Survey on the effectiveness and outcomes of new case triage system of psychiatric clinic of KEC
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Keywords:
triage
psychiatric

Introduction
The psychiatric SOPD of KEC adopts a triage system for all new cases referrals and classify new patients into 3 categories: ‘category 1’, category 2’ and ‘category 3’ for urgent, semi-urgent and routine cases respectively, according to the potential risks and symptom severity. Regular reviews are required to ascertain the effectiveness of the new case triage system.

Objectives
We aim to review the effectiveness of the triage system by determining the default rate of each triage category and the need of urgent treatment in the post-triage period.

Methodology
Patients aged 18 to 64 who attended nursing triage appointments in United Christian Hospital and Yung Fung Shee Psychiatric Centre from July 2011 to June 2012 were identified. Information including default rate, triage categories, the need to advance appointments and to seek urgent treatment (AED attendance for psychiatric reason; psychiatric hospitalization), and adverse outcome (completed suicide) during the post-triage period (the period between the date of triage and first psychiatric SOPD appointment) were retrieved from CMS.

Result
Results: Total 253 patients were identified with 11.1%, 32.8% and 56.1% triaged as category 1, 2 and 3, respectively. The overall default rate was 17.4%, while the advanced appointment rate was 8.7%. The AED attendance rate was 2.4%, and 0.8% required psychiatric admission. None had completed suicide. Exploratory analysis showed that default rate was higher in category 2 (14.5%) and 3 (20.4%). In category 3 cases, 12.7% required advancement of appointment compared to category 1 (3.6%) and category 2 (3.6%). More category 3 patients (4.9%) sought urgent treatment than
category 1 (0%) and category 2 (1.2%) cases. The reasons for advancement of appointments and seeking urgent treatment were mental deterioration and risk of harm to self/others. Conclusion: The default rate, the need of advance appointment and seeking urgent treatment are low in category 1 cases, indicating that the triage system helps administer early assessment and treatment to high-risk patients. The default rate is higher and the need of advance appointment/seeking urgent treatment is higher than expected in category 3 patients, who were supposed to have lowest risk. Further works are required to improve the management of this category of patients.