

ESI Triage v.4 Webinar: Jun 23, 2005

Additional follow-up questions. Responses provided by Dave Eitel (red)

- Did you change what you consider are resources in v.4, ie. pelvic exam is not considered a resource but takes nursing time.

In terms of resources, there was no change in v.4 compared to v.3. The discussion on resources can be found in Chapter 3 of the ESI Handbook, which you can download at <http://www.ahrq.gov/research/esi/>.

- Will third party payors attempt to link payment for services to ESI triage level? Have you looked at correlation between billing levels both facility and pro fee to ESI triage code?

a) I don't think so.

b) We have not done it and we do not plan to do it. The information will be inadequate to make that kind of decision.

- Are you utilizing electronic health record? How has this affected your triage times? Has this added to the problem?

a) Not yet, but we are in the process of installing Cerner First Net.

b) Not applicable

- Do you use triage nurse specialists or do all your nurses do triage? Which do you suggest: having a designated ED Triage staff or training all ED staff to rotate through?

a) We used experienced, trained nurses to triage. All of our staff does not rotate through triage.

b) We suggest a designated ED Triage staff

- Do you know how many, if any, pediatric facilities have implemented ESI Triage? Are there any special implementation considerations for pediatric facilities?

a) We do not know. However, we are planning a survey with AHRQ of those individuals who have asked for the ESI downloads. The target is 6-12 months.

b) A three year multi-site study is under way to look at the pediatric triage criteria in ESI v.4. It began in March of 2005.

- Has ESI shown to be effective in the lower volume ED under 20,000 visits where resources are limited by volume?

There is no available data on that, but the principles of flow and ESI triage should be effective in an ED of any volume.

- Have you established service times by ESI level for use in queuing models to determine ED room and physician requirements?

We are in the process of using ESI case mix data in a number of demand and capacity matching solutions, some of which include queuing models like discrete event simulation modeling.