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Change in acuity observed following implementation of the Interagency Integrated Triage Tool at Vila Central Hospital Emergency Department, Shefa Province, 2021-2022

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Abstract

Background: Hospital triage systems are used to quickly identify and prioritise patient care according to acuity. In mid-2021, the Emergency Department (ED) at Vila Central Hospital (VCH) implemented a modified version of the Interagency Integrated Triage Tool (IITT), developed by the WHO, ICRC, and MSF. This research project aims to describe patient presentations to the VCH ED using electronic data of the IITT at VCH Emergency Department over time.

Methods: ED clinicians completed the IITT paper-based registration form for each new patient. Data collected included: patient demographics, presentation, observation, acuity (defined Category 1: Emergency, Category 2: Priority, Category 3: Non-Urgent), treatment, and patient disposition (defined as patient outcome including admission, discharge or deceased). Registration forms were then entered into a custom electronic database. Electronic data was available from June 2021. Descriptive analysis of acuity was conducted for the period June 2021-June 2022 (13 months).

Results: A total of 14,932 presentations to ED between June 2021-June 2022, with an average of 1149 presentations per month and no significant change in the number of presentations over time. The proportion of all presentations that were Category 1 (Emergency) decreased from 85% in June 2021 to 5% in June 2022. The proportion of all presentations that were Category 3 (Non-Urgent) increased from 1% of in June 2021 to 67% in June 2022.

Discussion: There was considerable change in the acuity of patient presentations during the first year of implementation of the IITT. It is not known if the increase in Category 3 cases over time is due to under-triaging (categorisation of a patient at a lower level than what they should be given), previous over-triaging or increase in accurate triaging due to successful implementation of the IITT tool. It is recommended that this is further explored.