

## WORKING GROUP

# Triage working group of the Spanish Society of Pediatric Emergency Medicine: the key to urgency

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Triage is an essential process for the safe and efficient use of an Emergency Department. A research study conducted by Fernández et al. in 2016 (unpublished), pointed out the coexistence of different systems used in Pediatric Emergency Departments (PEDs) that are members of the Spanish Society of Pediatric Emergency Medicine (SEUP), as well as a considerable variability in the training and learning methods received by the professionals who perform this process.

At that time, the SEUP did not have a group dedicated exclusively to this aspect of care. In 2020, the Triage Working Group (WG) was established with the primary goal of focusing on this area. Its key objective is to develop clear criteria for the triage process and to promote its standardization through various training and research initiatives.

This is the first SEUP WG led by a nurse. The decision to have a nurse lead the group is based on the fact that currently hospital triage is mainly performed by nurses. Their experience, education, and specialized training bring valuable insights to the research and training activities undertaken by the group. However, given the multiprofessional nature of pediatric care, the inclusion of pediatricians was also essential.

The group began with nine members from seven different centers, seven of whom were nurses. It has since expanded to 16 members from 10 hospitals (Figure 1), and we hope to continue growing in the coming years.

We started in this group by analyzing the triage practices in Spanish PEDs through a cross-sectional, descriptive, mul-

ticenter study conducted in 2020, using an ad-hoc electronic survey distributed to the 86 centers affiliated with the SEUP, based on the survey developed by Fernández et al. in 2016. A total of 25 centers participated, resulting in two scientific publications, which were published in the journal *Emergencias Pediátricas* in 2023.

Firstly, the scientific letter titled “**Características del triaje en los servicios de urgencias pediátricos en España**”<sup>(1)</sup> (Characteristics of Triage in Pediatric Emergency Departments in Spain) highlights the persistent variability in several aspects of triage, including the type of Triage System (TS) used, the software employed, and the materials available. The study revealed that one in five centers lacked a dedicated pediatric triage area, and in one in 10 centers, pediatric patients shared a waiting room with adults. Moreover, in over two-thirds of the centers, it was not possible to observe pediatric patients in the waiting room from the triage station, despite this being a requirement of the SEUP triage protocol<sup>(2)</sup>.

Secondly, the article “**Características asistenciales y formativas del personal que realiza triaje en ED de pediatría en España**”<sup>(3)</sup> (Care and Training Characteristics of Staff Performing Triage in Pediatric Emergency Departments in Spain) shows the variability in the education and training of professionals responsible for triage, which is predominantly acquired within the PED itself. There is significant variation in the required length of experience for performing triage, the number of consecutive hours dedicated to triage, and whether professionals are exclusively assigned to this role. Advanced triage is commonly performed, with the prescription of medication by nurses standing out as a key activity.

These findings motivated the SEUP Working Group (WG) to create the **document Essential Requirements for Pediatric Triage**<sup>(4)</sup>, to ensure the quality of triage processes across all Spanish PEDs.

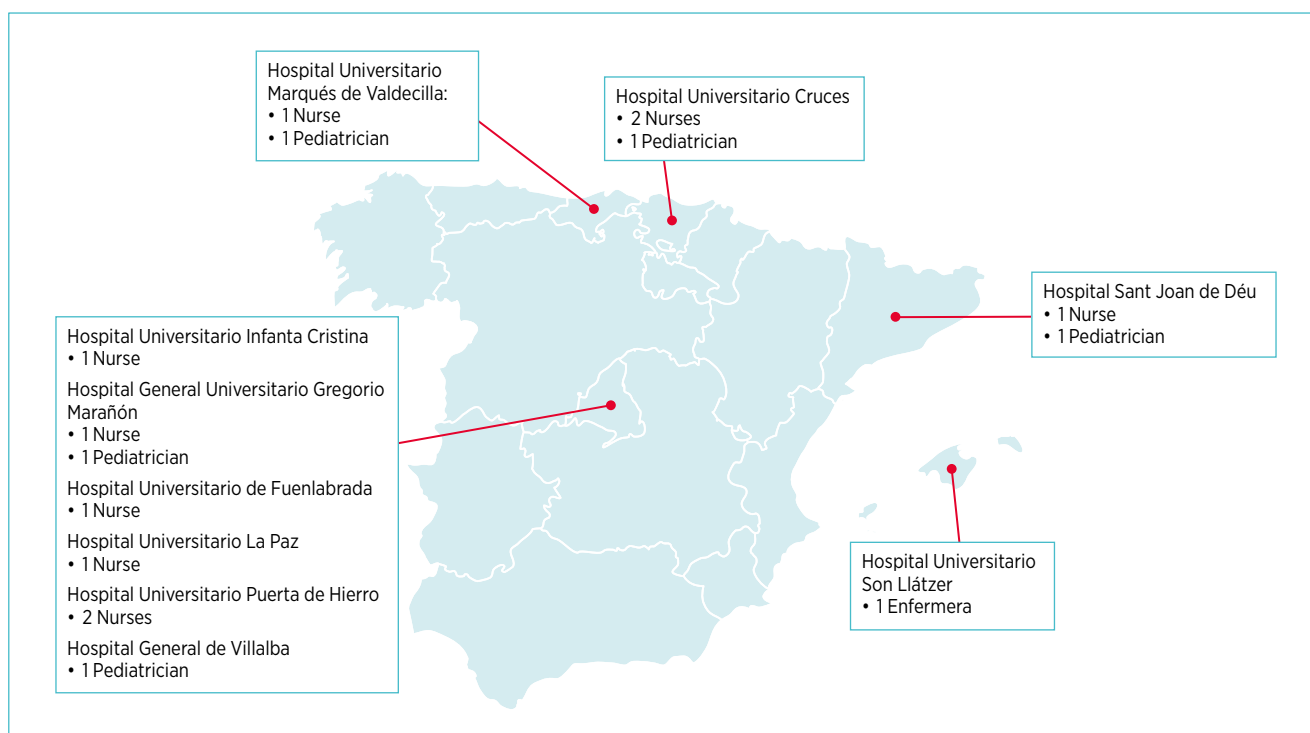
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**FIGURE 1.** Map of the members of the Triage Working Group of the Spanish Society of Pediatric Emergency Medicine.

Although the implementation of a Triage System (TS) is recommended in all PEDs, it becomes essential when patient demand exceeds available care resources. A TS serves as a quality indicator of risk-effectiveness for hospital emergency departments, facilitating the distinction between perceived urgency and true urgency or emergency.

Among the key requirements of an ideal pediatric TS is the implementation of a structured TS with demonstrated validity, reproducibility, and usefulness. The system should be a quick and easy-to-use tool with a strong predictive value for assessing urgency/severity, clinical progression, and the resources required. Furthermore, pediatric TSs should incorporate the Pediatric Assessment Triangle into the triage process.

The professional performing triage should possess essential educational, ethical, and personal qualities. They must be specifically trained in the assessment, treatment, and management of pediatric emergency conditions. Additionally, they should demonstrate empathy, resilience, and a commitment to confidentiality, as well as strong observational and listening skills. Effective communication is also a key requirement.

The triage process should be designed to function continuously, operating 24 hours a day, 365 days a year. It must meet minimum standards to ensure the accurate prioritization and appropriate allocation of patients based on the assessment conducted.

With regard to infrastructure, triage should be conducted in a designated, clearly identified area that meets minimum size and material requirements. Its architecture should facilitate the effective assessment of the patient's level of urgency. Patient privacy and the safety of professionals must be ensured. Additionally, the triage area should be strategically

located and connected to enable staff to monitor patient arrivals and the waiting room and ensuring quick access to the stabilization room.

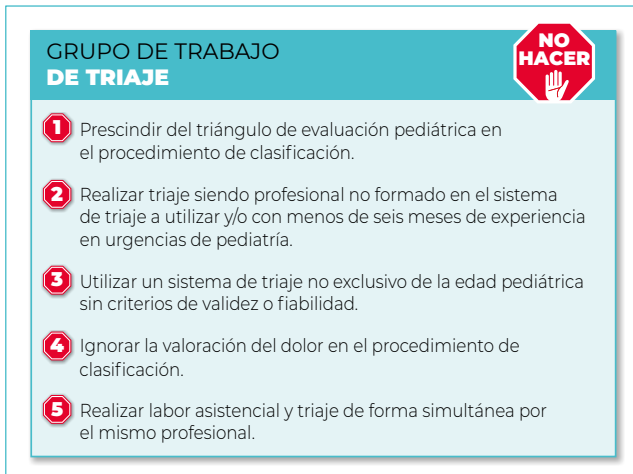
The implementation of a TS in a PED requires a multi-disciplinary team to establish a timeline for the following phases: selecting the classification system and the computer application tool, training triage personnel, designing or selecting quality indicators to monitor its operation, drafting a theoretical reference document on the triage process and patient flowcharts, and, finally, scheduling its implementation. Prior to this, it is essential to inform both professionals and families about the planned changes.

The Triage WG has prepared a manuscript detailing the development of the essential requirements document, which is currently pending publication. Additionally, the group is conducting a multicenter research project to assess compliance with these requirements in Spanish PEDs.

Other projects undertaken by the group include the development of five do-not-do recommendations<sup>5</sup>, created in coordination with the other SEUP working groups. These recommendations are based on the results of previously described studies and the available scientific evidence on good practices (Figure 2).

As training activities are one of our objectives, we conducted the workshop **“Triage, the key to emergency care: cases and role-playing, do you dare?”** at the 2024 SEUP Meeting. The workshop was highly successful, reaching full capacity and receiving positive feedback in the surveys conducted. As a result, it will be held again at the 2025 SEUP Meeting.

We are currently collaborating with the Quality Improvement WG on a document outlining quality indicators in triage, as well as a consensus document on Advanced Triage



**FIGURE 2.** Do-not-do recommendations of the Triage Working Group of the Spanish Society of Pediatric Emergency Medicine.

and the WG's position on medication prescription by triage nurses in the PED.

Although we are a newly formed and small WG, we remain committed to enhancing this critical area of pediatric emergency care. We welcome the participation of new members from centers not yet represented, as their involvement will further enrich our efforts.

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