triage, while waiting for further assessment and treatment is clearly acknowledged by both the Ministry of Health and the Australasian College for Emergency Medicine (2013). Any intent to deny care on the basis of the triage interview creates a risk for the patient, the triage nurse, the emergency department, and the organisation.

The supposition for triaging away is based on the assumption that there are easily determined reasons directly correlated to a lower triage scale category, that indicate emergency department care is not required. A percentage of patients in the lower acuity triage scale are known to require hospital level care and specialist inpatient admission. Lower acuity patients or perceived GP type patients are not significant contributors to emergency department overcrowding and access block (Australasian College for Emergency Medicine, 2022).

New Zealand studies demonstrate a lack of health professional consensus regarding which ED presentations could be managed in primary care (Elley, Randall, Bratt & Freeman, 2007; Richardson, Ardagh, & Hider, 2006). The study by Elley et al noted that consensus was not reliable despite providing results of investigations and discharge diagnosis, therefore determining need for emergency level care at triage with only the presenting complaint has even greater variability.

There are complex intertwined factors relating to choosing to attend emergency departments (Cummins, et al, 2022; Parkinson, Meacock, Checkland, Sutton; 2021). Six distinct reasons were identified in a review by Coster et al. (2017) to explain why patients choose to access emergency and urgent care services including patient perceived urgency, views of other health professionals, and limited access to primary care. These findings echo those elicited from patients presenting to Middlemore ED in 2011 (Thornton, Fogarty, Jones, Ragaban, & Simpson, 2014).

A New Zealand equity patient-centred approach also offers the contrasting concept that presentation to ED may be very appropriate for a particular patient, with a particular problem at a particular time (Curtis, Paine, Jiang, Jones, Tomash, Raumati, Healey, Reid, 2020).

Lack of acute care resources and capacity within the emergency department are not adequate or equitable rationale to decline care and redirect to other health services who are equally overwhelmed.

## **RATIONALE FOR CENNZ RECOMMENDATIONS**

- Triage is a brief assessment to gauge urgency of further assessment and treatment.
- The need for emergency department level of care is not correlated to triage scale category
- Patient condition can change following triage, and additional information or results of investigations can demonstrate patient need for emergency level care
- Denial of care at triage increases risk for poor patient outcomes and potentially exacerbates existing health care inequity

## **REFERENCES**

- Australasian College for Emergency Medicine (2013). Policy on the Australasian triage scale. <https://acem.org.au/getmedia/484b39f1-7c99-427b-b46e-005b0cd6ac64/P06-Policy-on-the-ATS-Jul-13-v04.aspx>
- Australasian College for Emergency Medicine (2019). Patients' rights to access emergency department care. [https://acem.org.au/getmedia/7e1bf2fc-b004-4249-800b-752a430662f7/Policy\\_on\\_Patients\\_Right\\_to\\_Access\\_ED\\_Care](https://acem.org.au/getmedia/7e1bf2fc-b004-4249-800b-752a430662f7/Policy_on_Patients_Right_to_Access_ED_Care)
- Australasian College for Emergency Medicine access block webpage accessed 6.7.22. <https://acem.org.au/Content-Sources/Advancing-Emergency-Medicine/Better-Outcomes-for-Patients/Access-Block>
- College of Emergency Nurses New Zealand-New Zealand Nurses Organisation (2009). CENNZ-NZNO Position Statement: Triageing Away. Retrieved 8 September 2022 from [https://www.nzno.org.nz/Portals/0/Files/Documents/Groups/Emergency%20Nurses/Publications/3\\_%202009%20CENNZ%20Position%20statement%20on%20trriageing%20away.pdf](https://www.nzno.org.nz/Portals/0/Files/Documents/Groups/Emergency%20Nurses/Publications/3_%202009%20CENNZ%20Position%20statement%20on%20trriageing%20away.pdf)
- College of Emergency Nurses New Zealand – New Zealand Nurses Organisation, (2015). CENNZ-NZNO Position Statement: Redirection of patients presenting to an emergency department to primary healthcare facilities. Retrieved 8 September 2022 from [https://www.nzno.org.nz/Portals/0/Files/Documents/Groups/Emergency%20Nurses/Publications/4\\_%20CENNZ%20%20position%20statement%20on%20redirection%20of%20%20patients%20to%20PHC.pdf](https://www.nzno.org.nz/Portals/0/Files/Documents/Groups/Emergency%20Nurses/Publications/4_%20CENNZ%20%20position%20statement%20on%20redirection%20of%20%20patients%20to%20PHC.pdf)
- Coster, J.E., Turner, J.K., Bradbury, D., Cantrell, A. (2017). Why Do People Choose Emergency and Urgent Care Services? A Rapid Review Utilizing a Systematic Literature Search and Narrative Synthesis. *Academic Emergency Medicine* 24(9):1137-1149. doi: 10.1111/acem.13220.
- Cummins, N.M., Barry, L.A., Garavan, C., Devlin, C., Corey, G., Cummins, F., Ryan, D., Cronin, S., Wallace, E., McCarthy, G., & Galvin, R. (2022) The "better data, better planning" census: a cross-sectional, multi-centre study investigating the factors influencing patient attendance at the emergency department in Ireland. *BMC Health Services Research* 22(1):471. doi:10.1186/s12913-022-07841-6
- Curtis, E., Paine, S.J., Jiang, Y., Jones, P., Tomash, I., Raumati, I., Healey, O., Reid, P. (2020). Examining emergency department inequities: Descriptive analysis of national data (2006-2012). *Emergency Medicine Australasia* 32(6):953-959. doi: 10.1111/1742-6723.13592.
- Elley, C., Randall, P., Bratt, D., Freeman P. (2007). Can primary care patients be identified within an emergency department workload? *New Zealand Medical Journal*, 120:1256.
- Ministry of Health (2011). Interface with primary health care: guidance for New Zealand Emergency Departments, June 2011. Retrieved 28.6.22 from <https://www.health.govt.nz/our-work/hospitals-and-specialist-care/emergency-departments/interface-primary-health-care>
- Ministry of Health (2021). Emergency department services. Specialist medical and surgical services. Tier level two service specification. [https://nsfl.health.govt.nz/system/files/documents/specifications/t2emergencydepartment\\_services\\_january\\_2021\\_final\\_.docx](https://nsfl.health.govt.nz/system/files/documents/specifications/t2emergencydepartment_services_january_2021_final_.docx)

Parkinson, B., Meacock, R., Checkland, K., & Sutton, M. (2021). Clarifying the concept of avoidable emergency department attendance. *Journal of Health Services Research and Policy* 26(1): 68–73. doi: 10.1177/1355819620921894

Richardson, S., Ardagh, M., Hider, P. (2006). New Zealand health professionals do not agree about what defines appropriate attendance at an emergency department. *New Zealand Medical*, 119:1232.

Thornton, V., Fogarty, A., Jones, P., Ragaban, N., & Simpson, C. (2014). Why do patients self-present to Middlemore Hospital Emergency Department? *New Zealand Medical Journal* 127:1394

**POSITION STATEMENT DUE FOR REVIEW: 04/11/2026**

Approved by CENZ members