Triage on trial

A look at a method of safely improving patient access in primary care

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Triage is not new!
The goal of triage is to ensure that the patient is referred to the appropriate clinician for the appropriate level of care within an appropriate period of time.

Right Place – Right Person – Right Time
Current service:

HAT – SAT or RAT

- Hear & Treat
- See & Treat
- Refer & Treat
RECEPTION NON-CLINICAL TRIAGE

Take patient details: name, date of birth, address etc

“I would like to ask you a few questions in order to get you dealt with properly. If you are not happy for me to do this I can place you in a queue to be contacted later by a clinician. Is that O.K.?”

- “How long have you had the problem?
- Have you had this problem before?
- Are you currently receiving treatment for this problem?
- Has your condition got worse in last 48 hours?”

Is the problem URGENT?

YES / UNSURE

NO

Next available appointment

Follow protocols Left

If you are concerned about a patient or if they refuse advice; seek advice from a clinician

URGENT CARE

- Unwell child with persistent fever, vomiting, diarrhoea or rash
- Children with abdominal pain
- Red eye(s) / sore / bloodshot (no injury)
- Severe pain not responding to pain killers
- Concern over children (especially babies / infants)
- Insulin dependent diabetics
- Asthmatics – worsening symptoms
- Minor burns/ scalds / accidents
- Heart palpitations (no chest pains)
- Severe new headache
- Acute (new onset) rash
- Pregnancy – vomiting, pain or bleeding
- Patient with extreme concern
- Anyone who calls for a second time with same problem

EMERGENCIES

- Chest pain (over 40 years old)
- Difficulty in breathing
- Unconscious/ Difficulty in rousing
- Stroke/ Sudden vision loss / Speech difficulty (New)
- Fitting (fit longer than 10 minutes in epileptic)
- Vomiting blood
- Early pregnancy (under 12 weeks) with abdominal pains
- Ill child – floppy / unusually drowsy
- Severe bleeding
- Spinal injury
- Severe allergic reaction, especially if lips/ tongue swelling

- Head in jury
- Fracture (broken bone) / Sprain / Acute injury with loss of function
- Nosebleed for longer than 20 minutes
- Major burns/scalds
- New (within 2 days) injuries that are affecting ability to carry out tasks
- Road Traffic Accident
- Poisoning (unless unconscious = 999)
- Eye injuries, esp with vision problems

999 Call

Document in record

Attend DCGH A & E

Document in record

Book same day appointment
Reception Non Clinical Triage Protocols

- standardise calls
- patient-focused
- non-diagnostic – symptom based
- patients sorted according to urgency
- confidentiality assured
- Consent obtained
A. Are any of following present?
- Is patient unresponsive
- Breathing problems: GO TO BREATHING PROBLEMS PROTOCOL
- Chest pain: GO TO CHEST PAIN PROTOCOL

B. Are any of following present?
- Signs of dehydration: decreased urine; sunken eyes; crying without tears
- Fever & neck pain when bending forward + photophobia
- Immunosuppressed; age > 60; diabetic / sickle cell / asthma / Ca / CCF / renal disease
- Infant < 3 months temp > 38.5C
- Child with temp > 40C
- Adult with temp > 40C
- Appears very ill
- Not feeding / eating / drinking
- Change in breathing pattern (e.g. noisy / wheezy / recession)
- Sore throat / fever > 4 days
- Wheezing < 4 years and/or unrelieved by meds
- Ear pain/discharge
- Fever & age > 65
- Green/brown / yellow sputum / productive cough

C. Are any of following present?
- Nasal discharge
- Blood streaks in sputum
- Mild – moderate fever
- Aches & shivers

YES: EMERGENCY CARE NOW

NO
Go to B

YES: MEDICAL CARE TODAY

NO
Go to C

YES: call back if no improvement / routine appt

NO

Common cold

Home Care instructions
**Are any of following present?**
- Is patient unresponsive
- Breathing problems: GO TO BREATHING PROBLEMS PROTOCOL
- Chest pain: GO TO CHEST PAIN PROTOCOL

**YES**: EMERGENCY CARE NOW

**NO**

**Are any of following present?**
- Signs of dehydration: decreased urine; sunken eyes; crying without tears
- Fever & neck pain when bending forward + photophobia
- Child with temp > 38.5C
- Adult with temp > 40C

**YES**: MEDICAL CARE TODAY

**NO**

**Are any of following present?**
- Nasal discharge

**YES**: call back if no improvement / routine apt

**S A F E T Y  N E T T I N G**

**NO**

**Home care instructions**
Triage Pros & Cons

Benefits:

- Patients
- Practitioners
- The Practice
- The Environment
Triage Pros & Cons

Disadvantages:

- not face-face
- no physical exam
- language problems
- hearing impaired
- relies on caller recall & accuracy
- costs
Lifelong learning
Risk management
Audit, monitoring & development
Training & education
Clinical effectiveness
Openness
Clinical Governance
Implementing triage:

Audit present systems:

*Patient experience of access*

- Capacity & Demand
- Quality of service & access
- The practice environment
- Communications & Practice systems (e.g. telephony)
Patient engagement:

- Understand your community
- Involve PATIENTS
  - Involve ALL staff
    - Develop supporting tools & resources
      - Training
- Run trial
AUDIT:

- reception activity
- clinician outcomes (immediate & later)
- complaints
- patient satisfaction survey

- Develop system of clinical supervision
- Agenda item on practice meeting minutes
- Modify in light of experience
PIN: PATIENTS IN IMMEDIATE NEED

- Difficulty in Breathing & Asthma
- Chest pain / Heart conditions
- Stroke
- Diabetic: Low Blood Sugar
- Unwell child
- Babies

Reception staff training
Telephone triage is not a quick fix but requires a well planned dedicated service that aims to safely meet patients needs and cope with demands.

One size does not fit all!
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