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RESEARCH

Women's Satisfaction With Obstetric Triage Services

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ABSTRACT

Objective: To determine the satisfaction of pregnant women who presented at a triage unit in an obstetric birthing care unit with obstetric triage services.

Design: Qualitative descriptive with conventional content analysis.

Setting: Individual audio recorded telephone interviews with women after discharge from a tertiary care hospital's obstetric triage unit.

Participants: Purposive sample of 19 pregnant women who had received obstetric triage services.

Methods: A semi-structured interview guide was used for data collection. All interviews were audio-taped and transcribed verbatim. Data analysis was consistent with qualitative content analysis with open coding to categorize and develop themes to describe women's satisfaction with triage services and care.

Results: Five themes, *Triage Unit Environment, Triage Staff Attitude and Behavior, Triage Team Function, Nursing Care Received in Triage* and *Time Spent in Triage,* illustrated the women's recent triage experiences. Overall the women were very satisfied with the triage services. Women appreciated a caring approach from triage nurses, being informed about the well-being of themselves and their fetuses, being closely monitored, and effective teamwork among the members of the health care team.

Conclusions: The results indicated that a humanizing, caring approach by the inter-professional team offering obstetric triage services contributed to women's satisfaction and woman-centered care.

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Triage, in the context of health care, involves the process of determining the priority of patient care according to the urgency of their need for treatment and is often associated with emergency and disaster services (McBrien, 2009). Triage concepts have become part of obstetric practice to improve utilization of bed capacity, increase immediate and appropriate response to obstetric emergencies, decrease wait times, prevent unnecessary admissions, and standardize assessment (Angelini & Howard, 2014). Obstetric triage is defined as the ability to appropriately prioritize and assess pregnant women in a timely manner, to improve patient flow, and enhance patient safety (Paisley, Wallace, & DuRant, 2011). An increased complexity and acuity as well as volume of pregnant women being seen in obstetric units and specifically in triage require that the perinatal nurse as the first person who meets and assesses the woman presenting for care be able to determine who needs to be seen immediately and who can safely wait.

Background and Significance

In a recent systematic review of literature on obstetric triage published from 1998 to 2013, the authors identified quality improvement strategies that track acuity, length of stay, and patient satisfaction as important components of best practice (Angelini & Howard, 2014). The obstetric triage unit functions uniquely as an outpatient assessment center in an inpatient unit in most hospitals. In an effort to improve the quality of obstetrical care and patient flow, the perinatal program team at an urban tertiary care hospital in Southwestern Ontario developed and implemented a 5-category Obstetric Triage Acuity Scale (OTAS) in 2012 (Smithson et al., 2013). The OTAS tool was adapted from the Canadian Triage and Acuity Scale (CTAS) implemented across Canada in emergency departments for use with obstetric patients (Canadian Association of Emergency Physicians, 2015). To ensure patient safety and consistency of care, women are assessed by experienced perinatal nurses within 5–10 minutes of their arrival, are

Further research regarding obstetric triage in clinical practice settings is needed to improve patient care, flow, and safety.

asked consistent questions (primary assessment), are assigned OTAS scores, and receive care following a more thorough assessment (secondary assessment) based on acuity level (Association of Women's Health, Obstetric and Neonatal Nurses [AWHONN], 2014). The OTAS scores range from 1 *(resuscitative)* and 2 *(emergent)* to 5 *(nonurgent)* with guidelines for time of health care provider initial and nursing reassessment. The obstetrician, family doctor, or midwife collaborate to determine need for transfer to the labor and birth area or antenatal unit, or discharge home based on the OTAS assessment, plan of care, and required interventions.

In an evaluative study conducted by Smithson et al. (2013), the OTAS demonstrated acceptable interrater reliability when used by triage nurses to assess obstetric acuity. Collaboration between triage nurses and obstetricians was critical to the initial modification of the tool as was independent testing to ensure the validity on multiple occasions. Triage nurses challenged with an unpredictable flow of patients who present with various complaints can use the tool to prioritize acuity for pregnant women. Perinatal nurses who provide care in triage struggle with numbers of patients who present simultaneously in their desire to provide competent nursing care to all. The volume of obstetric triage patient visits has been estimated as ranging from a ratio of 1.2 to 1.5 to the overall birth volume (Paisley et al., 2011). Data collection at the study hospital supports volume of obstetric triage patients at the ratio 1.5 or greater to overall birth volume with little or no predictability.

Patient satisfaction has become an increasingly important and commonly used indicator for evaluating the quality of health care (Wen & Schulman, 2014). Furthermore, patient satisfaction measures are often used by hospital administration to inform planning and development of health care services at various levels (Britton, 2012). Women's satisfaction with obstetric care is recognized as a key component in assessing and monitoring the quality of maternal and newborn health care services being provided (World Health Organization [WHO], 2013). Although women's satisfaction with care they received throughout labor and birth is shown to be related to overall maternal health, well-being, and positive transition to postpartum, the concept is poorly understood and defined (Sawyer et al., 2013).

Obstetric triage has been implemented in practice over the past decade and its effect on length of stay, efficiency, and patient flow has been positive, yet little is known about pregnant women's satisfaction with receiving triage services. Obstetric triage services have been shown to increase patient satisfaction through having access to appropriate health providers and shortened length of stay (Molloy & Mitchell, 2010; Paul, Jordan, Duty, & Engstrom, 2013).The process improvements within the Triage unit have been evaluated with various data measures, including length of stay and time to health care provider. In order to continually enhance and provide quality and safe obstetric care to pregnant women, eliciting their satisfaction with triage medical and nursing care is needed. The purpose of this study was to determine women's satisfaction with obstetric triage services from the perspective of pregnant women presenting at a Triage Unit within an Obstetric Birthing Care Unit. Research questions included: What aspects of triage care do pregnant women consider valuable? What components of obstetric triage require improvement? Greater understanding of women's satisfaction with obstetric services is an effective means to ensure implementation of obstetric triage services align with woman- and family-centered care.

Methods

Study Design and Sampling

A qualitative descriptive design with semi-structured interviews was considered the most appropriate approach to gain insight regarding pregnant women's satisfaction with the obstetric triage experience. Qualitative inquiry serves to increase understanding of the individual's health experiences and behaviors (Patton, 2015). The local research ethics board granted ethical approval for this study prior to commencement of data collection.

Using purposive sampling (Morse, 1999), a sample of 39 pregnant women who met the inclusion criteria was initially approached and recruited by two research assistants directly from the triage unit in the obstetric birthing care unit after the women had been initially assessed by triage staff using the 5-level OTAS scale. This sampling technique was used to ensure the participants had experienced obstetric triage services and would have knowledge related to the research questions.