

Spanish System of Triage: degree of application and directions for future development

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The structured triage process is critical to the efficient and effective management of modern emergency services, a fact which no longer is on the list of contentious issues in accident and emergency nursing and medical care¹. Spain has for years now been one of a group of countries that have established structured triage to ensure clinical justice for patients seen in the emergency department (ED), as well as the principles of organization, monitoring, evaluation and comparison of emergency services^{1,2}. Indeed, under the tutelage of the Spanish Society of Emergency Medicine (SEMES), Spain has established its own structured Spanish Triage System (SET in Spanish), which has demonstrated its applicability, adaptability and continuous improvement through ample experience in practice³. SET has also updated its Triage Assistance Program (web_e-PAT), making it a real clinical management system for EDs, adapted to their needs and providing new technologies that allow the full development of the principles and objectives of a structured system of modern triage^{4,5}.

EDs need organizational mechanisms to adapt and survive, and some of them have been proposed and provided by SET^{4,6}. Among them, referral without the need for a physician visit has attracted the interest of some working groups, especially in Cataluña^{7,8}. Initial results obtained from Hospital Clínic de Barcelona and Hospital Mutua de Terrassa showed that referral by ED staff without the need for a physician visit was possible for a group of patients with medical conditions and, more importantly, this proved to be well accepted by patients and safe for them⁷. These early results, although promising, were only applicable to Spanish EDs where SET, used by nurses, has become the basis of the triage system. It was ne-

cessary to evaluate the effectiveness and safety of nurse referral without a physician visit. And this is what was done at the Hospital Clínic de Barcelona, broadening the spectrum of potentially referable patients to include those with non-medical conditions. In their study, Salmeron et al. conclude that accredited nurse referral using web_e-PAT was effective and safe⁸. The results are particularly relevant if we consider that the criterion for referral is based on an objective and structured assessment on arrival at the ED that was not designed to perform this function⁸. This opens the door to the possibility of additional criteria to better evaluate complexity criteria and referral of patients, and their severity^{4,9}. This conclusion is extremely encouraging for the Spanish Triage System and builds on the need for progress in the analysis of complexity and referral of patients based on web_e-PAT, as a line of improvement, already raised and agreed last year by the Societat Catalana de Medicina d'Urgència i Emergència (SOCMUE) and submitted to SEMES⁹.

The new update of web_e-PAT, as suggested by the work of Salmeron et al⁸, includes criteria of complexity and referral based on patient symptoms, reason for consultation and triage level, and other criteria such as the baseline state or level of frailty (indirectly linked with age), history of previous hospital admission or inclusion in specific protocols, to assess the complexity and degree of autonomy or dependence, persistence or clinical worsening, referral from other levels of care, social and health context, and the existence of alternative health care resources to evaluate the possibility of referral⁹.

We are aware of the opportunity provided by the health authorities to establish as a priority the territorial organization of emergency care so that

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patients are treated by the most appropriate unit according to the complexity and severity of their conditions⁸. The web_e-PAT is ready for the challenge of referral without a physician visit referral from triage in all centers with a network of options for emergency care tailored to the varying complexity and severity of the patients, both adult and pediatric patients, regardless of the type of pathology present⁹. In addition, we would highlight the role that Emergency Medical Systems (EMS) have to play in improving the territorial organization of emergency care⁸. The evolution of SET to a triage system for emergencies, including structured telephone triage coordination centers and structured triage care aboard mobile units is inevitable if we want to involve EMS in the organization of emergency care⁹. Training and accreditation of the emergency telephone operators and technicians in the use of web_e-PAT is a necessary step to achieve this goal. The good results obtained in the pilot training course for SET users, conducted by a group of auxiliary medical regulation tele-operators (TARM) and emergency medical transportation technicians (TETS) belonging to Servei Urgent Mèdic (SUM) of Andorra, indicate that these professionals, after SET training tailored to their needs, will be able to manage web_e-PAT with sufficient efficacy and safety to use it routinely in clinical practice¹⁰.

This important evolution of the Spanish Triage System should not allow us to forget its primary objective, which is none other than to protect patients with more urgent and serious conditions,

when health care resources are overwhelmed by demand, a situation which will continue to be common in the ED, especially in the context of the economic crisis and the financial cuts we face.

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