

The effectiveness of the implementation of the Cape Triage Score at the emergency department of the National District Hospital, Bloemfontein

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Abstract (Full text available online at www.tandfonline.com/ojfp)

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Background: The need for an appropriate South African triage system led to the development of the Cape Triage Score (CTS), a system to prioritise emergency departments' workloads. This study evaluated the effectiveness of the CTS at the National District Hospital emergency department, Bloemfontein.

Methods: In this retrospective, descriptive, observational study, files of adult patients triaged at the emergency department during February 2013 were randomly selected. Inclusion was subject to the availability of the files. Physiological parameter results were used to calculate the Triage Early Warning Score (TEWS). The side-room investigations and South African Triage Score (SATS) were recorded. Other information gathered included diagnosis, outcome, and times the patient was triaged and seen by the doctor.

Results: A total of 396 files were included in the study. Patients, of whom 57.8% were women, were between the ages of 16–89 years. More than half (52%) of side-room investigations were omitted or inappropriate. The adjustment of the TEWS to the SATS was done incorrectly in 52% of cases. The majority of patients (69.9%) were discharged home after treatment, although 88% were SATS orange coded. Over-triage occurred in 8.1% of TEWS and 67.8% of SATS cases. The mean waiting time from triage until patient was seen by the doctor was 2 hours.

Conclusions: The TEWS proved to predict outcome better than the SATS. Due to inaccurate triage, only 8% of patients were seen within the recommended waiting times. The CTS has not been effectively implemented at the National District Hospital emergency department.

Keywords: Cape Triage Score, effectiveness, implementation, National District Hospital, triage