TriageGO
Clinical Decision Support

FAQs | (Frequently Asked Questions)

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1 | ## What is the difference between ESI and TriageGO?

- ESI (Emergency Severity Index) makes a determination based on resources, while **TriageGO** makes a determination based on risk

- With ESI, a patient who needs two or more resources in the ED is assigned to an acuity-level 3

- On the other hand, the **TriageGO** algorithm is evaluating risk of three outcomes:

  - Critical Care Outcome

  - Emergent Procedure

  - Hospital Admission

2 | ## Why is TriageGO a 5-level system?

Based on expert consensus, the American College of Emergency Physicians and the Emergency Nurses Association recommend that EDs use a standardized, five-level triage system[1]

3 | ## What about the subtle nuances that TriageGO cannot pick up?

There are always symptoms that must be physically observed by the clinician. **TriageGO** is a software tool and cannot evaluate things that are seen or heard by the triage nurse (i.e. jaundice, lethargy, or verbal/contextual information). The best results are seen when the clinical judgement of the nurse is combined with the recommendation provided by **TriageGO**.

4 | ## Is TriageGO meant to benefit certain nurses?

No, **TriageGO** is meant to support nurses of all experience levels. For a newer triage nurse, it can help to validate their thought process and offers objective data for the nurse to consider. For more experienced nurses, it offers additional data points to help with decision making.

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5 | How have triage nurses and other clinical staff adapted to TriageGO?

TriageGO is designed to fit within the existing workflow, with no additional clicks or alerts. The software is embedded in the EHR, so it presents on the same screen as the acuity-level. Most onboarding education is focused on the change in mindset from resource-based assessment to risk-based assessment.

We ensure alignment with key internal stakeholders to partner during implementation and rollout. We also provide clinical consultants after launch to continue to support the nurses in your organization.

6 | What results can be expected after implementing TriageGO?

a. **Reliable Adverse-Outcome Prediction:** The detection of patients with critical care outcomes as high-acuity increased by 12% and high-acuity detection of secondary outcomes improved by 34%[3]

b. **Improved Consistency & Standardization:** In a multi-national study, the agreement rate of nurse-assigned ESI scores was less than 60%. With **TriageGO**, the EDs at Johns Hopkins achieved agreement rates between 70% and 85%[3]. This indicates that nurses' **TriageGO** ratings for the same patient are more consistent, which reduces variability in the ED's triage practices.

7 | How is TriageGO different than other CDS software tools?

- **TriageGO** is embedded into the EHR workflow – no extra clicks or pop-ups
- **TriageGO** makes an acuity-level recommendation in real-time, at the point of care
- Other systems just 'double-down' on the traditional ESI methodology (resource-based)
- The **TriageGO** model learns from your ED's data, so it is customized to your patient population

8 | Does the TriageGO score become part of the medical record?

No, for security reasons the **TriageGO** acuity recommendation is considered meta-data and does not automatically incorporate into the patient's medical history. However, it is available in that individual ED-visit record.

For more information on **TriageGO** visit

beckmancoulter.com/triagego

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