Acknowledgment to Country

We are committed to supporting reconciliation between Indigenous and non-Indigenous Australian people. In keeping with the spirit of Reconciliation, we acknowledge the Aboriginal and Torres Strait Islander Peoples as the Traditional Owners of the lands. We wish to pay respect to their Elders – past, present and emerging – and acknowledge the important role Aboriginal and Torres Strait Islander people continue to play within our community.
PHN Acknowledgment

This webinar has been developed by Eastern Melbourne PHN on behalf of the Victorian PHN Alliance, which is the collective platform for the six PHNs in Victoria.

Eastern Melbourne PHN does not take responsibility arising from the use of, or reliance on, this webinar by a third party. Any such use or reliance is the sole responsibility of that party. This webinar does not constitute medical advice. If you require medical advice, please consult an appropriate medical professional.

Information contained in this presentation is current as at February 2017
Objectives

• Understand the importance of a safe and effective triage system
• Recognise the resources used for the triage process in the practice
• Recognise and consider high risk categories when triaging patients
• Understand the importance of communication and documentation in the triage process
What is triage?

Prioritising sick or injured people for treatment according to the seriousness of their condition or injury

Accreditation standards
Criterion 1.1.1 Scheduling care opening hours
- Our practice has a flexible system that allows us to accommodate patient’s clinical needs

Criterion 1.1.2 Telephone and electronic communications
- Patients of our practice are able to obtain timely advice or information related to their clinical care by telephone and electronic means (where in use) where a GP determines that this is clinically safe and that a face-to-face consultation is unnecessary for that patient

Criteria 3.2.3 Training of administrative staff
- Our administrative staff participate in training relevant to their role in the practice
Why do we need a triage system?

- How do you allocate urgent appointments in your practice?

  - Appointments are patient focused
  - A structured and consistent approach is used
  - Early notification of possible emergency
  - Decreases the risk for the practice
  - The right thing happens every time for every patient
Components of a triage system

- Documented policies and procedures
  - Guidelines for reception staff
  - Simple triage tool
  - Suggested actions to support management of patient

- Staff education

- Plan to review
Whole of practice approach

- An effective triage systems requires a whole team approach

- What are some examples that your team undertakes to ensure a whole team approach is taken?
Duty of care of a medical receptionist
NSW Supreme Court - Alexander vs Heise, 2001

Risk Management Tips:
• Have a P&P to support the work of receptionists when assessing patient needs
• Have clear guidelines for priority of appointments including when to refer to practice clinical staff or elsewhere for urgent treatment
• Provide staff training and regularly review triage system
• Comply with RACGP Standards on Triage
• Obtain comprehensive patient history to determine urgency
• Document relevant conversations especially if appointment made on behalf of another
• If concern about urgency or ability to accommodate appointment request, redirect to A&E or another medical practice
Triage tools

- POPGUNS

- Triage process and categories
Definition

Rationale for having a triage system in place

Patients who present at high risk

Techniques and strategies for communication in triage

Documentation and risk management

Consider the following:

- Bells!! Past serious illness / Cancer, HIV, Cortisone patient / Litigation likely
- Consent For Ambulance / transfer of records
- Document Times, names, category, advice
- Elevate category if in doubt
- Safety to drive.
- Pandemic plan implementation
# Triage Process & Categories

Determine Urgency by asking the following questions:

1. Who is calling? Is it the patient or someone calling on behalf of the patient?
2. Describe the problem
3. What are the symptoms?
4. How long has the person been unwell?

All symptoms listed in the following table must be confirmed by the above triage process. If unsure refer the call to the doctor or nurse.

<table>
<thead>
<tr>
<th>Category</th>
<th>Action – Doctor Present</th>
<th>Action – Doctor Not Present</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency (all ages)</td>
<td>Immediately refer the call to the doctor or nurse.</td>
<td>Immediately call an ambulance ‘000’ on behalf of the patient and provide the patient’s location, telephone number and an indication of the condition.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>For an existing patient, retrieve the patient’s file and document the action in the history.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Contact the doctor and advise him or her of the emergency and the action that you have taken.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If not an existing patient, document event and any instructions given.</td>
</tr>
<tr>
<td>Urgent</td>
<td>Immediately refer the call to the doctor or nurse.</td>
<td>Immediately call an ambulance ‘000’ on behalf of the patient and provide the patient’s location, telephone number and an indication of their condition.</td>
</tr>
<tr>
<td></td>
<td>Patient presenting in person: follow practice policy on removing patient from waiting room to treatment area. Notify doctor, do not leave patient alone.</td>
<td>For an existing patient, retrieve the patient’s file and document the action in the history.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Contact the doctor and advise him or her of the emergency and the action that you have taken.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If not an existing patient, document event and any instructions given.</td>
</tr>
<tr>
<td>Soon</td>
<td>Advise the patient to come to the practice within a 2 hour period and in clinic time and they will be seen.</td>
<td>Advise the patient to go to the nearest emergency department.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>For an existing patient, retrieve the patient’s file and document the action in the history.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Contact the doctor and advise him or her of the emergency and the action that you have taken.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If not an existing patient, document event and any instructions given.</td>
</tr>
<tr>
<td>Today</td>
<td>Advise the patient to come to the practice as soon as is practicable and in clinic time or as reflected by practice policy.</td>
<td>Advise the patient to come to the practice within clinic appointment time.</td>
</tr>
<tr>
<td>Next Day</td>
<td>Advise the patient to attend the practice within a 24-48 hour period.</td>
<td>Advise the patient to attend the practice with an emergency visit within a 24-48 hour period and they will be seen.</td>
</tr>
</tbody>
</table>

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Category 1: Emergency (all ages) | Category 2: Urgent | Category 3: Soon | Category 4: Today | Category 5: Next Day
---|---|---|---|---
Immediate | 3-20 Minutes | 2 Hours | Same Day | 1-2 days
- Person has been in serious accident
- Unconscious
- Fitting / Convulsions
- Drowning difficulty / respiratory distress
- Severe distress including chest pain or indigestion
- Major burn / major injury / wound
- Collapse
- Severe and uncontrolled bleeding
- Looks of feet very unwell / grey / sweaty
- Suspected poisoning
- Severe anergic reaction – tongue swelling
- Unexpected death
- Acute psychiatric behaviour disorder
- Possibility of drug overdose
- Severe abdominal pain
- Haemorrhage in pregnancy (at any stage)
- Urine retention in males
- Eye injury or severe eye pain
- Sudden onset altered vision
- Allergic reaction – itchy rash
- Physical or emotional distress
- Persistent / severe vomiting and diarrhoea
- Severe persistent headache or earache
- Insistent high fever
- Foreign body – ear or nose
- Severe sore throat
- Persistent / productive cough
- Pain when passing urine
- Physical or emotional distress
- Fivers and chills
- Vomiting and Diarrhoea
- Children under 6 or babies presenting as unwell
- Presence of unexplained lump or alteration in existing lump (evaluate level of distress)
- Regular screening & / or review
- Repeat prescriptions
- Vaccinations
- Other non-urgent matters

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Triage text created by CoastalBaySide Division of General Practice in collaboration with SparkCity GP Services is based on the Birchme Thir DGIP original design.
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.
Triage process

The steps involved include:

- Screening questions, including face to face assessment
- Prioritise according to the medical need using triage tool
- General actions recommended
- Management of the patient
- Documentation
- Disclaimer
Screening questions

“In order for us to determine how to best assist you with a timely appointment, reception staff may need to ask you a few questions about your problem”
Screening questions

- Do you have an urgent problem?
- Who is calling?
- What is the 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?
- Do you have any major health problems?
Verbal and non-verbal cues

Listen carefully and ask yourself:

- Does this person look unwell?
- Do they look different today?

Consider:

- Body language
- Facial expressions
- Speech
- Skin colour
- Behaviour
Communication skills & strategies

• Listen
• Verbal and non-verbal communication
• Angry callers
  ➢ Hear them out
  ➢ Empathise
  ➢ Apologise
  ➢ Take action

• Use of disclaimer
Closing the call and use of the disclaimer

“Please take action if any of your symptoms worsen or change. This may include calling back for an earlier appointment, going to emergency or calling 000”
Patients in the waiting room

Please notify reception if you are experiencing:

- Chest Pain
- Difficulty Breathing
- Dizziness
- Severe Pain
Recommended Actions

• Reflect the urgency of presenting symptoms. Such as:
  • 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.
Management of the patient
Documentation

Purpose of documentation

What you need to document

Patient record sheet

When you must document
# Triage Patient Contact Template

<table>
<thead>
<tr>
<th>Date of contact:</th>
<th>Time:</th>
<th>Staff who received contact:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient Name:</td>
<td></td>
<td>Patient D.O.B:</td>
</tr>
<tr>
<td>Patient Phone Number:</td>
<td></td>
<td>Regular patient:</td>
</tr>
<tr>
<td>Patient address:</td>
<td></td>
<td>YES / NO</td>
</tr>
<tr>
<td>Patient: Telephoned</td>
<td>Presented</td>
<td>Emergency contact:</td>
</tr>
</tbody>
</table>

Symptoms described:

Triage category assigned:
- Emergency / Urgent / Interrupt / Today / 24hrs

Actions recommended:

Further notes:
Vulnerable Patients

- Infants under 6 months
- Children: With a chronic illness; who have a history of prematurity; or who have failed to respond to treatment
- Older population (Stroke patients - FAST)
- Immunosuppressed patients (eg: Chemotherapy)
- Pregnant women
- Patients with unstable and stable chronic disease (eg: uncontrolled diabetes, COPD)
- Patients who have had recent surgery
Ambulance information

- **People covered by ambulance:**
  - Health Care Card and Pension Card Holders
  - Ambulance subscription
  - Private health cover which includes ambulance cover
  - DVA Gold card holders

- **Non-emergency transport:**
  - Stretcher 1300 366 313
  - Walker/wheelchair 1300 360 929
Confidentiality

• Remember confidentiality when speaking with patients

• Patients are more likely to provide you with more detail regarding their condition if they know their information is confidential
Stroke/Heart Foundation on line learning module information

• BeAWARE of warning signs of heart attack and stroke training -
  http://heartfoundation.org.au/for-professionals/online-learning
Summary

Patient care and safety

What is triage?
Practice guidelines
Staff education
Consistent decisions
Structured systems
Risk management
Thank you for watching and listening

Feedback or further support regarding this webinar should be directed to your local PHN.