General Practice Triage: An update for Reception & Clinical Staff

October 2017

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This update will cover

- Essential components of a robust triage system
- Accreditation requirements surrounding triage in General Practice
- Top tools for patient advice and staff training
Why triage?

Extremely important for:

• Patient safety
• Practice staff safety
• Medicolegal protection
• Accreditation
What is triage?

Triage is the **process** we use to **evaluate and prioritise** the **urgency** of our patients’ needs.

- A key element of a good triage process is **consistency** across the practice team.

- We cannot rely on staff ‘common sense’ as a training or induction strategy.

- The more the practice team feels **confident of what to do in different scenarios**, the smoother and safer your practice environment will be.
Who’s responsible for triage?

Every member of the practice team!

... at least to some extent.

Where does triage happen?

• Over the phone
• As patients walk in
• In the waiting room (Can you easily scan your eyes regularly over the waiting room? Any hidden corners?)
• Practice hallways/surroundings
• And after the consultation (e.g. Fainting after blood collection and surveillance after immunisations)
Keep CPR skills up to date!

Cardiopulmonary resuscitation (CPR) skills of the entire practice team need to be updated regularly.

The most important element for survival in an emergency is the presence of a trained rescuer who is ready, willing, able and equipped to act.

Regular triage training, refreshers and discussion of incidents and near misses during staff meeting, make for a more confident and cohesive practice team.
A good triage process helps us decide the best outcome for the current situation

Possible outcomes include:

• Call an ambulance/ Triple zero ‘000’
• Go to nearest emergency department
• Discuss with GP/practice nurse
• Come to clinic now
• Come to clinic today
• Next available appointment
• Self-care and monitor situation at home
Decision Tools and flow charts

Prioritisation Of Patients: a Guide to Urgency for Non-clinical Staff

POPGLUNS Triage Process

Do you have an urgent problem? 
Yes / Unsure
No

The next available appointment is ..., is this ok?

Name and DOB of the patient?

Nature of the problem?

How long has it been happening?

How severe is it?

Previous major health problems?

Select a category below and follow instructions

A
- Chest pain
- Difficulty breathing / trouble talking
- Facial swelling and rash
- Facial / limb weakness
- Collapse / altered level of consciousness
- Extensive burns

"Call 000"

Call GP / Nurse for help immediately
- Retrieve patient file
- Inform ED
- Provide information to ED Document activity

Go to Emergency Department now

B
- Fitting
- Spinal or head injury / trauma
- Severe allergic reaction
- Persistent or heavy bleeding
- Snake bite
- Heart palpitations
- In labour / ruptured membranes
- Neck stiffness / altered consciousness

"Go to Emergency Department now"

C
- Injured limb / possible fracture
- Poisoning / overdose
- Unable to urinate
- Eye injuries / chemical in the eye
- Acute neurological changes including behavioural changes
- Child with lethargy
- Unwell 'Happy' Infant
- Pain (severe)

Put call through to GP or Nurse

Advised GP / Nurse now
- Retrieve patient file
- Inform ED
- Provide information to ED Document activity

"Come to the surgery now"

D
- Unwell child / elderly patient with:
  - Fever
  - Vomiting
  - Diarrhoea
  - Pain for > 24 hours
  - Pregnancy:
    - Pain or bleeding
    - Reduced movement
    - Abuse or assault
    - Visual disturbances
    - Patient or carer with extreme concern
    - Psychological distress

"Come to the surgery today and call back if it gets worse"

Inform GP / Nurse within 30 minutes
- Pose patient history
- Document activity

E
- Unwell child with persistent:
  - Fever
  - Vomiting
  - Diarrhoea
  - Pain for < 24 hours
  - Rash (several)
  - Dehydration risk
  - Bleeding
  - Cut / laceration
  - Eye infections
  - Severe flu like symptoms

"Come to the surgery today and call back if it gets worse"

Inform GP / Nurse
- Record patient history

F
- Adult with persistent fever, but otherwise well
- Post-operative problems
- Eye or ear infections / pain
- Adult with continuous vomiting and/or diarrhoea for > 24 hours

Make an appointment within 24 hours and "Call back if it gets worse"

Inform GP / Nurse
- Record patient history
- Document activity
Does Accreditation have anything to say about triage?

Indeed it does...

1.1 ▶ A. Our practice provides different consultation types to accommodate patients’ needs.

1.1 ▶ B. Our practice has a triage system.

1.1 ▶ C. (Now required) Our ‘on hold message’ advises patients to call 000 in case of an emergency (applicable only if the practice has an on-hold message).

1.2 ▶ A. Our patients can access home and other visits, both within and outside normal opening hours, when safe and reasonable.

1.3 ▶ A. Our patients can access after-hours care.

1.3 ▶ B. Our patients are alerted to processes to access after-hours care.

1.3 ▶ C. (New) Time-critical results identified outside normal opening hours are managed by our practice.
Accreditation expectations

All members of the practice team should be able to describe:

- How the practice identifies patients with an urgent medical need
- The procedures for seeking urgent medical assistance from a clinical staff member
- How the practice deals with patients who have urgent medical needs when the practice is fully booked.
Accreditation expectations

Telephone triage

Before putting a caller on hold, the staff member should ask 'Is the matter urgent or may I put you on hold?'

Reception staff need to know which telephone calls they should transfer to clinical staff.

If you have an on-hold message, it should instruct to call 000 in case of emergency.

You should also include information in your after-hours message or redirect the call to an after-hours doctor service.
Accreditation expectations

Managing cross infection through triage

Effective telephone triage can identify the risk of infection before patients present at the practice.

• Display a sign in the patient waiting area explaining short, standard, and long appointments.

• Have a triage flowchart available for reception and clinical staff to refer to.

• Display a sign on the front of the clinic giving contact details for patients requiring urgent care outside normal opening hours and after-hours.

• Display a sign in the waiting area to advise patients with high-risk or deteriorating symptoms to let reception know
Recording critical information

Make sure key details are recorded as soon as possible

These can be collected by the reception staff before the call is put through to the nurse or GP.

Essential details include:

• Patient full name

• Current contact number (where they can be reached if the call is disconnected)

• Confirm current address (and address they are calling from)

• Nature of the problem (to get an idea of severity and need for urgent care)
Calling an ambulance/triple zero

If on the phone to a patient and an ambulance is needed:

• Where possible, get the patient or carer to call the ambulance directly so the operator can:
  • Provide advice on what to do while they wait
  • Update paramedics as needed
  • Get particular details of address (Nearest cross street, if multiple dwelling entrances, other landmarks, etc)

If you have to ring on the patient’s behalf, make sure:

• You have their current complete address (and that’s where they’re calling from)
• Best contact number
• Advise the patient to unlock the front door
• Advise patient to leave phone line available so paramedics can contact if any issues (many will try to ring a family member as soon as they hang up)
When to call an ambulance/triple zero

The following presentations are high risk and potentially life threatening:

• **Allergic Reactions** (regardless of whether an adrenaline pen has already been used)

• **Breathing Difficulties** (may be detected over the phone if the patient is not able to speak in complete sentences)

• **Chest Pain** (including Rib or Neck). Because of heart attack risk, which requires immediate access to a defibrillator.

• Choking

• Collapse or Semi Conscious

• Fitting or seizures

• Head Injuries

• Heart Palpitations

• Spinal Injury or Trauma

• Uncontrollable Bleeding

• Possible Stroke. Remember ‘**FAST**’
  
  **F**ace or facial drooping
  
  **A**rm weakness
  
  **S**peech difficulties
  
  **T**ime .. act fast. Call emergency services immediately
Urgent presentations for ambulance/hospital

The following also need urgent care, but there may be enough time to attend the nearest emergency department without the need for an ambulance.

• Abdominal pain
• Bleeding that is persistent or heavy
• Burns, either extensive or if the burn is on the hands or face
• Limb numbness
• Loss of speech
• Unable to urinate
• Some mental health presentations may also require urgent care.

Have contact details for your local emergency mental health care team or Crisis Assessment and Treatment Team (CATT)

If there is immediate risk of physical harm either to the patient themselves or to others, call triple zero.
Tension between avoidable hospitalisation vs available resources for care at the practice

Particular considerations for after-hours care:

Consider if the patient is likely to need ongoing monitoring or additional services which are not readily available from the practice or nearby facilities.

E.g. Suspected fractures after-hours or trauma where additional investigations, such as imaging or further specialised treatment, may be required.
Discuss with Nurse or GP

The following will need a decision of whether they would be appropriate to care for at the practice or if the patient will need to be referred to a hospital.

- Bites from snakes, spiders and other animals
- Eye injuries
- Possible fractures
- Suspected meningitis
- Poisoning & overdose
- Psychological Distress
- Lacerations
- Severe pain (including headache)
- Pregnancy Problems (pain, bleeding, reduced movement)
- Suspected Abuse or Assault
- Back Pain
- Extremely Anxious Patient or Carer with extreme concern
- Swollen Limbs
- Visual Disturbance
- Under-dose (missed or wrong dose of medication)
Discuss with Nurse or GP

Other considerations:

If you’re a reception or administrative staff member and you’re not sure how severe the current situation may be, put the call through to a clinician.

If a call comes through towards the end of the working day, and there is no nurse or GP available, advise patients of your after hours doctor services (e.g. locum provider) or phone services like:

**Nurse-on-call** in Victoria: 1300 60 60 24

**Health Direct** for the rest of Australia: 1800 022 222

These phone services provide patients with access to a clinician 24/7 who would be able to provide a basic assessment and recommend a course of action based on urgency.
Attend practice on the same day

Try to **keep some appointment times free each day** for emergencies and for doctor’s to catch up.

Otherwise you will need to create extra ‘**fit**’ appointments for issues like:

- Rash (may need to isolate if also fever.. suspected measles)
- Persistent Vomiting and/or Diarrhoea
- Unwell child (fever, vomiting, diarrhoea, persistent cough or other symptoms)
- Eye problems or earache
- Fever in an Adult
- Limb Pain
- Experiencing problems after an operation
- Wound Infection
- Urinary Problems such as a urinary tract infection or UTI, but still able to urinate.
Next available appointment

If the issue can wait to be addressed until the next available appointment which may be in a few days, then make notes of any patient symptoms and recommendations in the patient file for later reference.

Self-care at home

• Patient may be unsure whether their symptoms require medical attention.
• Ensure there is a discussion with the nurse or GP and that any advice provided is well documented in the patient notes.
• Provide the patient with contact numbers or resources they could access if their condition gets worse after-hours.

Examples: Offer details for ‘nurse-on-call’, after hours service, nearby emergency facility or your practice website if you have self-care articles.
Supporting tools and resources

• There are some comprehensive **training modules** created by various Primary Health Networks (PHNs)

• **Wall charts & handbooks**: ‘Prioritisation of patients: a guide to urgency for non-clinical staff’ or POP-GUNS.

• The **handbook** has additional instructions and prompts for looking after patients with certain symptoms.

**Practice tip:** Some clinics have set up the POP-GUNS Wall Chart as an image file that launches automatically when the computers switched on.

The image is minimised so it can be referred to throughout the day if needed.
Final checks

• All staff need to familiarise themselves with your practice Triage process and with how to use your support and decision resources.

• Staff should always be encouraged to interrupt the GP or nurse if at all unsure about a patient’s need for urgent care.

• Important contact numbers are clearly displayed: e.g. nurse-on-call, health direct, after hours doctor service, nearby emergency departments and mental health crisis or urgent response teams.
Thank you for participating!

Got a question?
Email: md@hotdoc.com.au