Triage - *You are the most important person in the room !*

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Learning Objectives

Gain a better understanding of:

1. Principles and importance of Triage

2. Principles and importance of triage in infection prevention and control in the small office settings

3. Risk management- Protect yourself and patients

4. Better understanding of Clinical Governance and practice policy

5. **Triage is everybody's business**

Primary Health Care- a few stats

- In 2018–19, 88% of Australians saw a GP,

- Equates to 154 million Medicare rebated services to

- 21.9 million people being cared for in a primary health care setting such as general practices.

- Private allied health services, 2018–19, there were 24 million Medicare subsidised health services and another 52 million visits claimed via private health insurers(2) (AIHW, 2019).

- With high volumes of patients, exist a high possibility of transmission of various communicable diseases as people pass by or sit in waiting rooms, shared treatments, and consulting rooms.

- Australian Institute of Health and Welfare (AIHW) 2020. Medicare-subsidised GP, allied health and specialist health care across local areas:2013-2014 to 2018-2019 https://www.aihw.gov.au/reports/primary-health-care/medicare-subsidised-health-local-areas-2019/contents/gp-attendances/gp-attendances

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Primary health care settings

- Less formal infrastructure to support issues such as managing some emergencies, infection prevention and control.

- Staff have a wide range of awareness, skills and understanding of managing potential emergencies, or infection control risks.

- In smaller PHC services these roles are often shared between different types of health care team members.

Clinical Governance -triage
How is this built into your practice systems?

- Practices needs to determine risk in their own context and decide on the appropriate course of action.

- Critical- all staff need to be trained and understand their responsibilities in managing risks.

- It is vital to ensure that practices regularly conduct infection prevention and control risk assessments

- Staff member to have designated responsibility for the various facets of infection prevention and control- appoint Infection Control Officer

http://www.racgp.org.au/your-practice/standards/standards4thedition/safety,-quality-improvement-and-education/3-1/clinical-governance/

What is triage?

- Process used to provide a consistent and systematic process to evaluate and prioritize the urgency of a patients' needs. **NOT just a judgement call**

- Safety, quality-based approach to determine the urgency and entry point to care

- Ensure non-clinical staff supported and protected through policies, procedures, training and decision-making tools

Why Triage?

- Risk management

- Patient safety

- Practice staff safety

- Quality access to care

- Medicolegal protection

Health practice employees

- Have a major influence and key roles to ensure the quality of the service and the safety of care provided to patients.

- Staff turnover is also more likely to have an impact on smaller services.

- **Employers need to continually review and refresh staff training, according to their role, including personal and organizational occupational health and safety,**

- A **consistent and quality orientation program** is essential for staff training and setting the ground rules for managing urgent issues, and infection prevention and control.

Red flags - needing immediate clinical attention

- Chest pain

- Breathing difficulties

- Burns

- Eye injury

- Sick child

- Mental health issues

- unwell returning from overseas travel

Patient Presentations: Privacy vs Urgency

- Standard booked appointments

- Phone call to the practice

- Online bookings – great time saver but harder to triage!

- Walk-ins

- 'On the day' –reserved for urgent appointments

- **All of these contacts are triage points**

QI Standard 3 -Clinical risk management

- Our practice has clinical risk management systems to improve the safety and quality of our patient care. (p112)

- **Indicators**

- QI3.1 A Our practice monitors, identifies, and reports near misses and adverse events in clinical care.

- QI3.1 B Our practice team makes improvements to our clinical risk management systems in order to prevent near misses and adverse events in clinical care. (p113)

- https://www.racgp.org.au/download/Documents/Standards/RACGP-Standards-for-general-practices-5th-edition.pdf

Criterion GP1.1 – Responsive system for patient care

- **Indicators**

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

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

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

- https://www.racgp.org.au/download/Documents/Standards/RACGP-Standards-for-general-practices-5th-edition.pdf

Criterion C1.2 – Telephone and electronic communications

- Our practice manages telephone calls, telephone messages, and/or electronic messages from patients.

- Before putting a caller on hold, reception staff must first ask if the matter is an emergency (p21)

- Ask: Family name and given names • Date of birth • Address –**Where are you now??**

- https://www.racgp.org.au/download/Documents/Standards/RACGP-Standards-for-general-practices-5th-edition.pdf

Criterion GP1.1 – Responsive system for patient care – practice policies

- All members of the practice team must know how to:

- identify patients with an urgent medical need

- reprioritize appointments accordingly

- When to seek urgent assistance from a clinical team member

- Deal with patients who have urgent medical needs when the practice is fully booked. (p114)

  - https://www.racgp.org.au/download/Documents/Standards/RACGP-Standards-for-general-practices-5th-edition.pdf

GP1.1 B Our practice has a triage system.

- Prioritize patients according to urgency of need

- **AND retain evidence of this –** record of the encounter- important for patient risk and medicolegal risk management

- Triage guidelines and triage flowchart available for reception and the clinical team

- Sign in the waiting- Patients who have a high-risk condition or deteriorating symptoms to tell reception staff members

  - https://www.racgp.org.au/download/Documents/Standards/RACGP-Standards-for-general-practices-5th-edition.pdf

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

- Has 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 for reception

It is *very important* that you tell the **staff immediately** if you have:-

* Chest Pain

*A distressed child

* Difficulty breathing

HELP
EMERGENCY

Clear communication is essential

- Formal triage policies and procedures in place.

- Clear guide for when calls should be transferred to clinical team e.g. mental health emergencies, chest pain, distressed child.

- Clear guide for when non-clinical staff should call an ambulance.

- **Have a script-** A standard short list of questions for non-clinical staff guide staff in questioning patients requesting urgent or same-day appointments

- **Admin staff should NOT give clinical advice**

Waiting room management & triage

- Transmission-based precautions- use routinely for known or suspected infectious patients– social distance & isolate if needed

- Protect yourself and others, especially in the event of a disease outbreak- COVID, Gastro, Flu, Measles

- ***Educate patients to tell the reception staff that they have a possible infectious disease- prior to arrival*** *(website, on-hold message, practice info)*

   It is essential that staff respond rapidly when confronted by a patient with a suspected or confirmed infectious disease.

Triage training for ALL the team

- Routine questions to ask all patients.

- Questions for when the patient indicates signs or symptoms consistent with an infectious disease.

- Questions for when the practice is aware or suspects a localised outbreak of an infectious disease (eg measles, gastro, flu, corona virus)

- Questions for when the practice is part of a response to a local public health cluster or pandemic

What do I do at reception?

- Telephone screen all patients by telephone - call ahead.
- Give anyone with a cough/cold/runny nose a plain mask (normal practice so please reinforce)
- Place in single room with carer or ask to wait in car or outside –
- Make sure you have their mobile number so the GP can call them before entering room (if suspect infectious) or going to the car
- Keep at least a metre or so from any patient (where possible)
- Wipe down high touch areas daily with plain detergent wipes (normal practice).

Essentials of good clinical governance in triage

- Staff triage training –emergencies and infection control – build into new staff orientation program

- CPR training for all staff

- Annual refresher, sign off of training and log as staff CPD

- Strong policies and procedures e.g. COVID IPC protocols

- Triage flow charts

- Scripts for emergencies, infection control management, disease outbreaks

Resources

- CESPHN Triage Chart https://www.cesphn.org.au/documents/general-practice-1/2299-181130-cesphn-triage-wall-chart/file

- COVID19 training.gov.au – online education modules - https://www.health.gov.au/resources/apps-and-tools/covid-19-infection-control-training

  - Hand Hygiene Australia https://www.hha.org.au/

  - https://www.racgp.org.au/running-a-practice/practice-standards/standards-5th-edition

  - Admin – Train IT Medical Online Courses