

Audit Examining Maternity Assessment Suite Triage Compliance with Birmingham Symptom Specific Obstetric Triage System in a London Teaching Hospital

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Abstract : Background: Chelsea and Westminster Hospital have introduced the Birmingham Symptom Specific Obstetric Triage System (BSOTS) for patients who present acutely to the Maternity Assessment Suite (MAS) to prioritise care by urgency. The primary objective was to evaluate whether BSOTS was used appropriately to assess patients (defined as a 90% threshold). The secondary objective was to assess whether patients were seen within their designated triaged timeframe (defined as a 90% threshold). Methodology: MAS records were retrospectively reviewed for a randomly selected one-week period of data from 2020 (21/09/2020 - 27/09/2020). 189 patients presented to MAS during this time. Data were collected on the presenting complaint, time of attendance (divided into four time categories), and triage colour code for the urgency of a review by a doctor (red: immediately, orange: within 15 minutes, yellow: within 1 hour, green: within 4 hours). The number of triage waiting times that were breached and the outcome of the attendance was noted. Results: 49% of patients presenting to MAS during this time period were triaged, which therefore did not meet the 90% target. 67% of patients who were triaged were seen within their allocated timeframe as designated by their triage colour code, which therefore did not meet the 90% target. The most frequent reason for patient attendance was reduced fetal movements (30.5% of attendances). The busiest time of day (when most patients presented) was between 06:01-12:00, and this was also when the highest number of patients were not triaged (26 patients or 54% of patients presenting in this time category). The most used triage category (59%) was the green colour code (to be seen by a doctor within 4 hours), followed by orange (24%), yellow (14%), and red (3%). 45% of triaged patients were admitted, whilst 55% were discharged. 62% of patients allocated to the green triage category were discharged, as compared to 56% of yellow category patients, 27% of orange category patients, and 50% of red category patients. The time of patient presentation to the hospital was also associated with the level of urgency and outcome. Patients presenting from 12:01 to 18:00 were more likely to be discharged (72% discharged) compared to 00:01-06:00 where only 12.5% of patients were discharged. Conclusion: The triage system for assessing the urgency of acutely presenting obstetric patients is only being effectively utilised for 49% of patients. There is potential for enhancing the employment of the triage system to enable further efficiency and boost the promotion of patient safety. It is noted that MAS was busiest at 06:01 - 12:00 when there was also the highest number of non-triaged patients - this highlights some areas where we can improve, including higher levels of staffing, better use of BSOTS to triage patients, and patient education.

Keywords : birmingham, BSOTS, maternal, obstetric, pregnancy, specific, symptom, triage

Conference Title : ICGO 2022 : International Conference on Gynecology and Obstetrics

Conference Location : London, United Kingdom

Conference Dates : September 22-23, 2022