Specific Timely Appointments for Triage (STAT) Reduced Waiting Lists in an Outpatient Physiotherapy Service

Katherine Harding¹,² and Judy Bottrell ¹

¹. Eastern Health, Melbourne, Australia
². La Trobe University, Melbourne, Australia

Background: Outpatient physiotherapy referrals have traditionally been placed on a waitlist and prioritised using a triage system. Triage systems have been shown to have only moderate reliability, and do not always impact on waiting time. An alternative model of access and triage known as Specific Timely Appointments for Triage (STAT) allocates an initial appointment to all clients on referral and allows prioritisation directly by treating clinicians without the use of a waiting list. This project aimed to test whether STAT could reduce waiting time in an acute hospital outpatient physiotherapy service with no additional resources.

Method: Observational study comparing data collected for 11 months prior to the introduction of STAT compared to data for the equivalent 11 months afterwards. Staffing resources were not changed during the intervention. Patients referred to physiotherapy outpatient department at an outer metropolitan hospital pre (n=728) and post (n=708) intervention were included. Outcomes included time from referral to first assessment, number of appointments per patient, occasions of non-attendance and total length of stay in the service.

Results: Mean time from referral to first appointment pre intervention was 24 days (SD 20.9 days), compared to 17 days (SD 12.4, P<0.01) post-intervention, a mean difference of 7 days in favour of STAT. The mean number of physiotherapy appointments reduced from 3.7 pre-intervention to 3.0 post intervention (p<0.01) with no change in average time from first to last appointment.

Discussion: A new model of access and triage reduced waiting time for outpatient physiotherapy by about 29% with no additional resources. Results suggest that waiting lists for outpatient physiotherapy can be reduced through interventions that target patient flow and drive clinicians to make priority decisions in response to demand. A large scale NHMRC funded evaluation of STAT across a broad range of ambulatory services is now underway.