Clinical prioritisation tools – to use or not to use?

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Background: Demand for allied health services frequently outstrips supply requiring clinicians to make challenging daily decisions about what type of services to provide, to which patients, in what order, and in what time frame. Correct triage identification and prioritisation can significantly reduce in-hospital delay times, reduce waiting lists, assist with delivering efficient and effective services with limited resources, and assist with improved health outcomes for patients.

There is a paucity of literature to assist allied health clinicians in prioritising inpatient caseloads and little investigation of the outcomes of allied health prioritisation systems or the inter-rater reliability of prioritisation systems applied.

The Eastern Health Speech Pathology department redesigned their prioritisation tool to facilitate consistent prioritisation of patients across the acute and subacute inpatient settings and translate key departmental priorities into everyday practice.

Two research questions were asked to assist addressing the gaps in the literature

1. What is the inter-rater reliability of the new prioritisation tool compared to the original tool and to clinical judgement alone (no tool)?
2. Did the new prioritisation tool change the way that clinicians prioritised patients with different types of impairments?

Method: Fourteen experienced clinicians were randomised into 3 groups using the original prioritisation tool, the newly developed prioritisation tool, or clinical judgement alone. They prioritised 45 hypothetical patients across 5 days using the prioritisation tools allocated. Results were analysed using kappa statistic for multiple raters.

Results: The findings indicated inter-rater agreement using the prioritisation tools was fair to moderate and no better than clinical judgement alone. The results regarding reliability of the tools were consistent with literature: it's difficult to achieve high levels of agreement; interpretation of tools is subjective, and over complexity reduces reliability. In addition the new prioritisation tool did not change clinicians' behaviour in prioritising patients with different types of impairments.