

Allied Health Triaging Tool

Why do we need a Priority tool?

- Staff Perception
 - "We are being pulled in too many areas"
 - "We don't give patients the time they need"
- Allied Health can't see every patient that is referred
- Who are Allied Health's priority patients?

Aim of the Priority Tool

- Allied Health will work collaboratively to support the hospital's clinical objectives
 - Prioritise the patients of most concern to the organisation
 - Consistent priorities and language used across the district
 - Staff will feel their workloads are more manageable

Baseline Data

- Health Round Table
 - Compared to peers we
 - See more patients
 - Spend less time with each patient
- Allied Health external review
 - High degree of variability between professions
 - Lack of consultation with stakeholders for current systems
 - Each profession had its own priority system

Impact	Significant	Considerable	Some	Little or No
Deterioration	Deterioration present	Likely deterioration	Possible deterioration	No change
Discharge	Imminent discharge	Risk of delayed discharge	Support timely discharge	Alt services can support DC
Wellbeing	Imminent risk	Likely risk	Possible risk	No risk

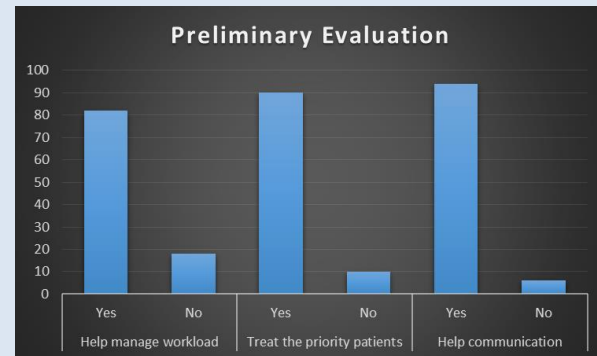
Priority V's Triaging

Whilst "prioritising" is utilised widely amongst Allied Health, we found during the initial surveys that medical and nursing staff weren't familiar with the term. In order for the tool to be a communication tool and to define Allied Health core business it needed to be understood by all stakeholders. Triaging was a term they were familiar with hence the name change to triaging.

Evaluation

Preliminary Evaluations were carried out with the following questions

- Does the Allied Health triaging tool help you manage your caseload/workload effectively?
- Does the triaging tool identify the patient groups that are a high priority for the organisation?
- Will this tool help you communicate your workload demands to medical and nursing staff?




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Who should AH see as a priority?

