



BLANTYRE ADVENTIST HOSPITAL QUALITY IMPROVEMENT PROJECT POSTER

TITLE: TRIAGE ASSESSMENT DOCUMENTATION OF PATIENTS AT OPD GENERAL CLINIC

MEMBERS: Ana Lee Guarino, Tadala Kadzimvere, Mary Malinga, Ethel Dzimbiri, Dalitso Shawa & Tendai Dzanjalimodzi



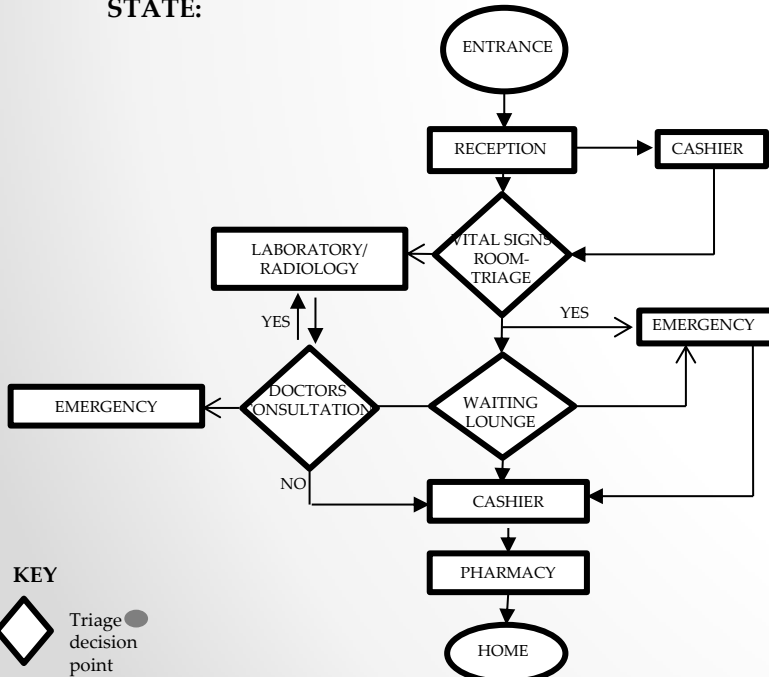
PROBLEM STATEMENT:

There was no documentation of daily triage of patients by nurses at OPD- GP Clinic. The problem was observed during the COHSASA baseline assessment and file audit conducted by national assessors in August 2021.

AIM STATEMENT/TARGET:

We aim to increase nursing triage documentation of patients at OPD –GP Clinic from 0% in September 2021 to 60% in December 2021.

FLOW MAP OF PRESENT STATE:



PLAN

- The OPD nursing supervisor (A. Guarino) and the GP supervisor (Dr Disi) will develop a triage documentation tool by September 2021
- OPD and ER nurses will be trained on triage documentation and how to use the tool by A. Guarino and T. Kadzimvere before testing it.
- The Tool will be tested on clients seen by Dr Chimphambano in October 2021
- The data will be reviewed end of October 2021.
- The prediction is to have a 40% increase of patients with documented triage status.

DO

- A meeting was conducted on 19th August 2021 with different stakeholders (Nurses, doctors & IT)
- Mrs. Guarino and Dr Disi were assigned to develop the triage tool that encompasses basic history taking by 27th August 2022.
- Mr. Kanamangwere was assigned to upload the triage tool in the system.
- Dr. Disi, A. Guarino & T. Kadzimvere conducted training to all nurses and doctors on how to use the triage documentation tool and how to operate it on the electronic system.
- Tendai Dzanjalimodzi, Dalitso Shawa, Mary Malinga and Ethel Dzimbiri were assigned to collect data of total number of patients triaged against total number of patients seen by Dr Chimphambano in the month of October 2021.

PDSA

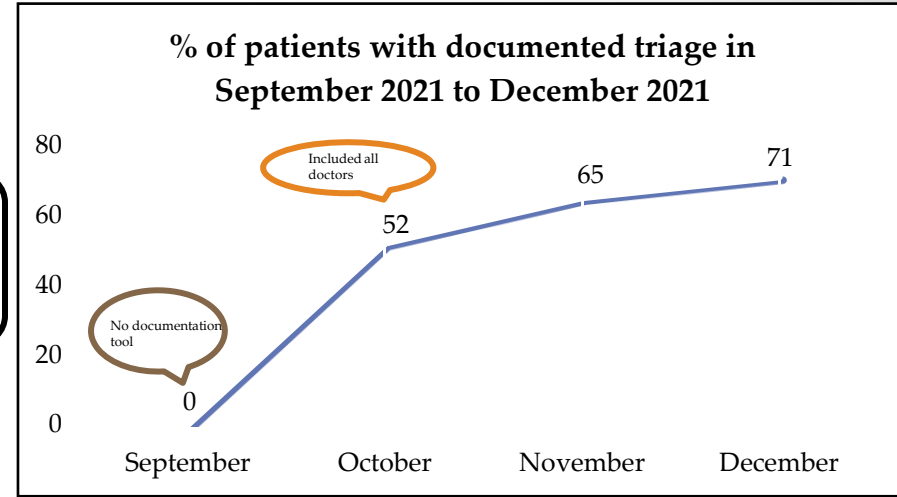
STUDY

- The initial prediction was at 40% and we managed to reach 52% for Dr. Chimphambano patients.
- There was an improvement with some challenges.
- Lesson Learnt:
- The tool was not easy to use by the nurses and doctors in the early days of usage

ACT

- The triage documentation assessment tool was adopted
- To implement the tool with all OPD GP Clinic doctors from November 2021
- To evaluate effectiveness of the tool by December 2021.

RESULTS:



PRIORITIZATION MATRIX:

No.	List of possible problems/root causes	Importance to Patient Outcome/ Staff Safety (1-5)	Affordability in Term of Cost / Resources (1-5)	Easy to Measure (1-5)	Under Control of Team Members (1-5)	Total (4-20)
1	Triage documentation tool not developed and incorporated in hospital management system	5	2	3	3	13
2	No one was responsible to develop the triage documentation tool	4	2	2	2	10
3	Lack of knowledge of nurses on the importance of triage documentation	4	2	2	2	10
4	No training	5	2	2	2	11
5	No policy in place emphasizing on triage documentation	5	2	2	2	11

LESSONS LEARNT:

- Triage documentation improves provider's efficiency for patient evaluation and promotes immediate communication between nurses and doctors.
- Team work between departments contributed to the final results required.
- The tool was confined to electronic system and some patients were missed due to lack of visible triage tool e.g. Stickers
- The nurses and doctors were spending more time to triage patients due to the demands of the assessment tool

FUTURE PLANS:

- To start using physical stickers for triaging patients for easy visibility to compliment the electronic system.
- Review and simplify the assessment tool to cut on time spent on triage.

ROOT CAUSE ANALYSIS: 5-WHYS

- 1.WHY?**
Triage documentation tool not developed and incorporated in hospital management system
- 2.WHY?**
No one was responsible to develop the triage documentation tool
- 3.WHY?**
Lack of knowledge of nurses on the importance of triage documentation
- 4.WHY?**
No training
- 5.WHY?**
No policy in place emphasizing on triage documentation