

Introduction and Aims

Historically in our Gynaecology Assessment and Early Pregnancy Unit (GAU/EPU) patients have been reviewed in order of arrival, resulting in non-urgent cases being assessed prior to clinically urgent cases, thus contributing to increased morbidity and mortality. Using principles and learning from the implementation of the nationally recognised Birmingham Symptom Specific Obstetric Triage System (BSOTS), we have developed a gynaecology triage system, which aims to:

1. Prioritise patients based on clinical needs
2. Reduce patient wait time
3. Enhance staff communication
4. Improve department organization and efficiency.

Methods

The gynaecology triage card was created for use by the triaging nurse to review patients within 15 minutes of arrival in GAU/EPU. Factors assessed include presenting complaints; urinalysis; pregnancy status; observations; pad score and pain score. Patients are prioritised based on clinical judgement as green, amber or red, necessitating medical review within two hours, one hour or 30 minutes respectively. We developed a space where triage cards alongside a priority colour card can be allocated to trays corresponding to the patient's location in the department. For reviews that breach the triaged timeframe an escalation plan was designed to escalate to the next most senior member of staff (registrar, consultant, management). A standard operating procedure was produced and was used to provide daily teaching at nursing and doctors handovers for the first two weeks. After a three-month trial we surveyed doctors and nursing staff experience using Survey Monkey and analysed the results in Excel.

The form is titled 'GYNAECOLOGY TRIAGE ASSESSMENT CARD' and includes the following sections:

- Personal Information:** Name, DOB, MNH, Arrival in Triage, Initial Triage Assessment, Full Assessment, Date, Time.
- Referred from:** ED, GP, Self, Other.
- Presenting Complaint:** A large text area for notes.
- Clinical Assessment:**
 - LMP, Pregnancy test (Pregnant/Not pregnant).
 - Urinalysis: NAD, Protein, Nitrites, Glucose, Ketones, Blood, Leucocytes.
 - Observations: BP, Heart rate, Resp rate, Temperature, Saturations.
 - NEWS score: A scale from 0 to 10.
 - Pain Score: A scale from 0 to 10.
 - Bleeding score: Visual diagrams of pads with increasing amounts of blood, corresponding to scores 0 (10mls per pad), 1 (20mls per pad), 2 (100mls per pad), and 3 (300mls per pad).
- Priority to be seen:** Green: Within 2 hours of Initial Triage Assessment; Amber: Within 1 hour of Initial Triage Assessment; Red: Within 30 minutes of Initial Triage Assessment.
- Plan of Care:** A text area for treatment plans.
- Escalation:** If waiting longer than triage priority time, repeat full Clinical Assessment and escalate as per over page.

Figure 1: Gynaecology triage assessment card.

Results

Staff feedback was collated on the 4 aims of the project. 11 respondents were recorded in the survey.

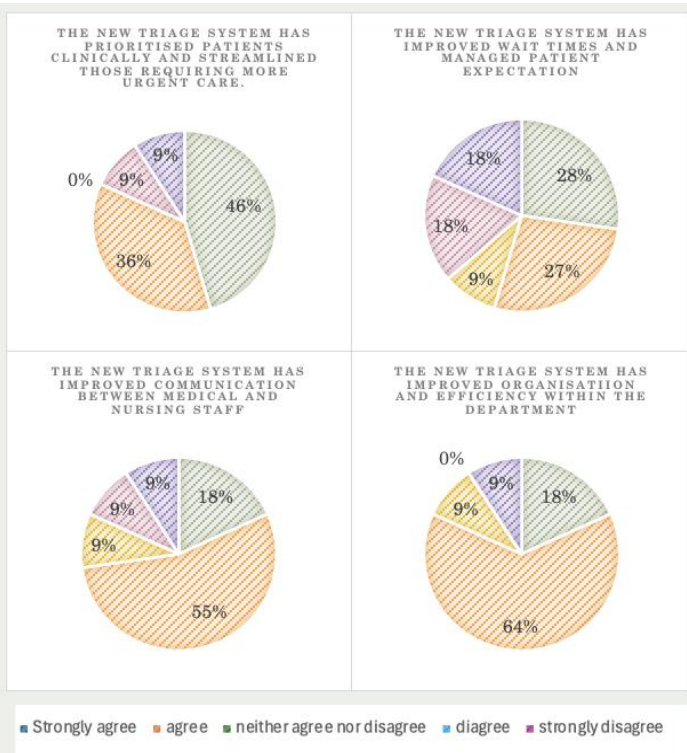


Figure 2: Pie charts depicting staff responses to the 4 aims of the triage system.

Key Findings

- 82% strongly agreed or agreed triage effectively prioritised patients and streamlined those requiring more urgent care.
- 73% strongly agreed or agreed the system improved staff communication
- 82% strongly agreed or agreed the departments organization and efficiency had improved
- 55% strongly agreed or agreed patient wait time and expectation had improved

Conclusion

Introduction of the gynaecology triaging system has streamlined patients based on clinical urgency and improved communication and efficiency within our department. However, responses were varied regarding implications for patient wait times, with issues around staffing levels and space allocation to review patients highlighted as areas of improvement. Work is needed to address staffing levels and clinical space allocation if we are to improve patient wait times. As doctors rotate continued education is required, alongside auditing to assess compliance. A larger respondent rate at our annual review is needed to assess our progress. The project highlights the benefits of triage systems in gynaecology units and suggests national models for triage in gynaecology services should be considered.

References

1. *Maternity triage (good practice paper no. 17)* (no date) RCOG. Available at: <https://www.rcog.org.uk/guidance/browse-all-guidance/good-practice-papers/maternity-triage-good-practice-paper-no-17/> (Accessed: 26 August 2024).