### Problem to Be Resolved:
- Replacing a four-level triage system with five-level ESI

### Hospital:
Hahnemann University Hospital, Department of Emergency Medicine

**Location:** 230 North Broad St, Philadelphia, PA 19102

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### Category:
- A: Arrival

### Key Words:
- Triage
- ESI

### Hospital Metrics:
*(Taken from the American Hospital Directory)*
- **Annual ED Volume:** Approximately 40,000
- **Hospital Beds:** 520
- **Ownership:** For-Profit; Tenet Healthcare Corporation
- **Trauma Level:** I
- **Teaching Status:** Yes

### Tools Provided:
- N/A

### Clinical Areas Affected:
- Emergency Department

### Staff Involved:
- Nurses
- Physicians
- Administrators
Innovation
The Emergency Severity Index (ESI) is a five level patient acuity classification that is assigned at the time of triage. Hahnemann successfully implemented it to replace the existing four level program.

Results
The five level ESI system provides a much more accurate description of the emergency departments (ED’s) patient mix. The rates of patients classified as level four’s or five’s have increased at Hahnemann which is likely a result of ESI based triaging, giving the ED a better idea of the “real ED population” they are serving.

Timeline
The entire process from the conception of the plan to the beginning of the implementation lasted about six months, including an initial implementation and training as well as a retraining and refresher course for staff.

Innovation Implementation
Five-level triage is becoming standard at many hospital emergency departments (EDs), particularly those in Philadelphia. Wanting to close the gap with other hospitals and improve their operations, the team at Hahnemann University Hospital decided to implement a plan where they could transition the current triage process from four to five levels.

They found that education is absolutely critical to this plan—it helps change the culture dramatically and improves the likelihood of a successful implementation. They had an initial education process for staff, and then several months later, a retraining and refresher course. Coincidentally, around the time they were implementing this plan, the hospital was also converting its records from paper to electronic, which helped support this project immensely.

The result of the switch is that Hahnemann’s staff has begun to understand that the “real ED population” is comprised of approximately 8 percent more ESI Level IVs and Vs than previously thought, which should lead to improved patient flow as resources can be better planned for and allocated.

Advice and Lessons Learned

1. **A good top-level manager needs to ensure the process keeps going.** But don’t micromanage. For this project to succeed, people need to peer audit each other, and not feel like their manager is breathing down their necks. But the project does need firm guidance on
the basic direction.

2. **Having data is essential.** Continue collecting data even when it is not the data you want to see. You need to understand how the transition is going, and what you can do to affect it.

3. **Don’t be afraid of challenging institutional norms.** This project is all about shaking things up. So don’t be afraid of ruffling feathers, as long as you’re sure it’s for the best.

**Related Resources**

**Urgent Matter E-Newsletter: Focus on Learning Network II – Hahnemann University Hospital**
Hahnemann University Hospital is an academic medical center that provides tertiary care to the City of Philadelphia and its surrounding counties. As a busy hospital located in a densely populated region of the country, Hahnemann was seeking to improve patient care by decreasing emergency department throughput times. This initiative was the driving force behind the organization’s participation in Urgent Matters Learning Network II. Hahnemann was also eager to learn how other hospitals were addressing emergency department crowding and patient flow issues. “We wanted to learn about what has been successful and what has not” said Mary Kay Silverman, RN, CEN, Director of Emergency Services.

Sustainable changes can only be made if the organization’s senior leadership is dedicated and supportive. Hahnemann’s leadership has been involved in the development and implementation of Urgent Matters strategies. Plans and results have been discussed at the highest level and leaders are informed and involved in all aspects of the project. In order to ensure sustainability, Hahnemann created an Urgent Matters team that truly represented the organization. By establishing a multi-disciplinary team of health professionals that includes physicians, registered nurses, nurse practitioners, and emergency room technicians, the organization has been able to generate interest in the project across the Emergency Department, and cultivate champions and informal leaders.

As part of Urgent Matters, Hahnemann University Hospital has implemented a number of strategies that directly impact patient flow in the emergency department. Hahnemann adopted the 5-level ESI triage system in August of 2009, and has been working to ensure consistency and establish standards in the way patients are triaged. Using the ESI system, Hahnemann has been able to observe and track the increase of level 4 and 5 patients and closely monitor the status of level 3 patients. This would not have been possible under the old triage system. Hahnemann is also using peer chart reviews to ensure compliance with the new triage policies. In addition, the Hahnemann team is working to develop a comprehensive fast track program and training curriculum about ESI triage for new hires in the Emergency Department.

Mary Kay Silverman has been using a number of techniques to keep her team motivated throughout the implementation of the Urgent Matters strategies. Hahnemann’s left-without-being-seen rates have been dropping consistently since the implementation of the Urgent Matters strategies. By communicating the success of the new processes, staff can see in real time how the strategies are working. Silverman gets feedback from her staff on a regular basis to keep them involved in the process and to address any issues related to the implementation.
Hahnemann University Hospital is dedicated to providing patient-centered care, and continues to take a multidisciplinary approach to combat patient flow problems. The Hahnemann team will continue collaborating with other hospital departments to come up with new and innovative ideas to address these issues.