

The logo for Larter. is a yellow oval with the word "Larter." in white, bold, sans-serif font.

Larter.



Basic principles of Triage in General Practice

Wendy O'Meara
General Practice Consultant
0400 842 620

A stronger primary health system.

Session 1 Overview

- Triage - what is it and why is it so important?
- Types of Triage
- Importance of documentation
- Appointment management to ensure access for urgent care
- Defining roles and responsibilities for staff
- Meeting accreditation requirements
- Policies and Procedures to ensure consistency

Learning Objectives



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

1. Describe the basic principles of Triage and the importance of appropriate appointment management and documentation.
2. Identify the need for robust practice 'systems' - policies, procedures and guidelines to support triage strategies for safety and quality.



What is Triage?

- A rapid systematic process to determine a person's level of urgency at point-of-entry to the service
- A process of prioritising sick or injured people for treatment according to the seriousness of their condition
- Requires a consistent approach to assessment & categorisation

(FitzGerald et al. 2010)

What is Triage?

- Occurs daily in interactions with all patients
- Requires a series of structured questions created by clinical team
- Ensures timely access to appropriate services in appropriate time
- Complicated by varying degree of skill amongst reception staff

Different types of triage

- Face-to-face
- Telephone
- Waiting room
- Post -consultation

Why do we need to Triage?

1983		AUGUST						
		SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
<p>July 1983</p> <p>S M T W T F S</p> <p>3 4 5 6 7 8 9</p> <p>10 11 12 13 14 15 16</p> <p>17 18 19 20 21 22 23</p> <p>24 25 26 27 28 29 30 31</p>			1	2	3	4	5	6
<p>August 1983</p> <p>S M T W T F S</p> <p>1 2 3 4 5 6</p> <p>7 8 9 10 11 12 13</p> <p>14 15 16 17 18 19 20</p> <p>21 22 23 24 25 26 27</p> <p>28 29 30 31</p>		<p>Rob Hope House</p> <p>Cincinnati, OH (Harry Adkins)</p>	<p>1</p> <p>RSP</p> <p>Dinner - Bent Plaza</p> <p>- 12 better location</p>	<p>19:00 MAKE UP</p> <p>2:00 P.M. 15 MINUTES</p> <p>NBC PHOTO SESSION</p> <p>RSP</p> <p>Clock Party</p> <p>Hospital</p>	<p>2:00 P.M. 15 MIN</p> <p>3:00 P.M. 15 MIN</p> <p>4:00 P.M. 15 MIN</p> <p># 129</p> <p>2:00 4 PM</p> <p>1:00 3:00</p> <p>Anchorage AK</p>	4	5	6
<p>September 1983</p> <p>S M T W T F S</p> <p>4 5 6 7 8 9 10</p> <p>11 12 13 14 15 16 17</p> <p>18 19 20 21 22 23 24</p> <p>25 26 27 28 29 30</p>		7	8	9	10	11	12	13
<p>October 1983</p> <p>S M T W T F S</p> <p>2 3 4 5 6 7 1</p> <p>8 9 10 11 12 13 14 15</p> <p>16 17 18 19 20 21 22</p> <p>23 24 25 26 27 28 29</p> <p>30 31</p>		<p>7</p> <p>12:00 meet</p> <p>3:30 - Anthony Dept</p> <p>Vail, CO</p> <p>Bureau</p> <p>Rob Barrett (303) 476-6330</p>	<p>8</p> <p>Chris Wood</p> <p>1:00 P.M.</p>	<p>9</p> <p>16</p> <p>17</p> <p>18</p> <p>19</p> <p>20</p> <p>21</p> <p>22</p> <p>23</p> <p>24</p> <p>25</p> <p>26</p> <p>27</p> <p>28</p> <p>29</p> <p>30</p> <p>31</p>	<p>10</p> <p>11</p> <p>12</p> <p>13</p> <p>14</p> <p>15</p> <p>16</p> <p>17</p> <p>18</p> <p>19</p> <p>20</p> <p>21</p> <p>22</p> <p>23</p> <p>24</p> <p>25</p> <p>26</p> <p>27</p> <p>28</p> <p>29</p> <p>30</p> <p>31</p>	<p>11</p> <p>Lunch 12:30</p> <p>3:00 PM City High</p> <p>Hotel</p>	<p>12</p> <p>Vancouver B.C. Canada</p> <p>(West Lake)</p>	<p>13</p> <p>Ti. Air Hotel</p> <p>Pfront</p> <p>Three Lakes, WI</p> <p>(Ross)</p>
<p>November 1983</p> <p>S M T W T F S</p> <p>6 7 8 9 10 11 12</p> <p>13 14 15 16 17 18 19</p> <p>20 21 22 23 24 25 26</p> <p>27 28 29 30</p>		14	15	16	17	18	19	20
<p>December 1983</p> <p>S M T W T F S</p> <p>4 5 6 7 8 9 10</p> <p>11 12 13 14 15 16 17</p> <p>18 19 20 21 22 23 24</p> <p>25 26 27 28 29 30 31</p>		<p>14</p>	<p>15</p> <p>Chris Wood</p> <p>1:00 P.M.</p>	<p>16</p> <p>17</p> <p>18</p> <p>19</p> <p>20</p> <p>21</p> <p>22</p> <p>23</p> <p>24</p> <p>25</p> <p>26</p> <p>27</p> <p>28</p> <p>29</p> <p>30</p> <p>31</p>	<p>17</p> <p>18</p> <p>19</p> <p>20</p> <p>21</p> <p>22</p> <p>23</p> <p>24</p> <p>25</p> <p>26</p> <p>27</p> <p>28</p> <p>29</p> <p>30</p> <p>31</p>	<p>18</p> <p>19</p> <p>20</p> <p>21</p> <p>22</p> <p>23</p> <p>24</p> <p>25</p> <p>26</p> <p>27</p> <p>28</p> <p>29</p> <p>30</p> <p>31</p>	<p>19</p> <p>20</p> <p>21</p> <p>22</p> <p>23</p> <p>24</p> <p>25</p> <p>26</p> <p>27</p> <p>28</p> <p>29</p> <p>30</p> <p>31</p>	<p>20</p> <p>21</p> <p>22</p> <p>23</p> <p>24</p> <p>25</p> <p>26</p> <p>27</p> <p>28</p> <p>29</p> <p>30</p> <p>31</p>
<p>December 1983</p> <p>S M T W T F S</p> <p>4 5 6 7 8 9 10</p> <p>11 12 13 14 15 16 17</p> <p>18 19 20 21 22 23 24</p> <p>25 26 27 28 29 30 31</p>		21	22	23	24	25	26	27
<p>December 1983</p> <p>S M T W T F S</p> <p>4 5 6 7 8 9 10</p> <p>11 12 13 14 15 16 17</p> <p>18 19 20 21 22 23 24</p> <p>25 26 27 28 29 30 31</p>		<p>21</p> <p>Wayne Wetland</p> <p>Working on the books</p>	<p>22</p> <p>Wayne Wetland</p> <p>Working on the books</p>	<p>23</p> <p>Wayne Wetland</p> <p>Working on the books</p>	<p>24</p> <p>Wayne Wetland</p> <p>Working on the books</p>	<p>25</p> <p>Wayne Wetland</p> <p>Working on the books</p>	<p>26</p> <p>Wayne Wetland</p> <p>Working on the books</p>	<p>27</p> <p>Wayne Wetland</p> <p>Working on the books</p>
<p>December 1983</p> <p>S M T W T F S</p> <p>4 5 6 7 8 9 10</p> <p>11 12 13 14 15 16 17</p> <p>18 19 20 21 22 23 24</p> <p>25 26 27 28 29 30 31</p>		28	29	30	31	NOTES:		
<p>December 1983</p> <p>S M T W T F S</p> <p>4 5 6 7 8 9 10</p> <p>11 12 13 14 15 16 17</p> <p>18 19 20 21 22 23 24</p> <p>25 26 27 28 29 30 31</p>		<p>28</p> <p>Wayne Wetland</p> <p>Working on the books</p>	<p>29</p> <p>Wayne Wetland</p> <p>Working on the books</p>	<p>30</p> <p>Wayne Wetland</p> <p>Working on the books</p>	<p>31</p> <p>Wayne Wetland</p> <p>Working on the books</p>	<p>NOTES:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>		

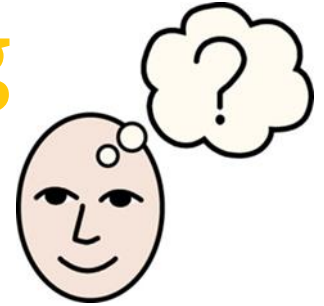
What's changed?

- Early discharge from hospital
- Chronic disease prevalence
- Pandemic or outbreaks
- Primary care now forefront of healthcare
- Accessible - emergency rooms long wait
- Ageing population

Some points upfront

- Appointment scheduling is a complex, often social process
- Managing same day appointments is challenging - prioritising is essential
- Receptionists are the first point of call for access to care
- RACGP standards identify triage requirements (5th Edition)
- Triage requires written policies, protocols and a 'whole of practice' approach
- Administrative and clinical staff need to collaborate for safe and appropriate triage processes.

Consider the following



A mother rings at 10am Monday morning

“My son has a high temperature and a rash on his arms and I would like to see the doctor today please”

- **What would happen in your clinic?**
- **Would you have an appointment available?**
- **What questions might you ask?**

Types of appointments requested

Common reason for same day appointment request:

- **Medical:** Chest pain, breathing difficulty
- **Administrative:** new referral or medical certificate
- **Therapeutic:** repeat prescription, run out of medication
- **Logistical:** when convenient for patient
- **Emotional:** reassurance or support

What are the barriers to accessing appointments

Shortage of GP's

- not enough Doctors and long waits for appointments

Clinical Risks

- Varying levels of experience
- Little or no Triage training
- No clearly documented processes

Litigation concerns

- Increasing pressure to identify presentations which may be urgent to avoid medico-legal action

Roles of Receptionist and clinical team in Triage

- Scope of clinical and non-clinical roles should be clear
- Policies created that are clear, concise and practice specific
 - Consider location
 - Available services within area
- Know when to seek clinical advice
 - Feel supported by each other
 - Confidence to transfer call
- Work with scope of practice policy
- Document, Document, Document!!

Triage Guidelines

- Should be simple, workable and easy to understand
- Readily available and accessible
- Non-exhaustive - covers most common presentations
- Non- diagnostic - patient describes symptoms in their own words.

Suggested Actions

Actions to be taken by non-clinical staff to support the patient while waiting for clinical assessment

- having difficulty breathing - sit upright
- Burns- immerse in cold water
- Should be created by clinical staff
- Reception to be trained.

Importance of documentation

- Accreditation standards require this
- Record details of discussions with patient and outcomes
- Reduces risk of medico-legal action
- Always finish with a disclaimer.



How does triage work in your practice?

What guides decision making in relation to scheduling appointments?

Are there agreed policies, procedures or protocols in place?



What do the standards say?

A stronger primary health system.



Accreditation Requirements

- If your practice is accredited, you are required to have a triage policy
- Staff must be trained in practice process and have access to triage policy
- Process of determining urgency:
 - When and how to seek medical treatment?
 - How the practice manages people with urgent needs?
 - What to do when clinical staff are not available?

RACGP Standards for General Practice (5th Edition)

Criterion GP1.1B Our practice has a triage system.

You must prioritise patients according to urgency of need and **retain evidence of this**. You could:

- have triage guidelines at the reception area
- have a triage flowchart available
- display a sign in the waiting area
- show evidence that administrative staff members update the patient waiting list if there has been an emergency

RACGP Standards for General Practice (5th Edition)

Criterion GP1.1C Our recorded phone message advises patients to call 000 in case of an emergency.

- Always ask patient if it is an emergency before putting them on hold and allow time for them to answer
- The practice team needs to be able to identify patients' needs and provide appropriate care in order to treat patients effectively. Patients need to be referred to the right clinician to receive the right level of care within an appropriate period. Patients with urgent needs must be seen quickly.

RACGP Standards for General Practice (5th Edition)

Criterion 8.1 – Education and training of non-clinical staff

Criterion 8.1 A Our non-clinical staff complete training appropriate to their role and our patient population. Our administrative staff can provide evidence of training

- 'Administrative staff have a vital role in the provision of safe and quality care and therefore require training appropriate to their role. A practice that supports education and training of non-clinical staff fosters continuous improvement and risk management.'

Handing over to clinical staff

Obtain as much information as you can: age, problem, how long, any treatment, severity?

Consider these handover statements:

- I have someone on the phone with a stomach ache

Versus

- I have a 25 year old woman on the phone who says she's had abdominal pain for three days, some diarrhoea and has been vomiting.

- I have a patient on the phone who has burnt himself

Versus

- I have an 18 year old who burnt himself all over his legs with boiling water 2 hours ago **OR** An 18 year old who burnt himself on a motorcycle exhaust pipe 2 weeks ago.

The importance of Policy and Procedures

- All practices should have a documented Policy and Procedure manual that is practice specific
- Input from all staff
- Staff should receive Triage training on induction and as part of ongoing professional development
- Clearly documented roles and responsibilities.

Coming up- Session 2 Tuesday 14th June 2022

- Recap of session 1
- Triage tools available-POPGUN
- Determining level of urgency
- Recognise and prioritise
- Vicarious Liability vs Clinical Justice
- Red flags
- Case study for discussion



Do you have any comments or questions?

Thank you.

Wendy O'Meara
General Practice Consultant

E: wendy@larter.com.au
M: 0400 842 620

© 2022 Larter Consulting Pty Ltd.
All rights reserved