General Surgery Generic Prioritisation Tool: A Pilot Study

E Fitzgerald*, N Buckley*, T Eglinton*

* Department of General Surgery, Christchurch Hospital

Introduction:
Prioritisation of scarce healthcare resources is a global problem, but particularly pertinent in New Zealand where long wait times for publicly funded elective surgery have been a contentious issue for many years. Recently, efforts have been underway to address this, with the General Surgery Generic Prioritisation Tool (GSGPT) developed in New Zealand with the aim of providing equitable triage of patients.

Aims:
To pilot the GSGPT assessing its performance compared with existing triage criteria and across different patient groups and surgical conditions.

Methods:
The GSGPT was developed by a national working group using 1000minds software. The tool was piloted at CDHB. All patients placed on the waiting list for elective general surgical procedures from 30/7/15-17/2/16 were eligible. Patients were triaged using traditional categories (routine, semi-urgent, urgent) then scored using the new GSGPT. The GSGPT scores were compared with traditional triage, patient demographics and amongst three major general surgical procedure groupings (cholecystectomy, hernia and anal procedures).

Results:
In total, 691 patients were scored. Some 299 special cases (eg malignancy related) were excluded, leaving 392 patients for analysis. No difference in mean scores was found amongst ethnicity (p=0.5069), gender (p=0.3854) or age (p=0.843). There was no difference in mean scores across 17 of the 18 participating surgeons. There was no difference in mean scores between cholecystectomy and other groups although anal conditions scored lower than hernias (mean 64.6 vs 68.2, p=0.0386). The mean scores correlated with traditional triage categories (routine=64.97, semi-urgent=69.49, urgent=81.82, p<0.0001). The score was inversely correlated with wait time to surgery overall and across the three major procedure groups.

Conclusion:
The GSGPT demonstrated consistent scoring across different surgeons, patient groups and general surgical conditions. It correlated appropriately with wait times to surgery suggesting a degree of construct validity. Further studies of inter and intra observer reliability are underway.