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Set one standard and do not change it

Erwiderung

Zum Leserbrief von A. Mirhaghi (2016) Triage system should be compatible with culture of care in emergency department. Med Klin Intensivmed Notfmed. doi:10.1007/s00063-015-0133-9

Originalbeitrag: Krey J (2015) Klinische Ersteinschätzung in der Notaufnahme. Vergleichende Evaluation 4 international bestehender Triagesysteme. Med Klin Intensivmed Notfmed. doi:10.1007/s00063-015-0069-0

Without any doubt the situation in all Emergency Departments (EDs) worldwide is facing the same problem: demand exceeds supply. This often leads to delay of treatment and deficits in quality. On the other hand, it is our objective to provide every patient with the same (high) quality of care. Therefore, we have to avoid situations in which order or quality of treatment and care depend on environmental situations. This was recognized in the well-known article by Zimmermann in 2001 [1]. If we develop triage tools separately for each ED, we will have a lack of consistent and comparable data and therefore problems in evaluation and documentation of quality in care. It is most important to describe a common standard for triage—the best solution would be a worldwide standard (which will be a dream forever). Objections that emergency rooms are too different worldwide can, according to observations of the author, be rejected as incorrect and born into the realm of fantasy. Rather, it is indeed the case that we are facing similar problems around the world.

Emergency Severity Index (ESI) will never be a system which could be used as a starting point of triage. As described, ESI is a system which solely allows identification of life-threatening and nearly

life-threatening situations in combination with a streaming tool for all other patients. It needs high competence from the triage nurse and could under no circumstances be applied by less experienced emergency nurses. In addition, experiences of change management point out that a change should be done in a timely manner and without any unnecessary steps in between. Hence the advice: if you want to introduce triage, then do it quickly and completely and not with temporary solutions!

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Einhaltung ethischer Richtlinien

Interessenkonflikt. J. Krey gibt an, dass die von ihm vertretene deutsche Referenzgruppe Unterstützung aus Einnahmen für IT-Lizenzen durch die britische ALSG/MTG Group erhält, außerdem erhält J. Krey Übersetzer- und Autorenhonorare vom Verlag Hans Huber in Bern sowie Referentenhonorare für Konferenzbeiträge. J. Krey ist Angestellter der Asklepios Kliniken Hamburg GmbH, Institut für Notfallmedizin. Er ist für die Implementierung des Manchester Triage System in Deutschland und die damit verbundenen notwendigen Schulungen verantwortlich. Er ist Vorsitzender der National Triage Reference Group.

Reference

1. Zimmermann PG (2001) The case for a universal, valid, reliable 5-tier triage acuity scale for US emergency departments. J Emerg Nurs 27(3):246–254