



Service Priorities and Programmes Electronic Presentations

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Enhanced Triage Procedure To Manage Service Demands for Work Rehabilitation

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Introduction

The Designated Work Rehabilitation Centre of Kowloon West Cluster has been established in the Occupational Therapy Department of Princess Margaret Hospital for more than ten years. The increasing service demands has caused pressure for the department to maintain service quality out of the strained resources.

Objectives

The continued quality improvement project for work rehabilitation service was initiated since 2012 to monitor service performance and develop effective strategies to cope with service demands. An enhanced practice in triage procedure for new referrals was implemented since 2016 to manage the increasing pressure for service provision due to growing service volume.

Methodology

Enhanced triage procedure with more defined criteria were implemented in 2016 including: 1) early screening of all new referrals within 2 weeks; 2) extra times-slots added for early appointments; 3) specific conditions with potential for early discharge triaged for early appointments; 4) early and full work capacity evaluation performed after screening; 5) prompt work rehabilitation service followed as indicated. The waiting time for first appointment and treatment duration for work rehabilitation service in group 1 (triaged for early appointments) and group 2 (usual schedule) in 2016 were compared to results in previous years (2012-2015).

Result

There were 2047 and 723 new referrals screened in 2012-2015 and 2016 respectively. The annual increase of new cases was over 40% in 2016 as compared to previous

years. Those screened in 2016, 269 (37.2%) patients were triaged for early appointments (group 1). Characteristics of group 1 and group 2 were stratified for evaluation. Patients in group 1 were significantly younger (46.28 yrs Vs 49.74 yrs; $p < 0.01$) and significantly more (109, $p = 0$) could be directly discharged after initial assessments as compared to group 2. Significant differences were found in several clinical conditions between groups, with more pain ($p = 0.006$), CVA & other neurological ($p = 0.015$), cardiac ($p = 0.032$) conditions in group 1, and more lower limb ($p = 0$) and renal ($p = 0.029$) conditions in group 2. The waiting time for first appointments (47.09d Vs 59.82d) and mean treatment duration (34.72d Vs 53.97d) were shorter in group 1 than group 2. Added effects on the reduction in mean waiting time (47.09d Vs 69.72d) and mean treatment duration (34.72d Vs 65.63d) were shown in group 1 in 2016 as compared to the overall results in 2012 to 2015. The enhanced triage procedure with better defined criteria is more effective in relieving pressure for service provision due to growing service demands.