The cost of over-triage on our nation's health system

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Researchers at the University of California, San Diego School of Medicine have identified "secondary over-triage" as a potential area of cost savings for our nation's health care. The phenomenon of over-triage occurs when patients are transferred twice, and discharged from a second facility in less than 24 hours. These findings will be published in the September 10th issue of The *Journal of Trauma*.

"By looking at the number of times patients are transferred, we can evaluate the overall efficiency of our trauma system and its impact on healthcare costs," said Hayley Osen, research analyst for the UCSD Center for Surgical Systems and Public Health. "The average cost of a patient who faces secondary over-triage is $5,917, a significant burden given that per capita spending alone in the U.S. is around $8,000."

"Primary over-triage" refers to the transport of patients from the field to hospitals while "secondary over-triage" refers to the transport of patients between hospitals, involving the decision making of hospital-based medical personnel.

"The paper highlights the issue of defensive medicine," said David Chang, PhD, MPH, MBA, director of the UCSD Center for Surgical Systems and Public Health. "We found that pediatric patients are most prone to secondary over-triage, which may be due to physicians or hospitals being overly cautious for fear of legal repercussions."

The paper indicates that 20 percent of pediatric patients were discharged

within 24 hrs after transfer to a second facility. Rapid discharge after transfer was defined as patients who were discharged within one day and did not receive any surgical procedure. Chang noted that if patients are discharged within 24 hrs, it is unlikely they needed to be transferred in the first place.

Provided by University of California - San Diego

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