

Non-white patients assigned less severe triage scores

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Mistriage of non-White patients in the emergency department appears to

be common, according to a study published online Oct. 12 in *JAMA Network Open*.

Joshua W. Joseph, M.D., from Brigham and Women's Hospital in Boston, and colleagues examined whether racial disparities in triage scores and physician evaluations are present across a multicenter network of academic and [community hospitals](#) and whether patients who do not speak English face similar disparities. The analysis included 249,829 visits at seven emergency departments for one of five common complaints.

The researchers found that White patients had significantly more acute Triage Emergency Severity Index scores than Hispanic patients or patients self-identified as Other race and ethnicity across all symptoms (e.g., chest pain: Hispanic, 2.68; White, 2.55; Other, 2.66) and Black patients across most symptoms (e.g., nausea/vomiting: Black, 2.97; White, 2.90). A significant reversal of these differences was seen for visit work relative value units (e.g., [chest pain](#): Black, 4.32; Hispanic, 4.13; White, 3.55; Other, 3.96). For patients whose primary language was not English, similar patterns were observed.

"These findings suggest the need to address systemic disparities in the [emergency department](#) triage process," the authors write. "Clinical decision support systems might reduce these disparities but would require careful calibration to avoid replicating bias."

More information: Joshua W. Joseph et al, Race and Ethnicity and Primary Language in Emergency Department Triage, *JAMA Network Open* (2023). [DOI: 10.1001/jamanetworkopen.2023.37557](https://doi.org/10.1001/jamanetworkopen.2023.37557)

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