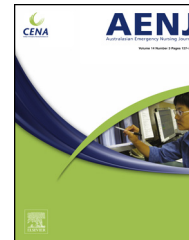




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RESEARCH PAPER

Implications of the emergency department triage environment on triage practice for clients with a mental illness at triage in an Australian context



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KEYWORDS

Triage;
Mental health;
Environment;
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Caring

Summary

Background: The practice environment of the emergency department (ED) refers to both the people and physical factors (architecture) in the environment in which health care is provided. ED triage practice environments are the very places where caring or the delivery of health care often begins. This paper examines the implications of the emergency department triage practice environment on the triage practice of nurses who triage clients with a mental illness.

Methods: An observational ethnographic approach inclusive of participant observation, formal and informal semi structured interviews, examination of documents and the collation of field notes were the means of data collection. Data was analysed through constant comparison and theoretical coding.

Results: Nurses who work in ED triage are cognisant of environmental impacts as they undertake rapid client assessment and manage busy and noisy waiting rooms. The triage environment does influence the ED triage assessment and the management of clients who present seeking mental health care.

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Conclusions: Tensions arise when the architectural environment of an ED triage area affects client behaviour, the capacity to provide optimal client care and the ability to conduct a triage assessment that obtains the best data possible. Understanding the impact of the ED triage practice environment on people with a mental illness facilitates an understanding of how people from this client group can be better supported in a complex and busy ED environment.

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What is known

Australian emergency departments (EDs) are the main portal for clients with a mental illness to access acute mental health care. In response to this there has been a move to improve mental health service provision to Australian EDs. However, the exact number of mental health presentations to Australian EDs is unknown. ED triage nurses find themselves having to care for clients with a mental illness, often in the ED waiting room until a MH clinician arrives. This poses challenges to the ED triage nurse.

What this paper adds

This paper describes the triage practice environment of an Australian ED and explores the issues associated with working in such an environment with a focus on assessment and management of clients with a mental illness. ED triage nurses try to create a therapeutic environment to demonstrate care for the client however the lack of appropriate, safe yet visible environments makes it difficult to manage some clients. It is posited that ED triage and waiting room environments should be the subject of further research to create environments that are safe, functional and provide therapeutic spaces for clients in need including those with a mental illness.

Introduction

There has been a constant increase in the number of clients who have a mental illness presenting to Australian emergency departments (EDs). This rise is largely attributed to effects associated with the mainstreaming of mental health services into general health services.¹ There is evidence suggesting that EDs are not only experiencing increased presentations by clients with a mental illness but that they also present with increased acuity.^{2–4} Accurate statistics are not available to determine exactly how many clients with a mental illness access the ED. The most current reporting tool for emergency healthcare in Australia, the Australian Hospital Statistics 2009–10: Emergency Department Care and Elective Surgery Waiting Times⁵ surprisingly do not report on this data. Evidence of the increased presentations though can be gleaned from mental health occasions of service for clients who have been given a principal mental health diagnosis. Using this measure, it was noted that across Australia in the 2007–2008 reporting period there was a rise of 4.1 percent

in mental health related ED occasions of service compared to the previous year. 2007–2008 saw 258,500 mental health related ED occasions of service.⁶ However, as previously alluded to, accurate reporting is unlikely particularly as a result of no nationally consistent approach to data collection for this client group.

Given that the number of ED occasions of service for 2006–2007 was 7.1 million,⁷ an estimate of 258,500 mental health occasions of service represents four percent of all ED occasions of service, remembering that this number is likely to be greater due to the underreporting of presentations. Morphet et al.⁸ suggest that 5–10 percent of all presentations to Australian EDs are mental health presentations. In response to the escalating numbers of mental health presentations to Australian EDs, health services have responded by introducing specialist mental health triage scales to aid decision making⁹ and by better positioning specialist mental health clinicians within EDs.¹⁰

Central to this paper is the notion that, from the point of presentation through to the handover of the client to a mental health clinician, the client with a mental illness remains the responsibility of the ED triage nurse. This paper concerns itself with the implications of the ED triage environment on the triage practice of nurses who triage clients with a mental illness in an Australian regional ED. This ED services a population of some 180,000 people and is located approximately 75 km from an Australian capital city. In particular the paper focuses on the passage of time when the care of the client is with the ED triage nurse and the influence of the ED triage environment on triage assessment and care delivery. The paper does not report on the client's experience of the triage process. Clients were not observed or interviewed for the purposes of the study and any discussion of client behaviour is based on the authors' experiences and included to contextualise the discussion.

Literature review

The principal document guiding ED design in Australia¹¹ identifies that a dedicated area for the assessment and stabilisation of clients with a mental illness should be provided. Tension around the management of clients with a mental illness, largely undertaken by non-mental health trained staff, arises when ED triage staff are unable to leave clients unsupervised in these dedicated areas. Consequently, unwell, often distressed and untreated clients remain in the public ED triage waiting areas until such time as they are seen by a mental health clinician for post ED triage assessment. The management of clients in the triage waiting room environment is becoming an increasingly important area of discourse and one that is subject to growing practice and service delivery evaluation.

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