Responding to an Increased Demand for Services: Options for Building Capacity

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Use of Clinical Triage in the University Mental Health Service

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Key Elements of Triage System

- Clinically based decision making
- Customer friendly orientation
- · Ease of use
- Maximize efficiency
- Promotion of clinical discussion

THE PROCESS

- New director joins staff 6/95
- Individual meetings with all staff: near unanimity as to deficiency with current intake system
- Reaching consensus among staff
- Addressing resistance to change
- Proposal issued for discussion
- Staff mandate for change
- Multidisciplinary workgroup

WORKGROUP PHASE

- Active meetings begin
- Review of data-intakes, urgent care, on-call
- Triage protocols developed
- · Levels of care
- Forms and documentation
- · Specialized referrals
- Change in team model
- Presentation to staff
- · Staff suggestions integrated

IMPLEMENTATION

- Program piloted 11/13-21/96
- Modifications made post-pilot
- Full implementation spring semester, 1997

RESULTS

- All new referrals offered clinical triage appointment same day
- · Urgent slots available, offered directly during triage
- Urgent care walk-in clinic experiences immediate decline.
- Spring semester, 1996 (old system): 184 visits
- Spring semester, 1997 (new system): 39 visits
- Spring semester, 1998: 12 visits
- Summer 1998: eliminated

Results (cont.)

- Clinical matching takes place within intake teams
- High degree of satisfaction noted in community:
- consistent feedback from UMASS community about improved access
- Pt satisfaction survey 12/97 found 96.8% overall satisfaction with our services.
- Hiring of senior clinician, expert in crisis and triage, to take primary role in daily clinical triage.

DIFFICULTIES

- With increased access, increased flow
- Staff stress
- Possible increase in acuity
- Managing shifting demands

ONGOING PROCESS

- Workgroup has periodic meetings
- Refinements continue to be made