Recognising and Prioritising care using Triage tools and practice specific guidelines

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Larter.

Learning Objectives

At the completion of this module you should be able to:

- Recall the Triage tools available to assist in the prioritisation of timely access to care
- Describe the importance of effective implementation of Triage in General Practice

Recap of Session One

Basic principles of Triage

- Triage is the process of priortisation of patients to access care according to the urgency of their condition.

- Practice staff must be informed on what their roles and responsibilities are within the Triage process and be trained accordingly.

- Practice policies and procedure are essential for ensuring consistency in the Triage process, and to ensure access to care is provided when required

Recap of Session One

- With COVID-19, early discharge from hospital, the burden of Chronic Disease and the ageing population the pressure on primary care is constantly increasing.

- Appointment management is vital in ensuring patients are seen in a timely manner

- Barriers such as not enough GP's, little or no triage training for staff and fear of medico-legal action

- Importance of documentation

Recap of Session One

- Triage guidelines MUST be practice specific, simple and accessible to all staff.

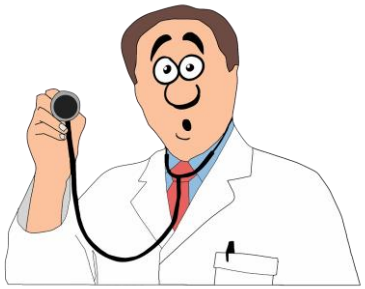
- Accreditation requirements
    - Access to care- appropriate appointment system
    - Policy and Procedures- practice specific
    - Training- on induction and routinely thereafter
    - Documentation
        - “If its not documented- it didn’t happen”

How does your appointment system influence access to care?

What does a good appointment system look like?

- A good appointment system is essential to minimize the need to triage
- Adequate allocation of emergency or on the day appointments to ensure access
- Ability to offer different types of appointments to meet demand
- Flexible
- Protects the clinicians from burn out, ensuring adequate breaks and minimal double bookings

Why is there a lack of available appointments?



- Workforce shortage-
  - not enough GPs
  - Increasing unexpected absence due to isolating or caring for families

- Covid 19
  - Impact on appointments
  - Vaccinations

- Booking routine reviews in advance

- Failure to/ lack of appropriate Triage resulting in full appointment books

Consider the following solutions

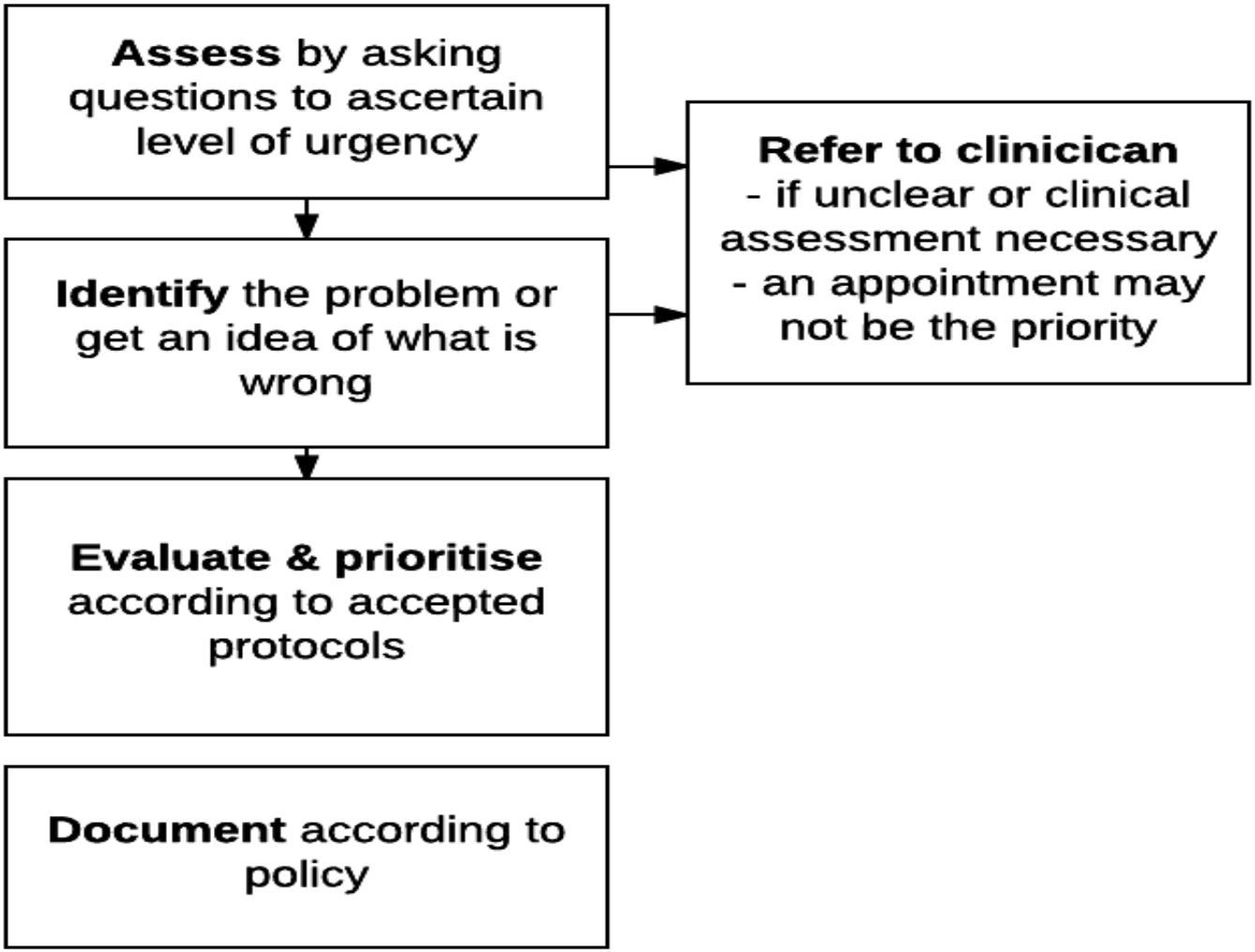
- Reduce routine appointment allocation on your busiest days or when you have least staff
    - Cervical Screening
    - Chronic Disease/Care Planning
    - Ear Syringes
    - Childhood immunisations
- Rostering one GP each day to manage phone calls and urgent cases
    - Can be done through treatment room
- 70% of appointment book should be advanced bookings
- 30% left for on the day

Triage – where do you begin?

The Bottom Line

Does this patient need to be seen urgently?

Triage principles



Clinical justice & Vicarious liability

- Clinical justice (or urgency) ensures all people who seek healthcare receive a level of care that is both *timely and commensurate* with their current health status (FitzGerald et al. 2010)

- Employers need to ensure that guidelines are in place for prioritising patients and may be liable for the negligent acts of their employees (if employees are following protocols). This is vicarious liability.

- Receptionists require adequate training to recognise potentially urgent medical conditions.

(Bird, S. 2003)

(RACGP Criterion 3.2.3)

Duty of care of a medical receptionist.

Supreme Court NSW decision in the matter of

Alexander v Heise (2001)

Defining case for introduction of Triage training in General Practice

Alexander Vs Heise 2001

- Did the GP owe a duty of care to this patient he had not seen before?
    - GP argued no doctor-patient relationship had been established
    - Court found that once symptoms were described to receptionist and an appointment was made Mr. Alexander became a patient of the clinic and was owed a duty of care
- Did the receptionist owe a duty of care to Mr. Alexander?
    - The court held that there was a duty of care to ensure that a patient with possible urgent medical condition should have been seen or referred elsewhere for treatment, and that the receptionist be trained in determining urgency.

Alexander Vs Heise 2001

- Was the GP liable for the actions of his receptionist?
    - When an employee commits an act of negligence during the course of his/her employment, the employer is vicariously liable.
- Did the receptionist and/or the GP breach their duty of care?
    - Court held that the receptionist could not appreciate the life-threatening condition on the information provided to her.
        - Patient was well enough to go to work and asked for an evening appointment.

The process of Triage

The process of Triage

- Does your practice:
    - Book without hesitation until full booked?
    - Triage all calls to determine urgency?
- Importance of asking the right questions to direct the appointment making process regardless of whether you do or don't have any available appointments.

The process of Triage

If you are fully booked what is your procedure?

Do you:

A) Apologise and tell the caller you are unable to assist them as you are booked out?

B) Double book or “squeeze them in”?

C) Ask them “ do you need to see someone today, or could I offer you something tomorrow”?

This then puts the onus on the patient to identify the urgency

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Recognise and Prioritise

- Be clear, friendly, unhurried
- Always ask "Is the matter urgent or can I put you on hold?"
- Policies: What questions can you ask a caller? What are the recommended responses? Which calls need to be referred to a GP or RN for clinical assessment?
- Actively listen – listening for cues on telephone) – try to ascertain what is wrong and what is needed

Recognise and Prioritise

Ask questions:

- Is this an urgent matter? OR Can you give me an indication of what the problem is?
- Demographic details?
- Is the patient known to the practice?
- Ascertain the nature and severity of the problem
- How long have you had this problem for? Has it/ Is it getting worse?
- Act and advise according to practice protocol
- Are they alone or is anyone with them at home?
- Close the discussion with an agreement on how to proceed
- Document triage decisions in the patient's clinical notes

The Process of Triage

- Non urgent appointment required
    - Book according to level of urgency
        - 24 hours/48 hours
    - Offer cancellation list appointment?

Urgent appointment required

- Follow Triage tool to determine appropriate time for access
- Book appointment
- End with disclaimer

Recommended actions

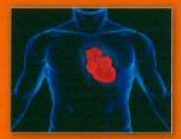
- Calling an ambulance
- Directing a patient to the Emergency Department
- Discussing the problem with a GP or nurse immediately
- Discussion with the GP and/or nurse within 30 minutes
- Advising the patient to come to the practice now and informing the clinical staff when the patient arrives
- Making an appointment for the patient today
- Making an appointment for the patient within 24 hours.

Risks associated with phone consults

- Offering phone consults can delay diagnosis of serious illness
    - Unable to examine patient or observe
    - Rely on what they tell you
    - Serious conditions can be missed
- How do we manage this?
    - Car consults
    - “dirty room” used to bring patients into clinic and one doctor assigned to them

Triage Tools

TRIAGE GROUPS: *What do they mean?*

1	MOST URGENT	• Serious Accidents and Injury • Heart Stopped Beating • Stopped Breathing	
2	VERY URGENT	• Chest Pain • Trouble Breathing • Really badly broken Bones	
3	URGENT	• Asthma/ Stomach Pains • Temperatures over 40°C • Sick babies less than 3 months	
4	LESS URGENT	• Needs Stitches • Broken Ankle or Arm • Sore ear, Throat or Eye	
5	NOT URGENT	• Removal of Stitches • Getting a Prescription • A Medical Certificate	

Artwork by Mandy Davis.

This is an initiative of the
'Closing the Gap - Innovation'
in Emergency Departments Project

Acknowledgment of Working Party
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Prioritisation of Patients

A guide to urgency for non-clinical staff in general practice for telephone or patient presentations

Do you have an urgent problem? → **YES**

- Record patient's ***phone number***
- What is the ***name*** / ***age*** of the patient?
- What is the ***nature*** of the problem?
- What is the ***duration*** of the problem?
- What is the ***severity*** of the problem?
- Has patient had ***previous major health*** problems?

⇩ Select a category below and follow instructions.

No / Don't know

The next available appt is … is this ok? → **NO**

EMERGENCY ACTION PLAN

- Remain calm and don't panic
- Be aware and respond to the needs of the emergency
- Assess which patient needs to take priority
- Deal with any injury or illness in order of severity

CALL 000 for ambulance, police or fire

1	2	3	4	5	6
• Chest pain • Breathing difficulties/ trouble talking • Facial swelling & rash • Collapse / altered consciousness • Facial / limb weakness • Extensive burns • Sick patient you have concerns about	• Fitting • Bleeding (persistent or heavy) • Spinal or head injury/trauma • Snake bite • Heart palpitations • In labour / ruptured membranes • Neck stiffness/altered consciousness	• Unable to urinate • Unwell Infant • Poisoning/overdose • Eye injuries/Chemical in the eye. • Pain (severe) • Injured limb/possible fracture	• Unwell child/elderly with fever, vomiting, diarrhoea or pain for >24 hours • Pregnancy: • Pain or bleeding • reduced movement • Abuse or assault • Visual disturbance • Patient or carer with extreme concern • Psychological distress	• Unwell child/elderly with fever, vomiting, diarrhoea or pain for <24 hours • Rash (severe) • Cut / laceration • Severe Flu like symptoms	• Adult with fever, but otherwise well • Post-op problems • Eye or ear infections/pain • Adult with continuous vomiting and/or diarrhoea for >24 hrs
Call 000	**Go to casualty now!**	**Put call through to GP / Nurse now!**	**Come to practice now! Advise GP / nurse about the call.**	**Come to practice today; call back if gets worse**	**Make an appointment within 24 hours; call back if gets worse**
Call GP / Nurse for help immediately - Retrieve patient file - *Document*	**Interrupt GP / Nurse immediately** - Retrieve patient file - *Document*	**Advise GP or Nurse now** - Retrieve patient file - *Document*	**Discuss with GP or Nurse** - Retrieve patient file - *Document*	**Inform GP / Nurse within 30min.** - Retrieve patient file - *Document*	**Inform GP or Nurse** - Retrieve patient file - *Document*

Triage: A guide to urgency for non-clinical staff in general practice for telephone and walk in presentations

Rural Health West

Do you have an urgent problem? → **YES** → **Record the patient's phone number**

1. What is the ***name*** and ***age*** of the patient?
2. What is the ***nature*** of the problem?
3. What is the ***duration*** of the problem?
4. What is the ***severity*** of the problem?
5. Has the patient had any ***previous major health*** problems?

No / I don't know → **The next available appointment is . . . Is this ok?** → **NO** → **Record the patient's phone number**

EMERGENCY ACTION PLAN

- Remain calm and don't panic
- Be aware and respond to the needs of the emergency
- Assess which patient needs to take priority
- Deal with any injury or illness in order of severity

CALL 000
for ambulance, police or fire

Select a category below and follow instructions

Category 1	Category 2	Category 3	Category 4	Category 5	Category 6
• Chest pain • Breathing difficulties/ trouble talking • Facial swelling & rash • Collapse / altered consciousness • Facial / limb weakness • Extensive burns • Sick patient you have concerns about	• Fitting • Bleeding (heavy or persistent) • Spinal or head injury / trauma • Snake bite • Heart palpitations • In labour / ruptured membranes • Neck stiffness / altered consciousness	• Unable to urinate • Unwell 'floppy' infant • Poisoning / overdose • Eye injuries / chemical in the eye • Pain (severe) • Injured limb / possible fracture	• Unwell child / elderly with fever, vomiting, diarrhoea or pain for >24 hours • Pregnancy: Pain or bleeding; reduced foetal movement • Abuse or assault • Visual disturbance • Patient or carer with extreme concern • Psychological distress	• Unwell child / elderly with fever, vomiting, diarrhoea or pain for <24 hours • Rash (severe) • Cut / laceration • Severe flu like symptoms	• Adult with fever, but otherwise well • Post op problems • Eye or ear infections / pain • Adult with continuous vomiting and/or diarrhoea for >24 hrs
Call 000	**Go to emergency department now**	**Put call through to nurse / doctor**	**Come to surgery now. Advise nurse / doctor of call**	**Come to surgery today and call back if gets worse**	**Make an appointment within 24 hours and call back if gets worse**
Call nurse / doctor for help immediately. Retrieve patient file. Refer to the ***Triage Support Guide***. Document activity.	**Interrupt nurse / doctor immediately.** Retrieve patient file. Refer to the ***Triage Support Guide***. Document activity.	**Advise nurse / doctor now.** Retrieve patient file. Refer to the ***Triage Support Guide***. Document activity.	**Discuss with nurse / doctor.** Retrieve patient file. Refer to the ***Triage Support Guide***. Document activity.	**Inform nurse / doctor within 30 minutes.** Retrieve patient file. Refer to the ***Triage Support Guide***. Document activity.	**Inform nurse / doctor.** Retrieve patient file. Refer to the ***Triage Support Guide***. Document activity.

This guide was created by GP Network Northside [2010] and recreated by **Rural Health West** [2014] with permission from Northern Sydney Medicare Local.
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FRONT DESK TRIAGE How to manage common scenarios faced by reception staff

IS THIS AN EMERGENCY?

- When answering the telephone, all callers should be asked if the matter is an emergency prior to being placed on hold: Ask the patient, *"Is this an emergency or can I place you on hold for a moment?"*
- Consider the TRIAGE STEPS and CATEGORIES listed on the reverse of this document to assess the patient's status.

ASK THE PATIENT – TRIAGE STEPS

1. Confirm the patient's name and phone number
2. Does the patient attend the surgery (i.e. does the practice have previous medical records to hand)
3. Location (*Are you at home? Are you alone?)*
4. Nature of their problem (Patient may prefer to speak to the practice nurse or on call doctor)
5. Duration of their symptoms (*How long have you felt like this?*)
6. Severity of their problem (*On a scale of 1 to 10 how severe is the pain?* [if applicable])
7. Any previous major health problems (*Are you on any medication? Do you have any allergies?)*

ON THE DAY EMERGENCIES IN THE CLINIC

- **Category 1** patients should immediately be seen by the on call doctor or other medical professional on duty
- **Category 2** patients should be directed to the emergency department of their nearest hospital
- **Category 3** patients or patients with worsening symptoms should be referred to the practice nurse or on call doctor
- **Category 4** patients should be advised to attend the clinic immediately and triaged by the practice nurse (may then be slotted in between appointments or at the end of the session)
- **Category 5** patients should make an appointment for the day and be advised to call back if symptoms worsen
- **Category 6** patients should make an appointment within 24 hours and call back if symptoms worsen
- *All emergency cases dealt with by reception are to be recorded in the patient health records by the staff member concerned in addition to the clinical notes recorded by the practice nurse or doctor (s) treating the patient.*

SCHEDULING CARE

- Reception staff should reserve a number of unbooked appointment times each day for 'on the day' urgent appointments such as unwell children and the elderly, lacerations and suspected fractures.
- If your practice does not operate on an appointment system, patients should be triaged on walk in and advised of the expected waiting time to see the doctor, nurse or Aboriginal health worker.
- Where a patient is assessed as in need of urgent medical attention over the telephone, advise the caller to hang up and call **000** immediately for an ambulance.
- Where a receptionist is unable to determine the urgency of a telephone call, the patient should be transferred to the practice nurse or on call doctor for triage.
- If a patient presents in person and requires urgent medical assistance after the doctor has left – call **000** for ambulance

PATIENTS PRESENTING WITH SYMPTOMS OF POTENTIAL COMMUNICABLE DISEASES

- Such as 'flu / influenza, measles, chicken pox should be isolated to a secluded area of the medical practice such as the nurses office. Where possible, a notice of isolation is to be fixed to the door to limit access in this area.
- Patients with 'flu like symptoms should be required to wear a surgical mask.
- Clinical staff treating the patient should wear as a minimum, a surgical mask, gloves and when collecting nose and/or throat swabs, protective eyewear.
- If the patient is bleeding or vomiting put gloves on before you assist them.

EMERGENCY ACTION PLAN

- Remain calm and don't panic
- Be aware of, and respond to, safety needs of the emergency
- Assess which patient needs to take priority
- Deal with any injury or illness in order of severity

CALL 000 for ambulance, police or fire

Use of triage tool, symptom selection and categories

- When customising the triage tool, a practice needs to determine:
- What presenting symptoms are to be included on tool
- A timeframe for the person to be seen in according to the urgency
- The recommended action, and the service that the person need to be referred to
- It is essential that the clinical staff have input into the tool.
- If not confident or unsure of your decision, always defer to your clinical team in your practice.

‘RED FLAGS’ - Warning signs – (ABCD)

Airway – choking or having problems swallowing?

Breathing – problems breathing?
- chest pain or chest tightness?

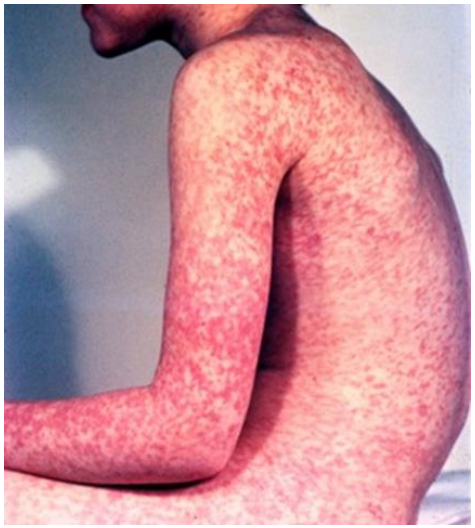
Circulation/Consciousness
- Bleeding?
- Drowsy or alert?
- Verbalising or quiet?
- Complaining of a severe headache?

Disability
- Problems moving?
- Experiencing pain?
- Speech problems , limb or facial weakness?

Triage in general practice in Walker, L. Patterson, E. Wong, W and Young D (2010

Other ‘red flags’

- Fever
- Unwell and recent overseas travel
- Age – elderly or very young
- Allergy
- Abdominal pain
- Mental illness
- Burns
- Eye injury/pain
- Rash
- ? Infectious disease – flu/ measles/COVID-19
- At risk patients – immunocompromised, pregnant



These red flags should be agreed upon by your clinical team and documented in your practice policy and procedures

Date of contact:	Time:	Staff Member:
Patient Name	Patient DOB:	
Patient Phone Number:	Regular patient: YES/NO	
Patient Address:	Emergency Contact:	
Patient: Telephoned ☐ Presented ☐		
Symptoms Described:		
Triage Category assigned: Emergency / Urgent / Interrupt / Today / 24 hours		
Action Recommended:		
Further Notes:		

Case Studies

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Case studies for discussion

1. An elderly male patient calls the practice distressed that he may have taken twice the prescribed dose of his blood pressure medication
2. A parent calls concerned that their 4 month old baby has had diarrhoea for 2 days and seems to be sleeping a lot

3. A 42 year old man rings saying that he urgently needs a script for his heart medication as he is flying interstate tomorrow

4. A patient calls for a second time requesting an appointment for a severe headache

Case Study for consideration

4. The wife of 78-year-old Mr. Brown phones the practice in state of panic as her husband is no longer able to move his right arm or leg and is not able to speak. She also notes that his mouth is drooping. He is responsive, but difficult to understand what he is saying. He has a history of hypertension and diabetes.

5. The husband of Mrs. Arkes (aged 50) calls. His wife is suffering from a red and very painful right eye. She feels miserable, nauseous and has a headache. The vision in her right eye has deteriorated and she is experiencing “flashes of light”. Her left eye is normal, and she has no significant medical history, and is not taking any medications.

Triage best practice involves...

- Policies and procedures that clearly outline steps in the triage process and the roles and responsibilities of those involved
    - should be included in practice induction/orientation & included as risk management to meet accreditation and quality standards
- Adequate appointment system to accommodate urgent appointments

Triage best practice involves...

- An algorithm/flow chart to guide non-clinical decision making - identification of 'red flags' to prompt responses by reception staff
- A team based approach that allows non-clinical staff to default to a clinical team member when needed
- Protocols for patients presenting with potential communicable conditions
- Effective communication skills


QUESTIONS

Thank you.

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