

**FP14 RELIABILITY OF MEDICAL
EMERGENCY COORDINATION
CENTRE HOSPITAL SUNGAI
BULOH IN PRIORITIZING
PATIENTS USING ADVANCED
MEDICAL PRIORITY DISPATCH
SYSTEM.**

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INTRODUCTION

Dispatch centre has an important role in matching resource to patients' needs in prehospital environment. In Malaysia, the Medical Emergency Coordination Centre (MECC) uses the Advanced Medical Priority Dispatch System in prioritizing ambulance response. Dispatch protocols are greatly influenced by the Emergency Medical Service (EMS) System that it is applied to. Thus, it is important to have local data on the accuracy of dispatch patient categorization particularly to understand the over-triaging and under-triaging rates in prehospital care response.

MATERIALS AND METHODS

This is a retrospective descriptive analysis comparing MPDS patient prioritization with that of EMS responders using the Malaysian Triage Criteria (MTC). Our objectives are to measure the reliability of AMPDS to predict patients requiring prehospital resuscitative intervention compared to patients whom would not benefit from ambulance transport to hospital. Data is collected from MECC Hospital Sg Buloh between January 2015 to December 2017 for analysis. We excluded data from interfacility transfers and maternity cases and patients triaged to Yellow Zone from analysis. The MTC criteria provided by EMS responder is considered as gold standard to measure the reliability of AMPDS.

RESULTS

Total of 4474 dispatch data were analysed and compared to MTC criteria provided by the EMS responder. 2534 dispatches were categorized as high acuity cases, from which 75.73% were triaged as RED using the MTC (sensitivity 68.95% and specificity 63.63%). 510 dispatches were categorized as low acuity cases. Among them 59.22% were triaged as GREEN using the MTC (sensitivity 17.86% and specificity 92.53%).

DISCUSSION

40.78% of patients categorized as low acuity were under-triaged, while 24.23% categorized as high acuity are over-triaged based on MTC. This information is important for Medical Directors when assessing the risk of refusing to provide ambulance service to low acuity calls.