




Triage Principles and Tools for General Practice

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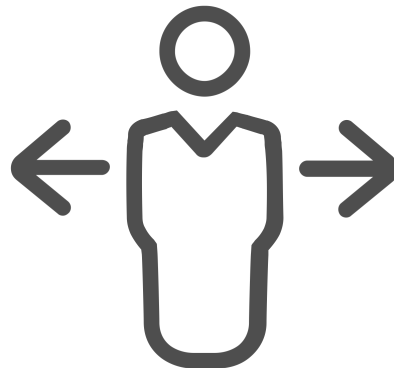


**In the spirit of reconciliation, HotDoc
acknowledges the Traditional Custodians of
country throughout Australia and their
connections to land, sea and community.**

**We pay our respect to their elders past and
present and extend that respect to all Aboriginal
and Torres Strait Islander peoples today.**

This session will cover

- Essential elements of a robust triage system for General Practice
- Accreditation standards, under 5th edition, relating to patient triage
- Tools and strategies to support and train staff on safe and consistent triage procedures to protect patients, the broader community and the practice team

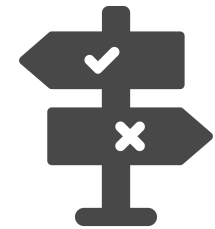


Why triage?

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.

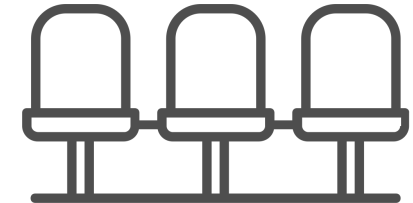
- A key element of a good triage process is **consistency** across members of the practice team
- We cannot rely on staff 'common sense' as a training or induction strategy
- The more the practice team feels **confident on what to do in different scenarios**, the smoother and safer your practice environment 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 area? 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:

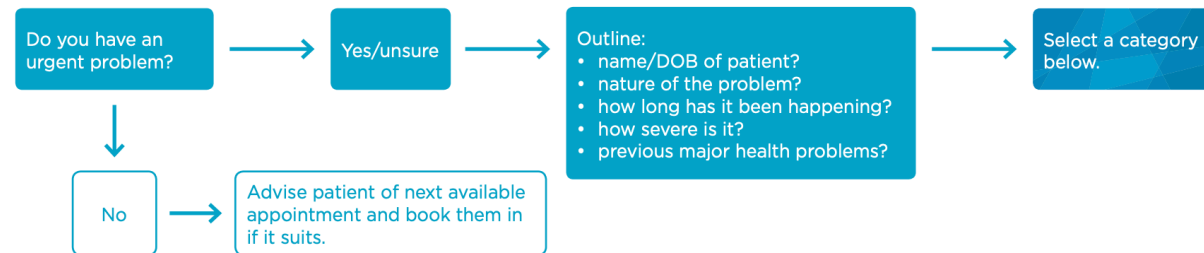
- Call an ambulance/ Triple zero '000'
- Go to nearest emergency department
- Discuss with GP/practice nurse
- Come to clinic now
- Come to clinic today
- Next available appointment
- Self-care and monitor situation at home



Decision Tools and flow charts

POPGUNS Triage Process

Prioritisation of patients: A guide to urgency for non-clinical staff



CATEGORY A	CATEGORY B	CATEGORY C	CATEGORY D	CATEGORY E	CATEGORY F
Symptoms: <ul style="list-style-type: none"> • chest pain • difficulty breathing • altered level of consciousness • fitting • uncontrollable bleeding • spinal injury. 	Symptoms: <ul style="list-style-type: none"> • head injury • severe allergic reaction • persistent or heavy bleeding • major burns • major injuries • bites if unwell. 	Symptoms: <ul style="list-style-type: none"> • extreme psychological distress or patient in danger • poisoning • heart palpitation • eye injuries • acute neurological changes including behavioural changes • child with lethargy. 	Symptoms: (severe pain or other severe symptoms) <ul style="list-style-type: none"> • Pregnancy: <ul style="list-style-type: none"> • pain or bleeding • ruptured membranes • reduced movement • abuse or assault • visual disturbance • patient with extreme concern. 	Symptoms: <ul style="list-style-type: none"> • Unwell child with persistent fever, but otherwise well: <ul style="list-style-type: none"> • fever • vomiting • diarrhoea • other symptoms • acute rash • dehydration risk • bleeding • eye infections. 	Symptoms: <ul style="list-style-type: none"> • adult with persistent fever, but otherwise well • post-op problems • ear infections.
>> Call 000 Inform GP If relevant: <ul style="list-style-type: none"> • retrieve patient file • inform emergency department (ED) • provide information to ED. > Document activity.	>> Go to ED Inform GP If relevant: <ul style="list-style-type: none"> • retrieve patient file • inform ED • provide information to ED. > Document activity.	>> Interrupt GP (or nurse) Inform GP • retrieve patient file. > Document activity.	>> Discuss with GP or nurse as soon as available Inform GP • retrieve patient file. > Document activity.	>> Go to the surgery now Inform GP • tell patient to call back if symptoms get worse • retrieve patient file. > Document activity.	>> Make an appointment within 24 hours Inform GP • tell patient to call back if symptoms get worse. > Document activity.

COVID-19 Suspect Case Criteria

A person who meets the following **clinical AND epidemiological** criteria:

Clinical Criteria:

- Fever ($\geq 38^{\circ}\text{C}$) or history of fever (e.g. night sweats, chills)
- Acute respiratory infection (e.g. cough, shortness of breath, sore throat)
- Loss of smell or loss of taste

Epidemiological criteria (In the 14 days prior to illness onset):

- Close contact with a confirmed or probable case
- International
- Passengers or crew who have travelled on a cruise ship
- Healthcare, aged or residential care workers and staff with direct patient contact
- People who have lived in or travelled through a geographically localised area with elevated risk of community transmission, as defined by public health authorities

Does Accreditation have anything to say about triage?

Indeed it does...

C 8.1 ► B Our non-clinical staff complete **cardiopulmonary resuscitation (CPR)** training at least every three years.

GP1.1 ► A Our practice provides **different consultation types** to accommodate patients' needs

GP1.1 ► B Our practice has a triage system

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

GP3.1 ► A Members of our **clinical team**:

- Have undertaken training in **cardiopulmonary resuscitation (CPR)**, in accordance with the recommendations of their professional organisation, or at least every three years.

Accreditation Standards



GP1.1 ► B 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 for reception staff members and the clinical team
- Display a sign in the waiting area advising patients who have a high-risk condition or deteriorating symptoms how to communicate this to reception staff
- Show evidence that administrative staff members update the patient waiting list if there has been an emergency, and that they explain to patients that this may increase their waiting time.

Accreditation Standards

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

You could:

- Have a recorded phone message (which may be an introductory message or 'on hold' message) that tells patients to call 000 if they have an emergency
- Train reception staff members in triage and how to respond to an emergency
- Have triage guidelines at the reception area
- Have a triage flowchart available for reception staff members.

Accreditation Standards

GP4.1 ► D All members of our practice team manage risks of potential cross-infection in our practice by methods that include:

- Good hand hygiene practices
- The use of Personal Protective Equipment (PPE)
- Triage of patients with potential communicable diseases
- Safe storage and disposal of clinical waste including sharps
- Safe management of blood and body fluid spills

Key components



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 “Triple Zero” in case of emergency

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

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

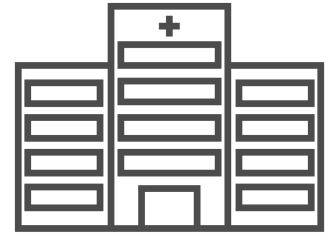
The following presentations are high risk and potentially life threatening:

- **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**'
 - Face or facial drooping
 - Arm weakness
 - Speech difficulties
 - Time .. 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:

Health Direct: 1800 022 222

This service provides 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 'Healthdirect', after-hours services, nearby emergency facility or your practice website if you have self-care articles.

Managing cross-infection with triage

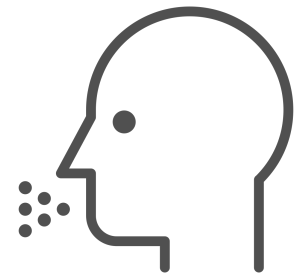
Recognising potential infection risks

It is useful to think of triage in general practices in three stages:

1. **Routine** questions asked of all patients
2. Questions asked **when the patient indicates signs or symptoms** of infectious disease
3. Questions asked **when there is a localised outbreak** of an infectious disease e.g. in response to a pandemic

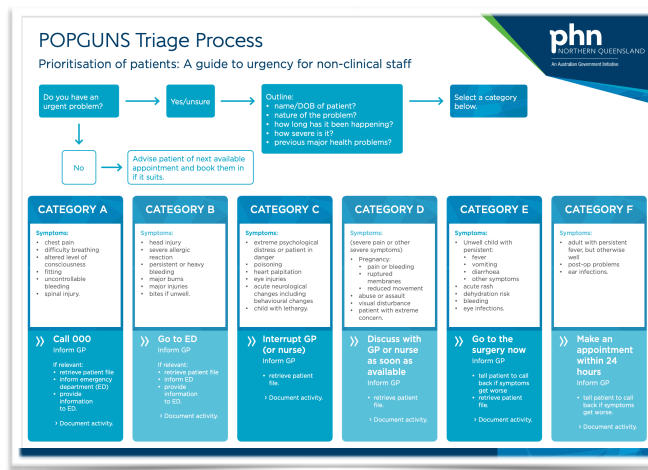
Sample questions:

- Do you have a fever or rash?
- Do you have a cough?
- Do you have diarrhoea?
- Have you been overseas/interstate recently and if so, where?
- Have you recently had contact with an infectious disease?



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

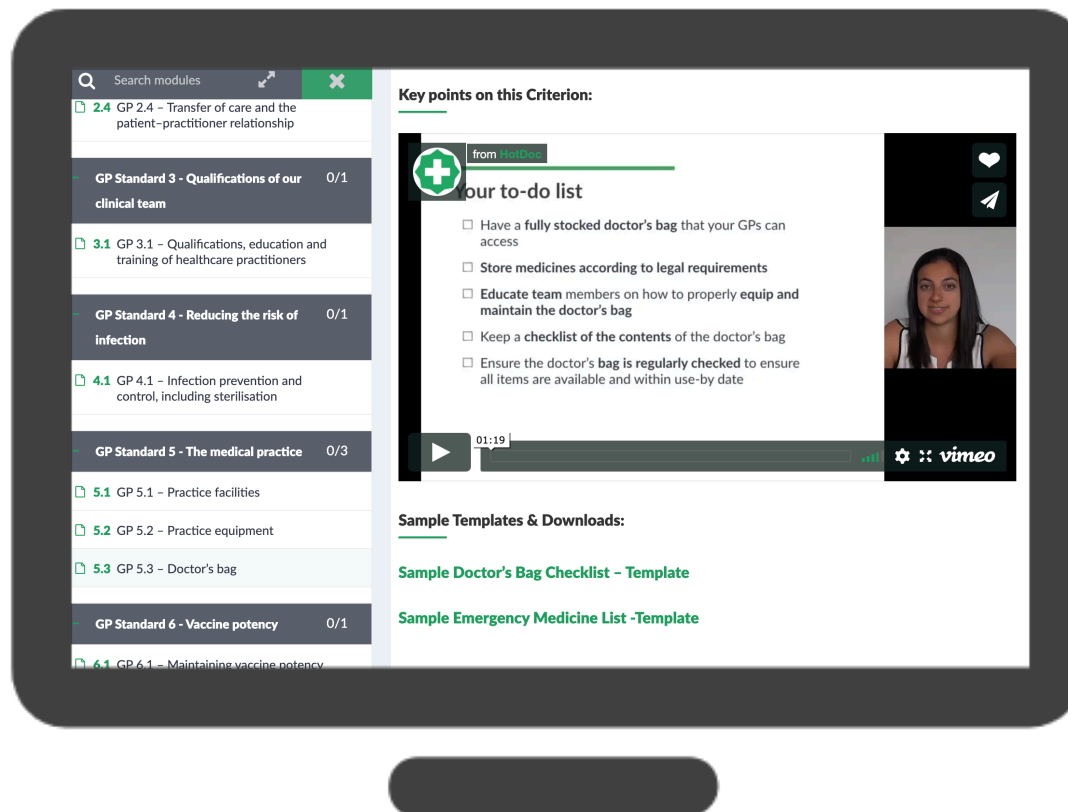
- All staff need to familiarise themselves with your **practice Triage process** and with **how to use your support and decision resources**.
- Staff should always be **encouraged to interrupt the GP or nurse** if at all unsure about a patient's need for urgent care.
- **Important contact numbers are clearly displayed:** e.g. nurse-on-call, health direct, after hours doctor service, nearby emergency departments and mental health crisis or urgent response teams.



Hot Resource: HotDoc's Accreditation Buddy

A comprehensive resource and training library to help the team prepare for accreditation.

Free for HotDoc customers! try.hotdoc.com.au/accreditation-buddy



The background of the slide features a colorful illustration of diverse healthcare professionals and patients. On the left, a Black female nurse in a green uniform with a stethoscope stands next to a young man with red hair in a white t-shirt, who is pointing towards the center. Below them is a young woman with blonde hair in a green sweater. On the right, an elderly woman with white hair and glasses in a pink shirt stands next to a woman with dark hair in a green scrub top, who is also pointing towards the center. Below her is an elderly man with white hair in an orange sweater. All characters have their arms outstretched in a welcoming gesture.

JOIN THE CONVERSATION



Magali will be available to answer any further questions via the **Hot Topic** post in our communities feed.

Join here <https://www.facebook.com/groups/forthe love of healthcare>



WEBINAR 1 CPD

SPECIAL GUEST SERIES

Staff Recruitment and Retention for Medical Practices

Wednesday 21st October at 12:30pm AEDT



Hosted by

April Ratajczak
RN | Director



Focus
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WEBINAR

1 CPD

SPECIAL GUEST SERIES

Wound Care in General Practice

Wednesday 4th November at 12:30pm AEDT



Hosted by

Jan Rice

Director Wound Care
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