Clinical Phone Triage Information

HEALTH CARE HOME
COLLABORATIVE

We would like to acknowledge that this information has been sourced and adapted from:

NORTHLAND DISTRICT
HEALTH BOARD
Te Poari Hauora A Rohe O Te Tai Tokerau

Mahitahi Hauora

How to implement Clinical Phone Triage

What is Clinical Phone Triage?

Receptionists receiving calls from patients asking for a same-day appointment offer the option of a doctor ringing them back. A GP or Nurse then contacts the patient to determine how they can most appropriately meet the patient's needs. This can be used for all patient triages as part of the COVID-19 response.

Why should we implement GP triage?

Clinical Phone Triage is a telephone-based service that increases capacity for practices and convenience for patients by triaging those patients requesting a same day appointment. It allows a practice to identify why a patient wants to be seen and then decide the most appropriate outcome for that patient. It ensures same day appointment slots are reserved for those with a true same day need.
Evidence from practices undertaking Clinical Phone Triage suggest that approximately 30-40% of patients requesting same day appointments can be managed without needing to come into the practice. These requests are also resolved faster than the standard 15 minute consult.

What are the benefits?

- Increased capacity to see patients

- Reserves on the day appointments for those who actually require them

- Improved access to doctors; patients have access to doctors when they need it, within ten minutes from calling the practice

- Avoids unnecessary visits to the practice

- Increased patient satisfaction

Who does what?

Staff	Role
Receptionists	• Answer calls according to triage script and enter patients into triage template as appropriate
General Practitioner/Practice Nurses	• Contact patients • Book same-day appointments as appropriate • Generate paperwork associated with costs
Practice Nurses	• Contact patients • Book same-day appointments as appropriate • Generate paperwork associated with costs
Management	• Adjust GP hours to cover peak morning period (8-9am) and adjust telephone system capacity

When should we use it?

Use Clinical Phone Triage during peak call periods; for many practices this is between 8 and 9am.
You can use Clinical Phone Triage every day your practice is open. However, Mondays and Fridays are the busiest days for many practices, so you may need to allocate more GPs to do triage on these days.

How will it affect staffing?

If your GPs currently start consulting at 8:30 or 9am, you may need to adjust their hours to cover the peak morning call period.
Because Clinical Phone Triage is quicker and more efficient than face-to-face appointments and frees up appointment time for patients who need it, you may find that your practice can see the same number of patients with reduced FTE (full-time equivalent) GPs.

Will we need additional resources?

Yes.

• Additional telephone capacity as you may need to consider increasing the number of incoming lines during peak call periods – tracking your dropped call rate and complaints from people unable to get through, will help you refine this for your own practice. You may also need an additional separate outgoing line so that doctors doing triage can reach patients quickly and easily.

A call monitoring telephony report would be desirable if you can access one.

How can we promote it to our patients?

There are various channels you can use to raise patient awareness about Clinical Phone Triage:

- Display posters in prominent areas at your practice
- Photocopy information onto the backs of invoices, statements and prescriptions
- Encourage reception and clinical staff to talk to patients about the service Change the telephone message to tell patients about the service
- Put information about the service on your website and social media channels

At first, it's important that the GP contacts the patient within the timeframe the receptionist gave. Once patients realise this, most are happy to use the Clinical Phone Triage service again.

How should we integrate it with our IT systems?

Speak with your PHO about loading the Clinical Triage Form onto MedTech32.

If your practice uses Evolution you will need to contact them for advice.

What else do we need to know?

- It's helpful to know the difference between triage and consultation.

- Clinical safety is paramount. Make it clear to GPs that triage isn't about trying to stop patients from being seen. If a GP has concerns during triage, the patient should be seen. Similarly, patients should be told to contact the practice again if they continue to feel unwell.

- Clinical Phone Triage should only be provided for enrolled patients with notes available.

- Triage is purely to decide how the patient needs to be managed. If you are unable to determine the needs of the patient in a few minutes, then book them in for an appointment (virtual or face to face).

- The triage service is offered for free, however you can charge for the outcome, e.g. if a prescription, appointment or off work certificate is required. Ensure there is consistent messaging from the team, that there may be a charge associated with the outcome.

- Patients can be referred to the CBAC set up for COVID-19. See HealthPathways for full details.

How do I charge patients if they don't come into the practice?

- There are several ways to manage this, and it will depend on the characteristics of the practice as to which will work best

- Email an invoice through (ensure reception confirms the email address)

- Some patients portals are working on the ability to pay online through the portal

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Implementation Checklist for Clinical Phone Triage

This is not an exhaustive list and has been put together with an ideal lead-in time assumed. It gives you an idea of the sort of things you need to do or think about when implementing doctor phone triage. We suggest you take the parts that are most useful for you.

Doctor phone triage process - clearly outlines the steps of the triage process and the roles and responsibilities of those involved ………………… ☐

Demand analysis for same day appointments in order to decide when to triage and for how long ………………………………………………….. ☐

Change templates ………………………………………………….. ☐

Develop algorithm to support decision making for call handlers ………….. ☐

Develop scripts and training for call handlers ………………………………… ☐

Training of all call handlers ………………………………………………… ☐

Communications to patients about the change ……………………………… ☐

Training for all doctors & nurses undertaking triage …..……………..………… ☐

Install Clinical Triage advanced form and load any new invoice codes (see Clinical Triage Advanced Form Set-Up OPL) ………………………………….. ☐

Develop measures for call handling and triage on Visual Board to ensure that call and triage data is monitored and evaluated (see OPL Advanced Form Reporting)…………………………………………………..……… ☐

PDSA of change after first 2 weeks to make improvements to use, effectiveness, efficiency and safety ……………………………………………. ☐

Same Day Appointment Daily Demand Data Collection Template

We suggest you print this out and provide it to your reception staff. After one week it will provide you with some insight into appointment needs.

Same day appointment requests via phone or walk-in (write "P" for phone "W" for walk-in)

Week starting: ………………………………..........

Hour	Monday	Tuesday	Wednesday	Thursday	Friday
7-7:30					
7:30-8					
8-8:30					
8:30-9					
9-10					
10-11					
11-12					
12-1					
1-2					
2-3					
3-4					
4-5					

PMS Triage Booking Templates

Example of PMS Triage Booking Templates for MedTech32

1. <u>GP specific triage scheduling</u>
   - Set up 9 x 3-minute appointment slots between 9 and 9:27am
   - As patients are queued for a call back, call handler books the 3 min slot in the GP's schedule.
   - Each GP works through their own list and calls patients back at the scheduled times or until their list is completed

2. Single shared triage queue
   - Set up a single shared Triage queue in MedTech with patient name and notes columns.
   - Block out a 30-minute Phone Triage slot in each GP's template e.g. 9-9:30am
   - As patients are queued for a call back, call handler adds the patient to the Triage template with a note stating the preferred GP and patient's preferred phone number.
   - During the GP's allocated Phone Triage slot, they will open the shared queue and work down the list. They should call back their own patient's first before moving on to others if they have any time left.
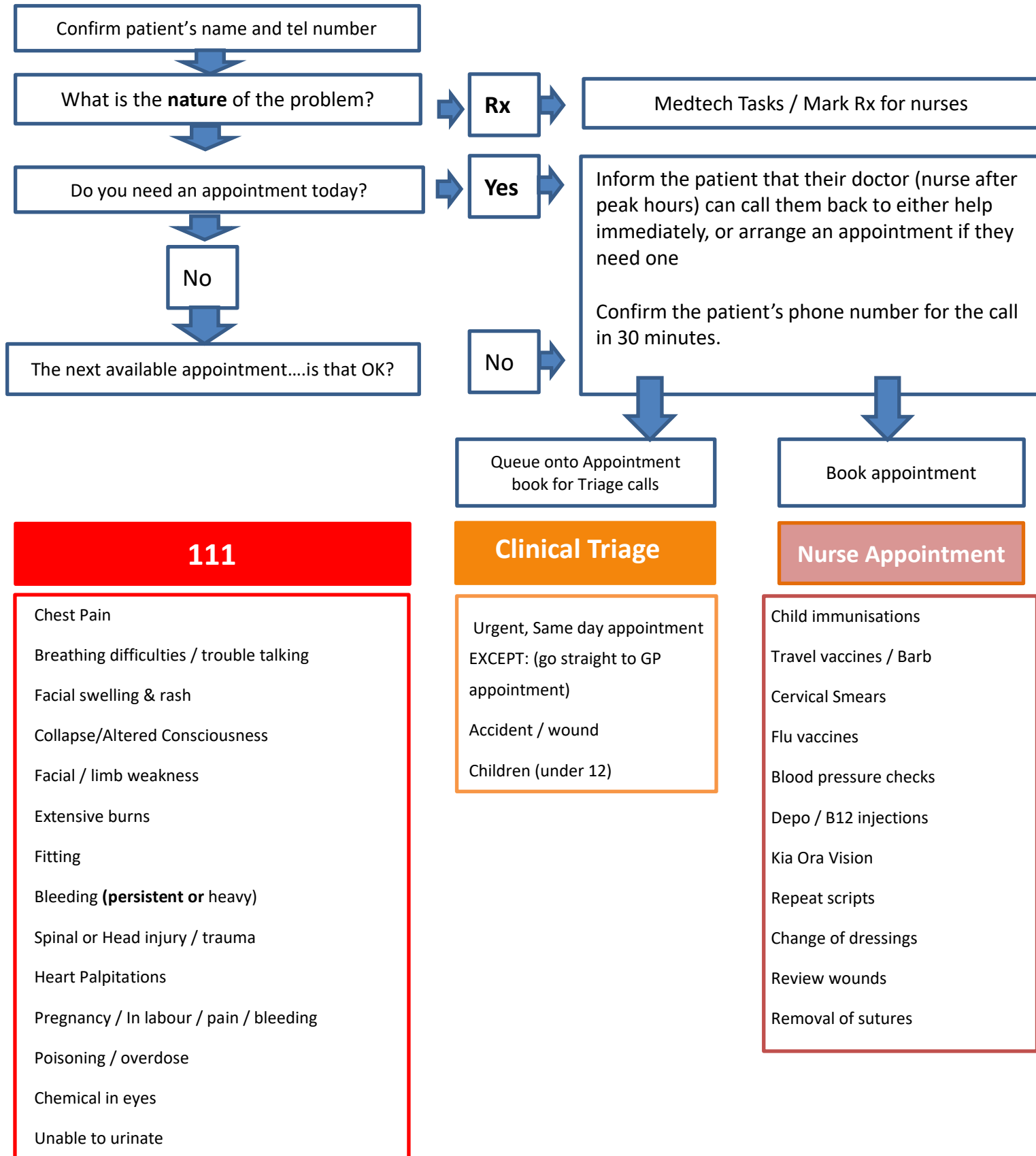

Other notes
   - The patient should be triage by their own GP if possible
   - Each GP has face-to-face slots available to book if needed.

Call Handling Guide for incoming telephone calls requesting an appointment

Confirm patient's name and tel number

What is the **nature** of the problem? ➡️ **Rx** ➡️ Medtech Tasks / Mark Rx for nurses

Do you need an appointment today? ➡️ **Yes** ➡️ Inform the patient that their doctor (nurse after peak hours) can call them back to either help immediately, or arrange an appointment if they need one

Confirm the patient's phone number for the call in 30 minutes.

No

The next available appointment....is that OK?

No ➡️

Queue onto Appointment book for Triage calls

Book appointment

111

Chest Pain

Breathing difficulties / trouble talking

Facial swelling & rash

Collapse/Altered Consciousness

Facial / limb weakness

Extensive burns

Fitting

Bleeding **(persistent or** heavy)

Spinal or Head injury / trauma

Heart Palpitations

Pregnancy / In labour / pain / bleeding

Poisoning / overdose

Chemical in eyes

Unable to urinate

Clinical Triage

Urgent, Same day appointment
EXCEPT: (go straight to GP appointment)

Accident / wound

Children (under 12)

Nurse Appointment

Child immunisations

Travel vaccines / Barb

Cervical Smears

Flu vaccines

Blood pressure checks

Depo / B12 injections

Kia Ora Vision

Repeat scripts

Change of dressings

Review wounds

Removal of sutures

Example of Clinical Phone Triage Standard

Example of Clinical Triage Standard

1. Begin by opening the Clinical Triage advanced form
2. Call patient
3. Introduce yourself
4. Confirm patient identity
5. Explain benefits of talking to GP or nurse now if necessary
6. Take a full history of presenting complaint
7. Review patient records, e.g. meds, warnings, classifications
8. Consider need for physical examination to come to a diagnosis. Book face to face consult if necessary
9. Discuss options if confident you can manage patient without physical exam
10. Remember, patients can still request a face to face consult at any time
11. Agree management plan with patient
12. Ask patient to recap the agreed plan
13. Safety net - "If your condition deteriorates or you develop XYZ (relevant to presenting complaint) please let us know, remember to call 111 in an emergency"
14. "Do you have any further questions right now?"
15. Say goodbye and hang up
16. Save the form