

Table 11: Planning and evaluation category of Six Dimension of Nursing scale

<i>How well do I...</i>	Not very well	Satisfactorily	Well	Very Well	n	MVA
44 Coordinate the plan of care	22.4% (25)	28.6% (32)	20.5% (23)	22.3% (25)	106	6
48 Identify changes in condition	12.5% (14)	24.1% (27)	33% (37)	25% (28)	106	6
49 Evaluate results of care	12.5% (14)	25% (28)	28.6% (32)	29.5% (33)	108	4
51 Develop plan of care	8.1% (9)	18.8% (21)	27.7% (31)	41.4% (46)	107	5
52 Initiate planning with others	12.5% (14)	29.5% (33)	24.1% (27)	27.7% (31)	105	7
55 Identify and include need	8.9% (10)	10.7% (12)	24.1% (27)	52.7% (59)	109	3
78 Contribute to plan of care	3.6% (4)	14.3% (16)	29.5% (33)	48.2% (54)	107	5
	12.6% (90)	23.7% (169)	29.5% (210)	38.8% (276)	712	36
Sum of not well or satisfactorily		36.3% (259)	Sum of well & very well	68.3% (486)		

Table 12: CTAS usability survey

	Complete Disagree	Disagree	Neither	Agree	Complete Agree
	%(n)	%(n)	%(n)	%(n)	%(n)
1 Factors to my training	19.6%(22)	24.1%(27)	29.5%(33)	18.8%(21)	6.3%(7)
2 Easy to use	25.9%(29)	25%(28)	26.8%(30)	16.1%(18)	3.6%(4)
3 Easy to understand	18.8%(21)	24.1%(27)	28.6%(32)	21.4%(24)	6.3%(7)
4 Time to use was too short	25.9%(29)	22.3%(25)	27.7%(31)	17%(19)	5.4%(6)
5 Time to use was too long	5.4%(6)	13.4%(15)	27.7%(31)	23.2%(26)	25.9%(29)
6 Sections labeled appropriately	12.5%(14)	12.5%(14)	38.4%(43)	29.5%(33)	6.3%(7)
7 Color coding was helpful	12.5%(14)	18.8%(21)	25%(28)	33%(37)	9.8%(11)
8 Flow helped determine score	20.5%(23)	18.8%(21)	30.4%(34)	25%(28)	4.5%(5)
9 Flow correct predict MEDICAL	22.3%(25)	22.3%(25)	30.4%(34)	21.4%(24)	2.7%(3)
10 Flow correct predict TRAUMA	17.9%(20)	21.4%(24)	28.6%(32)	25%(28)	4.5%(5)
11 Use time did not interfere	22.3%(25)	17%(19)	21.4%(24)	23.2%(26)	15.2%(17)
12 Score helped ED prepare for patient	40.2%(45)	27.7%(31)	21.4%(24)	7.1%(8)	0.9%(1)
13 Instrument improved comm.	42%(47)	28.6%(32)	16.1%(18)	6.3%(7)	2.7%(3)
14 Instrument improved handover	48.2%(54)	25%(28)	15.2%(17)	8%(9)	1.8%(2)
15 Want to see as standard of care	62.5%(70)	15.2%(17)	12.5%(14)	5.4%(6)	1.8%(2)

Appendix A: Evolutionary Method for a concept analysis of Triage

(Significance, use and application over time.)

- A. Identify the concept of interest and associated expressions
 - a. Triage as it pertains to use in healthcare
- B. Identify and select an appropriate realm (setting and sample) for data collection
 - a. Prehospital (paramedic and first responder) and emergency department (nurse) use.
- C. Collect data regarding the attributes of the concept, along with surrogate terms, references, antecedents, and consequences.
 - a. Attributes
 - i. The provision/application of a service/intervention for a user(s) by a specially trained provider(s) in the presence of a user defined perceived or actual need regarding an acute or chronic medical condition as impacted by various primary (internal and external) and secondary modifying factors with the end goal of mitigating the event while emphasizing protection or enhancement of life (physical, spiritual, psychological or emotional) and or limb.
 - b. Surrogate terms
 - i. Sorting according to quality
 - ii. Allocating
 - iii. Assignment based on urgency of need
 - c. References
 - i. Emergency Nursing Association (ENA)
 - ii. Institute of Medicine (IOM)
 - iii. Air and Surface Transport Nurses Association (ASTNA)
 - iv. American Association of Critical Care Nurses (AACCN)
 - v. Association of Critical Care Transport (ACCT)
 - vi. International Association of Firefighters (IAFF)
 - vii. National Registry of Emergency Medical Technicians (NREMT)
 - d. Antecedents, as experienced by users of the service
 - i. Fear
 - ii. Perception or existence of actual need
 - iii. Past experience
 - iv. Time/convenience factors
 - v. Lack of a primary care provider (PCP)
 - vi. Need for immediate gratification
 - vii. Perceived need for expert evaluation/consultation
 - viii. Lack of discernable options
 - ix. Expectation the requested service is owed them
 - x. Financial constraints
 - e. Consequences
 - i. Application of expeditious, efficient and appropriate, situation dependent healthcare, over time, to the appropriate and/or unavoidable end result/outcome.
- D. Identify concepts related to the concept of triage
 - a. Intuition
 - b. Patient Acuity
 - c. Competence

- d. Dignity
 - e. Clinical Reasoning
 - f. Compassion Fatigue
 - g. Role Stress
 - h. Spiritual Crisis
 - i. Personal Access
 - j. Analyze data regarding characteristics of the concept: (TBD)
 - k. Conduct interdisciplinary or temporal comparisons or both: (N/A)
- E. Identify a hypothesis and implications for further development
- a. It can be hypothesized that, when implemented, triage will result in the provision of efficient, accurate, effective and situation-appropriate healthcare, over a continuum, which changes according to information and contextual evolution. Further instigation is warranted to clarify the contextually based antecedents, related concepts, and consequences of triage so that nursing science can begin to identify specific areas of the process that are most beneficial to intervention with the goal of increasing all aspects of input, throughput and output in the ED.

Conceptual definition of triage:

“The holistic and collaborative management of health related conditions considering time, severity, urgency, resource need/availability and comorbid factors specific to the contextual environment of use including the impact of environmental, behavioral, psychological, psychosocial and biologic factors that comprise the persons’ life situation in an attempt to efficiently and effectively direct the appropriate person(s) to the appropriate resource in the appropriate amount of time with the goal of maximizing outcomes while minimizing morbidity, mortality, disfigurement, pain and emotional distress considering the interplay of the persons entire life situation and the functional capabilities of the service available and utilized using evidence based methods as a guide.”

Appendix B: Triage Diagrams

TRIAGE (Input/Throughput) involves:

1. A third party request for acute care services (patient)
2. A rapid dispatch, evaluation and initiation of services by specially trained care providers, which may be impacted/altered by:
 - a. Primary internal (provider) modifying factors including: intuition; cognitive characteristics; patient acuity; competence; dignity; clinical reasoning; critical thinking; compassion fatigue; role stress; spiritual crisis; dignity; experience; training; assessment; judgment; perceived safety; distractors; personal stress; ability to accurately analyze, re-evaluate and communicate need; ability to apply appropriate and necessary therapeutic and protective interventions; and the ability to initiate health promotion strategies.
 - b. Primary external (situational) modifying factors including: Subjective and objective assessment of the physiologic, pathologic and hemodynamic factors of the presenting illness or injury; physical location; context of the event; distractors; time of day; climate; number of persons in need; availability of the appropriate resources; and the availability and utilization of local and standardized national guidelines.
 - c. Secondary modifying factors include: Need for additional resources; availability of necessary support resources; existing statutes, mores and norms; time constraints; distance/time to tertiary care; psychological, social, behavioral, emotional, financial, and cultural aspects of both the provider and the user of services.
3. Accurate communication between the patient and the provider and between the provider and the tertiary care setting/department.
4. Instituting initial preparations by the primary provider and the tertiary care setting/department to efficiently and effectively receive the provider/patient.
5. A continuation of services throughout handover and tertiary care center management including an evaluation of disposition activities (as appropriate).