Development of processes allowing near real-time refinement and validation of triage tools during the early stage of an outbreak in readiness for surge: the FLU-CATs Study

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Plain English summary

The FLU-CATs Study

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Severe pandemics of influenza (flu) and other new infections are rare but inevitable events. When these widespread outbreaks of disease occur, health-care capacity in communities and hospitals can be overwhelmed. Doctors then need to make difficult decisions about who should be admitted to hospital and who can safely be allowed to stay at home.

To do this fairly, most doctors feel that the same type of patient assessment should be used across the wider community. This process is called triage.

The ethical principle of triage is 'to do most for most'. This does not mean treating everybody equally. It means using scarce resources for those people most likely to benefit from treatment.

Triage tools should help doctors identify which people are most likely to benefit from treatment in hospital and which people can safely be managed at home.

The difficulty in designing triage tools for a future pandemic is that the nature of disease caused by a new pathogen (bacteria or virus) is unknown until that pandemic occurs. A further difficulty is that disease often can affect children and adults quite differently. A one-size-fits-all tool is unlikely to work.

This study developed processes that capture information from general practitioner consultations of people with flu-like illness and their electronic health record, and links this information to the hospital record if the patient is admitted to hospital.

This means processes are ready to check that triage tools are 'fit for purpose' at the start of a pandemic, for use should that pandemic become severe.

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