

Favoring timely and appropriate patient evaluation and management in specialized care through effective triage and prioritization.

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Background & context

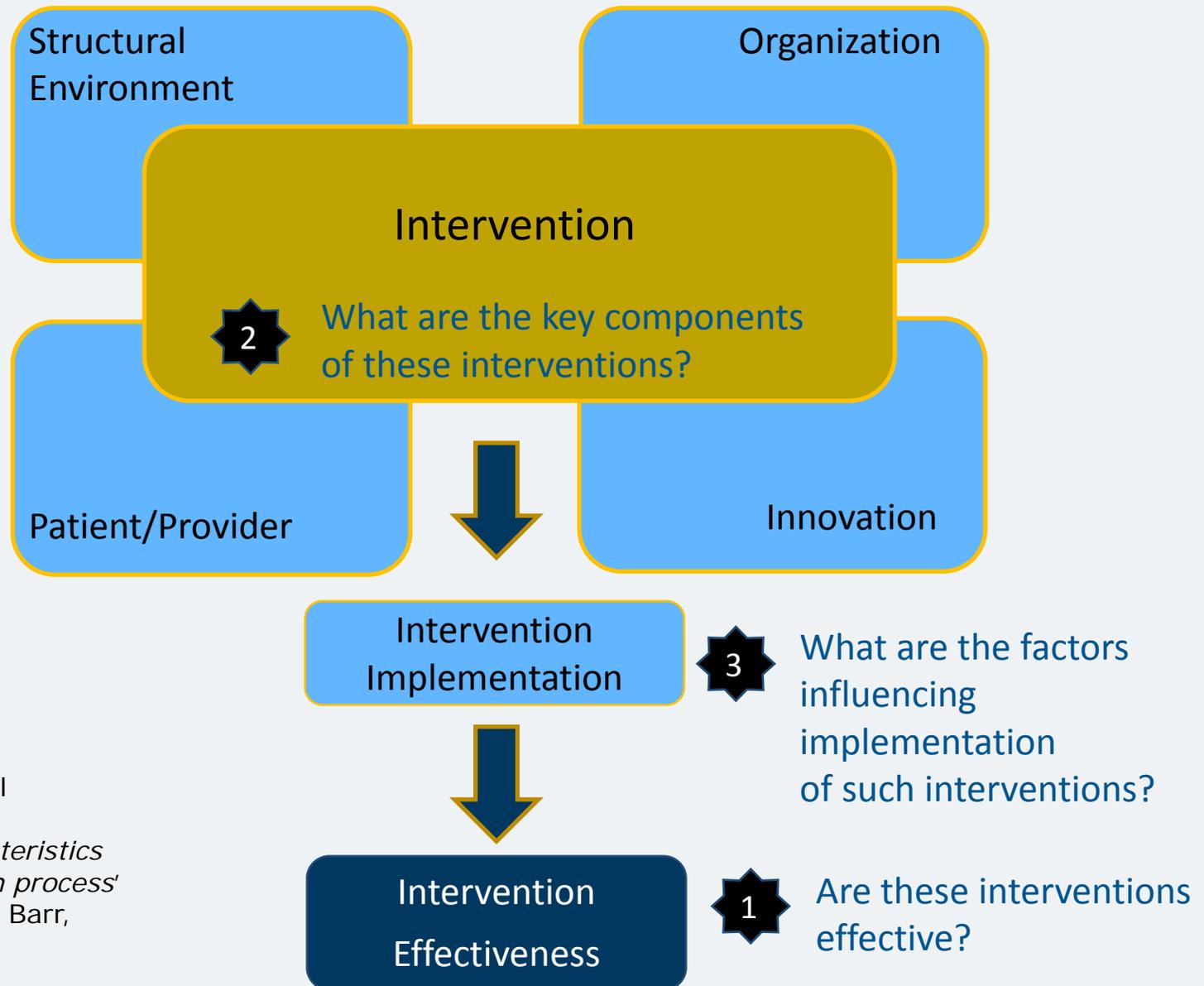
Background

- The referral patterns in specialized care have been described as suboptimal with significant proportions of inappropriate and late referrals according to clinical criteria (Mehrotra et al. 2011; Beauséjour et al. 2013).
- Patients' triage and prioritization is a strategy to support decision for the allocation of services. It aims at providing care in accordance with patients' needs: effective management and efficient use of health care resources.

Review

Systematic review and assessment for quality of evidence of empirical studies evaluating triage and prioritization interventions, at the interface between primary and specialized care.

Conceptual framework & Questions



Chaudoir multi-level frameworks (SOPI). *Intervention characteristics and implementation process'* (Chaudoir, Dugan & Barr, 2013).

Study selection

- Referral for elective care (non-life-threatening situations)
- Medline database (January 1998 - July 2013)
- Main keywords: Triage/ Priorit*/Wait* list /Patient flow AND Referral & Consultation/Secondary/Specialized care

35 effectiveness studies
(pre-post
implementation)

5 case studies

- Various medical areas: orthopaedics, dermatology, nephrology, radiology, cardiology,,...
- Different countries (mostly public universal healthcare systems): Canada, New Zealand, Australia, United Kingdom, Netherlands,...

Analysis

35 effectiveness studies
(pre-post
implementation)

5 case studies



- Revision by two independent reviewers
- Data extraction: study design, population, sample size, intervention setting, description of the main outputs and outcomes, factors influencing the implementation and influencing the results, measures of intervention effects, key message and main conclusions by the original authors, the paper's strengths and flaws, assessment of risk of bias as well as critical appraisal of the conclusions.
- The strength of evidence was assessed using the Downs and Black tool (Downs & Black, 1998).

Results: Effectiveness



Most (28/35) effectiveness studies concluded that triage and prioritization interventions were beneficial:

- Reduction of delays (for first visit and/or treatment initiation)
- Improved proportion of patients seen within targets
- Improved appropriateness of referrals

Some (12/25) also concluded on system's outcomes:

- Increased volume of services
- Increased proportion of patients seen by other professionals/services
- Costs reduction (n=5)

A few (7/35) concluded on patient's/provider's outcomes:

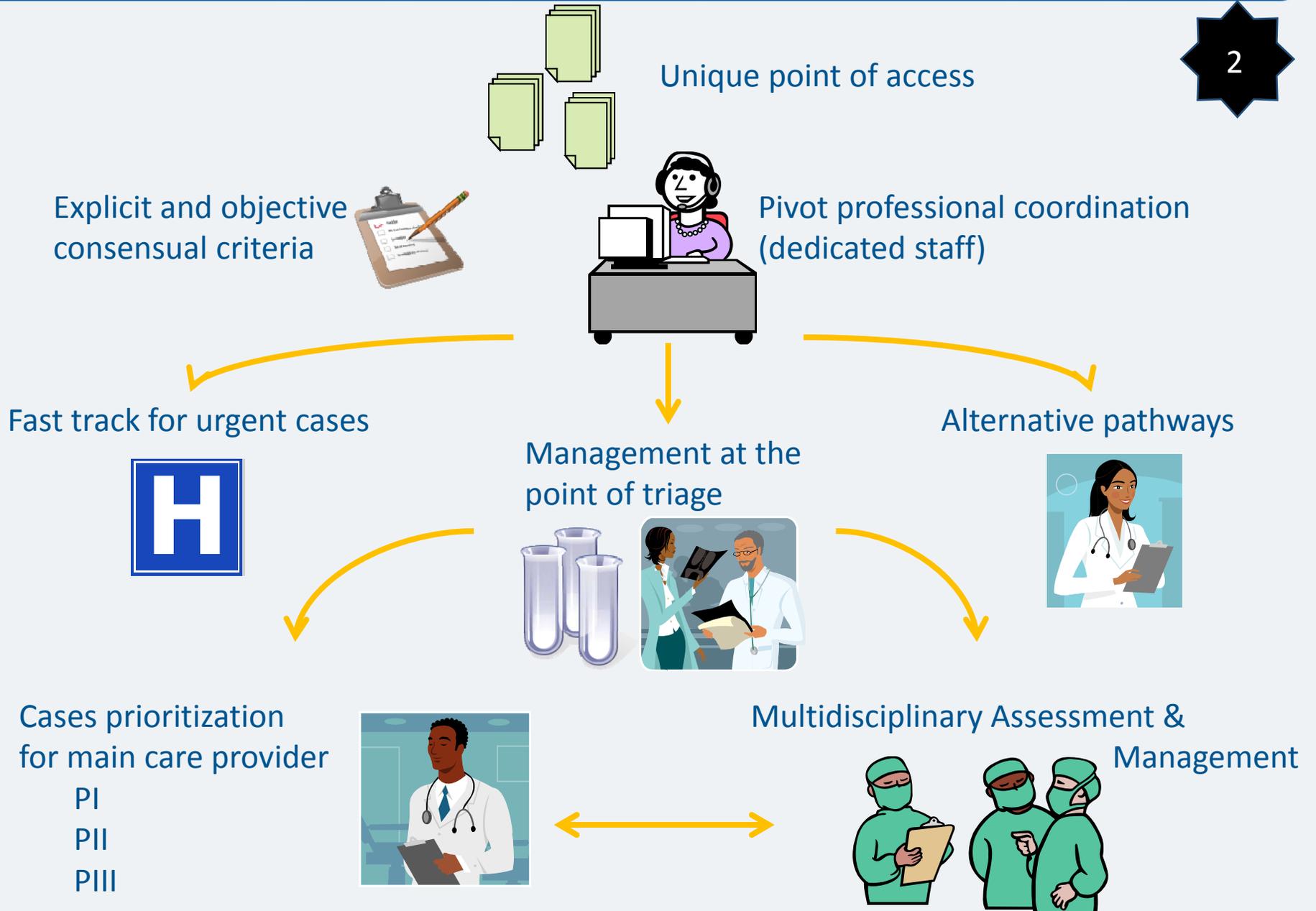
- Very good patient's and professional's satisfaction.
- Improved patient's reported quality of life (n=2)

Only 2 studies with negative results:

- patients' confusion with process
- increased workload for referring physicians

Results: Key components

2



Results: Implementation

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Structural Environment

- National guidelines and recommendations
- National policy/concerns about increasing demand and delays
- National information systems

Organization

- Building of effectiveness/efficiency-oriented culture
- Collaboration between departments
- Local leadership
- Support for multidisciplinary work

Main factors influencing implementation

Provider/Patient

- Collective decision making
Professional networking and communication
- Commitment to change
- Involvement and compliance

Innovation

- Acceptability of intervention
- Supporting evidence
- Pilot testing

Conclusions - Effectiveness

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- Effectiveness of triage and prioritization interventions was demonstrated on the reduction of delays
 - Especially for urgent cases (even if very few studies included patient outcomes).
- Positive effect on appropriateness of referrals, volume of services as well as patients/professionals satisfaction.
- Low to moderate level of evidence
 - Observational studies, no follow-up
 - Incomplete description of setting, participants and of confounding variables

Conclusions - Implementation

- Intervention planning according to 8 key components
- Better understanding of the role of the components on the production of effect.
- Applicability and compatibility of triage and prioritization interventions in various contexts.
- Physicians involvement and common standards and guidelines (Pomey et al. 2013).
- Implementation factors: levers of intervention for primary care providers:
 - Multidisciplinary and collaborative work
 - Communication channels and partnership
 - Collective benchmarking
 - Active participation in guidelines development and criteria elaboration

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