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Problem\_The team raised concerns that there was a problem of late detection of critically ill paediatric and adult patients presenting to a Hospital-level OPD triage. ('red' cases were frequently missed at triage)

MSF Field Simulation propose a pilot by using simulation to understand and address this problem, by **incorporating simulation** into the **Plan-Do-Study-Act** (PDSA) cycle for an **integrated improvement of the OPD triage system** 

Plan: Sim to analyze & plan/design improvements.

**Do**: Sim to embed best practices.

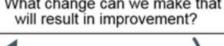
Study: Sim or structured debriefing to test & study.

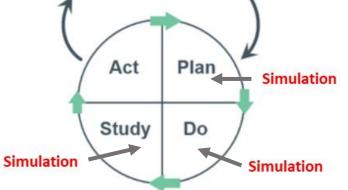
#### Model for Improvement

What are we trying to accomplish?

How will we know that a change is an improvement?

What change can we make that









• What we did? Combine QI professes simulation to atdom the triage

process for the malaria peak – a **walkthrough simulation** including community



Triage process established





#### **STUDY**

Tally sheet, observation checklist and 2 **structured debriefing** at the workplace



Cause-effect diagram + "Table Top Simulation" to ANALYSE, design and PLAN improvements.





DO: Improvement plans implementation, including 6 educational simulation session on IITT: 5 OPD staff 9 Emergency staff - 7 doctors.



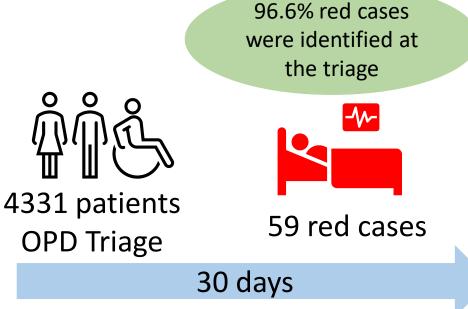




#### Results

1<sup>st</sup> Simulation **supplemented the problem analysis facilitating** the causes identification and the definition of the **improvement plans**.

2<sup>nd</sup> Post-intervention data showed a <u>highly functional triage system</u>





Simulation to design and test the triage organization for the upcoming malaria peak







#### Conclusion

Simulation is a powerful tool that can be used to drive QI processes



In this situation, the simulation helped to redesign, test, and adapt a new triage system.





Identify and implement improvements.
Test and study solutions.











### Thank you!

**Ethics: Cleared for submission by the MSF OCBA Medical Director** 



