



## Central Triage Mechanisms

In order to standardize the referral process, many regions or local areas have moved toward the development of central triage mechanisms. This approach is intended to reduce the redundancy and ambiguity inherent in the current referral process. Traditional referral processes were often based on “popularity,” a system simply designed to fail. Referral criteria (both clinical and operational) were random and ambiguous, and fraught with extensive delays and confusion. As a consequence, delays were highly variable due to capacity and process variability, knowledge of the process for referring providers and for patients was unclear, customer satisfaction was poor and the use of workarounds was rampant. As a result of these issues, the central triage mechanism was adopted. However, central triage has not solved all the inherent challenges within this critical workload handoff.

### **Improvements-advantages of central triage:**

- Reduces ambiguity and confusion. Standardizes the process.
- Creates a central single point of referral and as such reduces redundancy.
- Allows pooling.
- Standardizes the criteria for referral, the forms (checklists), the information and the process.
- Creates opportunity for service agreements.
- Provides opportunity for negotiations between primary care and specialty care.

### **Disadvantages of central triage:**

- Uses priority mechanisms to sort the work. This does not address the demand/supply issue and does not solve the overall delay problem.
- Disconnects the process from the referral and receiving entities. Creates a “black box.” Once the workload is referred into central triage, it is difficult to track, measure, monitor or influence.
- Makes measurement of system performance extremely difficult due to challenges in measuring delays, demand, capacity and activity. Decisions about where to measure demand and how to measure capacity are especially vexing.
- While central triage allows the opportunity for pooling, there is no consideration given to caseloads and provider capacity limits.
- Encourages and allows receivers to hide supply (capacity) and “release” it in an ambiguous and random manner.