

Centralised triage of spinal referrals – a model for establishing consensus and directing patients to more appropriate timely care

A de Gruchy^{1,2}, U Phan¹, TI Yuen³, J Cunningham⁴, D Liew⁵, IP Wicks^{6,7,8}, JHY Moi^{6,7}

1 Department of Physiotherapy, Royal Melbourne Hospital, Grattan Street, Parkville, Victoria, 3050

2 School of Health Sciences, University of Melbourne, Grattan Street, Parkville, Victoria, 3010

3 Department of Neurosurgery, Royal Melbourne Hospital, Grattan Street, Parkville, Victoria, 3050

4 Department of Orthopaedics, Royal Melbourne Hospital, Grattan Street, Parkville, Victoria, 3050

5 Melbourne Epicentre, Royal Melbourne Hospital, Grattan Street, Parkville, Victoria, 3050

6 Department of Rheumatology, Royal Melbourne Hospital, Grattan Street, Parkville, Victoria, 3050

7 Department of Medicine, University of Melbourne, Grattan Street, Parkville, Victoria, 3010

8 Walter and Eliza Hall Institute of Medical Research, Parkville, Victoria 3050

Background

Referrals for spinal conditions place great demands on hospital spinal surgery clinics. An audit at Melbourne Health (MH) revealed that 90% of patients referred for a surgical opinion do not require surgery, and non-urgent referrals can wait 2 years to be assessed. Improved triage processes may help to redirect referrals to more appropriate care and reduce outpatient waiting times. We report here the findings of a centralised triage model piloted at MH to assess and develop consensus on which conditions can be safely managed in non-surgical spinal services (e.g. Back pain Assessment Clinic (BAC) staffed by advanced musculoskeletal physiotherapists (AMP) supported by rheumatology).

Methods

A central triage team comprised of a neurosurgeon, orthopaedic spinal surgeon, rheumatologist and AMP met at fortnightly intervals over a six-month period to review referrals for spinal conditions made to neurosurgery and orthopaedics. Team members independently assessed and determined the most appropriate service for each referral – i.e. neurosurgery, orthopaedics, rheumatology or BAC. Disagreements were discussed and the unit to which the referral was initially made ('referred unit') had final say on referral destination.

Results

Of the 258 referrals (74% neurosurgery, 26% orthopaedics) assessed, consensus on referral destination was reached by all members of the central triage in 68% of cases. In 4% of referrals, the referred unit overrode group consensus on referral destination. Most referrals were triaged to BAC (74%), followed by neurosurgery (18%), orthopaedics (8%) and rheumatology (<1%). The AMP had the highest level of agreement with group consensus and the referred unit's preferred referral destination (91%).

Conclusion

The results of this study demonstrate that a centralised triage model is effective for establishing consensus on the types of conditions that can be managed by non-surgical spinal services. With appropriate training and experience, triaging could be delegated to non-surgical specialists such as rheumatologists or AMP.

Instructions:

- Save this file as a MS Word document to your desktop
- Please only capitalise the first word and pronouns in your Paper Title
- Make sure you include all the authors and their organisation details in the abstract
- Highlight the presenting author by making his/her name bold
- Your abstract will appear in any publications exactly as submitted

Text

- Use "Times New Roman" for all text including titles. Left align all text.
- Use the Normal style for all text (style-normal) where possible in preference to "Body text" styles. Normal text should be 11 point with single line spacing.
- Do not indent the first line of a paragraph.
- Margins should be set at 2 cm all round.

Headings and sections

- Layout: Where possible, please use the following headlines: Background, Methods, Results, Discussion.
- **Paper title:** 14 point, bold, sentence case (capitals for proper nouns only). Leave one blank line below the title. Titles should be brief, clearly indicating the nature of the presentation.
- **Authors' names:** 11 point. First name or initials should come before the family name for each author. Highlight the **presenting author** in bold. Use superscript capital letter to indicate different affiliations. Leave one blank line below the author's names.
- **Authors affiliation:** 9 point, sentence case (capitals for first letter and proper nouns only), provide email address of first or presenting author and each affiliation defined by a superscript capital letter. Leave one blank line below the author's affiliation.
- **Word limit:** Text limit of **300 words**. Paper title and author's names/affiliations NOT included.