Secondary Triage Program on “R” case to manage the increasing demand on Orthopedic SOPC: Feasibility and Sustainability.

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Introduction
Under the triage system of HA, new SOP cases are classified into three categories of priority 1 (urgent), priority 2 (semi-urgent) and routine (stable) based on the urgency of patients' clinical conditions. To ensure that patients with urgent conditions are given appropriate medical attention in a timely manner, it has been HA's targets to see the P1 and P2 cases within 8 weeks of referral. With the increasing demand on SOPC service, for those non-urgent routine cases (R) the waiting time keep on increasing. The longest (90th percentile) waiting time of routine cases reach 118 weeks in 2013 in AHNH. Secondary triaging those “R” case to pick up those case with criteria according to “Orthopedic Medicine” and possibility of “quick fix” may help to improve the capacity of SOPC.

Objectives
To evaluate the effectiveness, sustainability of the secondary triage system on Orthopedic “R” cases.

Methodology
A new triage system for “R” cases from August 2013 to October 2014 was implemented, 3484 patients, 726 (20.8%) of R case was secondary triage to an early “R” appointment (within 3 months). After October 2014, the waiting time was reviewed by comparing the monthly waiting time at 90th percentile. Outcomes of the 726 patients were also investigated.

Result
Out of 726 cases, 277 cases (38.1%) was referred from family medicine, 123 (16.9%)
from other specialties, 120 (16.5%) from A&E departments, 256 (35.2%) from private. There were 210 (29.2%) cases diagnosed with trigger finger, 197 (27.4%) patients with the presence of mass, presence of ganglions in 83 (11.5%), followed by 84 (11.7%) cases of OA knee, upper limb problems in 74 (10.3%), spine problems in 28 (3.9%), F&A problems in 43 (6%) IGTN. Three-fourth (537 cases (74.7%)) of the patients require subsequent follow up 25.3% of case can be seen once. The waiting time at 90th percentile was dropped from 118 weeks in August 2013 to 88 weeks in October 2014. Secondary Triage system was effective to reduce waiting time in SOPC and improve the capacity. Manpower provision is a major barrier to the sustainability of the triage and our result review systematically a significant proportion of cases can be managed in primary care setting which reflect future collaboration with family medicine may help to relieve pressure in Orthopedic SOPC.