



## Service Priorities and Programmes Electronic Presentations

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### **Structured Triage of Patients Attending Physiotherapy Out-patient Department – Profile and Quality Analysis**

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#### **Introduction**

The physiotherapy(PT) department of KCC has been contributing to ~17% of total PT out-patient services in HA. KCC PT serves more than 24,000 patients (~250,000 attendances) in 2015-16 with a 12.4% increase in the past 5 years. Structured triage system with initial categorization by trained clerical staff using explicit criteria and verification/confirmation by senior physiotherapist, is implemented to manage the growing demand of patients.

#### **Objectives**

To perform profile and quality analysis of the structured triage system in handling high volume patient's demand.

#### **Methodology**

The project took the form of longitudinal survey with structured data capturing for process and structure of care evaluation. All record of patients discharged from KCC PT out-patient unit during the sampling period (1.9.2016 to 20.1.2017) were included. Demographic, social characteristics and clinical data were analyzed using descriptive analysis; and correlation analysis for investigating relationship of parameters.

#### **Result**

3,382 patients' records were retrieved which included 64.4% "R" routine triage, 16.2% priority-1-urgent (P1) and 19.4% priority-2-semi-urgent (P2 category). Majority of the patients (60.7%) resided in KCC catchment areas with 79% referred from KCC. Among these patients, 4% indicated recurrent referring conditions. Back conditions contributed to the commonest conditions (19.4%). The average waiting time was 11.1+/-5.2weeks. There was negligible percentage of patients requiring re-categorization & appointment re-scheduling. The existing appointment slots, facility and equipment allocation was found to match with the patient profile. The recovery percentage was 69.0+/-22.2% with total attendances of 11.8+/-14.2 per episode. The percentage of recovery, while controlling for total number of attendances, has negligible negative correlation with waiting time in all three triage categories ( $r=-0.106$ ,

p=0.000). Similar finding was detected for waiting time with total PT attendances (r=-0.069, p=0.000). Despite high service volume, the waiting time of KCC PT has been maintained within the top 5 shortest among HA. Moreover, the quality of PT services has been upheld as supported by the high recovery percentage which was not impacted by the waiting time.

The current triage system in KCC PT department is found to be effective and efficient means in managing the increasing growing demand with accountable resource utilization. The patient profile data also provided important information for opportunity for services enhancement with subsequent service planning, resources allocation and development of PT services in KCC.