

Smart Triage + Ql at Jinja Regional Referral Hospital

Digital triaging platform to improve quality of care for critically ill children

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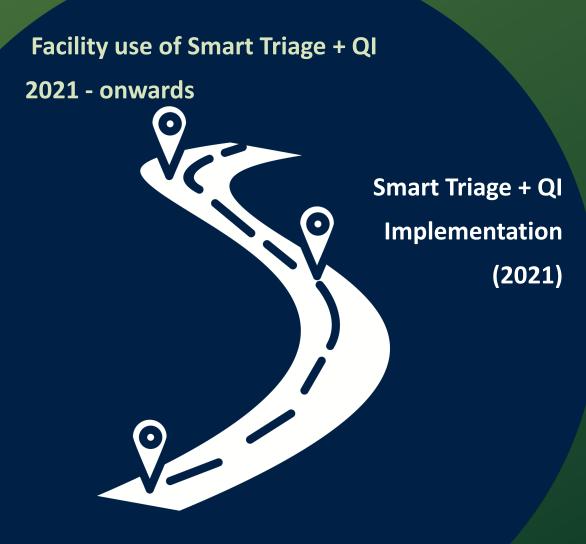






Smart Triage at Jinja Regional Referral Hospital:

How did we get here?



Baseline Data Collection (2020 - 2021)

Study ResultsSmart Triage
Improves Care

Since April 2021, over 16,500 children have been triaged at JRRH using the Smart Triage platform

After implementation of Smart Triage + QI at JRRH:

The time to IV antimicrobials reduced by 17% for emergency cases

Overall admissions rate reduced by 34%

How did we get here?

Data collected for QI using the Smart Triage Platform



Smart Triage App: Risk Stratification

Demographics, Signs & Symptoms, Vital signs, Anthropometrics, Triage Category

Smart Spot System: Patient Location and Treatment Tracking Waiting times, time to treatment

Kat Pallot			Clinician Dashboard				April 1st, 2022 9:53:57		
Current Patients Viewing: All Rooms									
							Search:		
Priority	Time	Location	Family Name	Given Name	Sex 1	Age	Presenting Complaint	Room	ţ.
A	14:52	Emergency Room	Provia	Sharika	F	2 y	Fevers, flue		
0	2:25:38	Waiting Room 1	Apio	Nantale	F	6 m	Reports of fever	1	
0	2:15:32	Emergency Room	Apio	Kaikara	М	10 m	Restlessness	2	
0	24:11	Lab/ Pharmacy	Nakazibwe	Atuhire	F	10 m	Body rash		
	3:17:41	Waiting Room 1	Busingye	Maria	F	4 m	Fevers	2	
	1:44:22	Consultation Room	Mukwaya	Akello	М	1 y	Fevers	1	
	1:36:49	Consultation Room	Nabulime	Mukasa	М	4 y	High grade fevers	1	
	1:13:23	Lab/ Pharmacy	Nayebare	Ochen	М	1 y	Common cold, cough and fever	2	
	1:11:43	Lab/ Pharmacy	Icha	Namazzi	F	2 y	Fevers	2	





- > 85 staff members trained in QI
- QI Champions held regular meetings to identify goals and improve communication between care points
 - Care points included: Clinicians, Nurses, Triage, Emergency, Nutrition Unit, Pharmacy, Laboratory, Record Department, Administration.
- Data collected using the Smart Triage system was used to
 - 1. Identify problems and bottlenecks
 - 2. Measure outcomes
 - 3. Simplify reports and communications

Example: Time to treatment for emergency cases

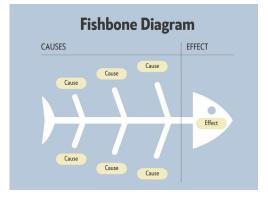


Problem Delayed treatment times Mean time to treatment: 5.1 hours TargetNo emergencycases receivetreatments inover 4 hours

Root causes Identify the causes of delayed treatment and brainstorm solutions

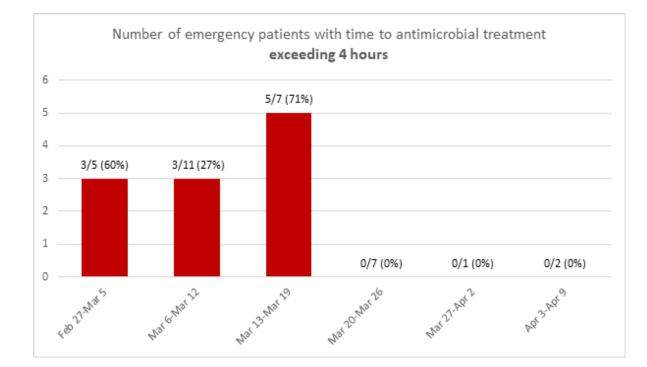






QI Report example using Smart Triage Data





Successes:

- Measurable and easily interpreted
- Target was reached
- Overall time to treatment continued to decrease

Barriers:

Loss of momentum over time (strikes, staff motivation)



>Initiatives aimed at reducing treatment time at JRRH:

- Colour-coded benches for emergency cases
- Change in patient flow:
 - Emergency cases taken straight to emergency room, staff or

volunteer to carry samples to the lab instead of patient waiting at lab

- Stock out lists updated daily to improve communication between departments and between staff and caregivers, reduce time lost due to miscommunication
- Emergency medicine cabinet







> Other QI Goals and Initiatives and JRRH:

 All children attending the OPD should be triaged
 Improved vital signs assessment among triaged patients
 Nutritional algorithm and dashboard to improve detection of SAM and MAM cases

Improve resource allocation by treating patients based on risk category (Emergency and Priority patients seen first).

> Increase the hours that triage is performed at the facility.

Ongoing training of staff and caregivers on the importance of triage and QI



15 staff members at JRRH trained in Smart Triage + QI interviewed

Smart Triage allows them to more accurately identify children who needed emergency care but did not show obvious signs

"This digital approach helped us a lot to pick those who are not overt, those are occult, the cases of children who come and are not obviously physically seen as in danger."

Data collected during triage can guide treatment decisions

"I feel it is very important to us because for us, as we are looking at the dashboard, we are seeing that this patient is coming with this type of severe malnutrition. So, we get prepared to that particular type of malnutrition... For example, the glucose which we are going to give, we get ready with the milk."

> Colour-coded system improves management of patient, including identification and prioritization of emergency cases

"It has helped in a way that if I see a child putting on a red lanyard, even if I have someone there with yellow, I will have to tell them, "First order, because I need to send this one as fast as possible, you know. So it has helped me to attend to emergencies better as compared to before."



- Server space
 - Need to have clinical data hosted at the MOH servers
- Current/Future integration with EMR
 - Seamless care