This course does not aim to provide you with protocols or specific action plans.

Action plans and protocols should be provided by your practice.

Your doctors are medico-legally responsible for the systems in your workplace. All protocols should be signed off by your doctors or the management team.

These notes aim to give you an overview of triage and possible helpful questions.

It cannot tell you what to say, the responsibility of this lies with the practice.

If in doubt of the type of questions your practice allows you to ask do find out.

**Always adhere to practice protocols and policy. Ask if in any doubt.**
What is Triage?

**Triage** - sorting and allocating aid on the basis of need

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**Triage is defined as**

1. A process for **sorting** injured people into groups based on their need for or likely benefit from immediate medical treatment, especially if there are limited medical resources.

2. A system used to **allocate** a scarce commodity, such as food, only to those capable of deriving the greatest benefit from it.

3. A process in which things are ranked in terms of importance or priority

4. A system used to assess urgency of cases and or to place patients in appropriate care pathways.

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**Triage systems have been refined and adapted for modern day use.**

In health care environments, the triage process is underpinned by the premise that a reduction in the time taken to access definitive medical care will **improve patient outcomes**.

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**History of triage**

The term ‘triage’ is derived from the French work trier, meaning to pick or to sort. Triage systems were first used during the Napoleonic wars of the late 18th century to prioritise medical care.

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**General Practice and Triage**

With such demand on GPs time, the most effective and efficient use of all the resources within the practice and the primary care system need to be utilised to full effect. Consequently triage is becoming a major issue.
Where Is Triage Used?

1. Hospitals particularly the A & E department.
2. Major incidents
3. General Practice
4. Influenza epidemics!
5. Charities distributing food ......

Emergency Triage Systems, Used at Major Incidents and A & E

The 'T system' is used at a major incident in the UK. Priority is given to patients most likely to deteriorate clinically. Triage takes account of vital signs, type of injury and other medical conditions. Triage is a dynamic process. Patients should be reassessed frequently.

- Immediate priority (T1): require immediate life-saving intervention (Red).
- Urgent priority (T2): require significant intervention within two to four hours (Yellow).
- Delayed priority (T3): require intervention, but not within four hours (Green).
- Expectant priority (T4): treatment at an early stage would divert resources from potentially beneficial casualties, with no significant chance of a successful outcome (Blue).

Who Triage in General Practice? General practitioners, Nurses, Receptionists

Receptionists and Triage

There are many levels of triage. As receptionists dealing with the requests for appointments you will be triaging already. Much of what you do may have been learned informally.

It is therefore important to be aware of good practice and bad practice as a receptionist triaging. In its simplest form the question ‘is it urgent?’ is a form of triage.
Receptionists and Triage

Good Practice

1. Your practice may have protocols that you must follow in relation to telephone triage and face to face contact with patients.

2. As a receptionist you are able to direct a patient to the right service by asking a few simple and non intrusive questions without asking for clinical content.

3. However patients have the right to decide who they disclose information to and it is important to remember you are working within a code of confidentiality.

4. Any triage system should be open and transparent.

   For example: if there are limited emergency appointments then patients should be made aware that any questions asked are to decide which healthcare professional they should see either the GP or practice nurse.

Bad Practice.

It is not generally recommended for a receptionist to ask patients why they want to see the doctor before they will allow them to make an appointment.

Asking this type of question requires the patient to inform you of their symptoms. The patient may find this inappropriate and receptionists are not trained to give advice or make clinical decisions.
BMA Advice on Receptionist Triage

The BMA’s GP Committee (GPC) has issued advice on the practice of using surgery receptionists to triage patients.

The Committee has noted that some surgeries are requiring receptionists to ask patients why they want to see the doctor before they will allow them to make an appointment. As such questioning often involves the need to disclose symptoms, the GPC says that it can feel both “intrusive and inappropriate” to patients.

Although “there are no specific regulations which relate to the way practices choose to offer appointments or triage patients”. The GPC offers the following advice:

- **Contractual provisions allow for a patient to express a preference for a practitioner either generally or in relation to any particular condition.** The contractor should endeavour to comply with any reasonable preference expressed unless there are reasonable grounds for refusing to provide services to the patient.

- Any member of staff involved in patient triage should be properly trained or the practice may be at risk of litigation and complaint. Out Of Hours (OOH) services show that **telephone triage by receptionists can be successful if staff are appropriately trained to take a level of detail that enables them to signpost the patient to the correct form of care.**

- While all members of the practice team should be working within a **code of confidentiality,** patients have the right to decide who they disclose information to.

- Any triage system should be open and transparent (ie: if there are limited emergency appointments then patients should be made aware that any questions asked are to decide which healthcare professional they should see either the GP or practice nurse.)

- Information on the practice’s appointment system and how appointments are allocated should be put in the practice leaflet.

GPC News (November 2006)
Benefits of Good Triage Practice

Benefits to the patient

The patient is prioritised accordingly.

Access to the appropriate clinical professional.

Access to other services within the NHS and the primary health care team.

Reduces waiting times.

Good triage creates a positive impression.

Facilitates the patient journey.

Benefits to the practice

Helps the non-clinician to safely and quickly identify potentially serious complaints, for immediate clinical attention.

The patient is directed to the most appropriate resource.

Effective and efficient use of the practice resources.

Facilitates the patient journey.

Benefits to you the receptionist

Triage can help the receptionists assess the urgency for a consultation and what priority to give the patient, ensuring patients are seen by clinical need; not just first come, first served.

Through good triage and communication the patient will feel they are getting a quality service.

The receptionist can feel secure, in the knowledge that the best service is being offered to the patient.
## Receptionist’s Role in Triage

- The receptionist is an **ambassador** to the practice.
- The receptionist is the **first line contact**.
- The receptionist is able to **optimise** the patient journey.
- The receptionist should be able to **prioritise urgent care**.
- The receptionist being aware of practice protocols can deal with some of the patient contacts in their entirety.

### If a patient states it is urgent it is *not* the receptionist’s role to decide on the medical merits of the request.

BUT using practice protocols the receptionist can triage the level of urgency by asking appropriate questions.

### Receptionists should not give advice on medical issues.
- Any advice you do give would be taken to come from the practice and the practice would be medico-legally responsible for this.

- If asked directly ‘what should I do’ you should have a practice policy saying you are not qualified to give advice.
- In the absence of practice protocols it is important to remember that you are not medically trained and cannot give advice.

Triage can take place by using **GOOD COMMUNICATION** skills with the knowledge of **how your practice works**.

*The importance of patient confidentiality should be remembered at all times*
How Can Receptionists Triage Effectively

These are things you need to know the answer to, or know where you will find the answers!

Be aware of practice procedures and protocols

Find Out - Fill In the Gaps on the list below.

You may think of other examples and questions to ask relating to situations you have come across or are worried about. Add them to this list and find out the answers from your management / doctors and practice protocols.

- Emergency care - What do you do if someone collapses in the surgery?

  On the phone - What do you do if a patient says I am having a heart attack?

  On the phone - What do you do if a patient or mother says I am/my child is having an asthma attack?

  When do you tell the patient to dial 999?

- What to do when the doctor is not in the surgery

- Person versus practice lists (who does the patient see?)

- When to use the nurses. What clinics do the nurses run. What types of patients are these clinics for?

- When to use the health care assistant. Are the HCA used for clinics as well as new patient medicals?

- Do any of the doctors have particular clinical specialities?
• What is the policy if a patient wishes to see a different doctor rather than their registered one?

• Male doctor or female doctor

• What other services does your practice offer?

• What services are not on the NHS?

• Do you doctors look after any particular nursing homes etc?

• Do you understand your appointment system fully?

• Do you know who the duty doctor is and how domestic calls are allocated?

Remember

➢ Triage involves being organised combined with good communication.
➢ If you are unsure ask.
➢ Have a list within view of the telephones with useful information on.

In terms of patient care you are not qualified to give advice but you are able to filter patients in the right direction.
Request to speak with the doctor

Is this anything I or a nurse can help with?

Yes
Deal with appropriately

No

Is this urgent

Yes

Can this wait until the doctor has finished surgery?

No
Call to doctor or follow practice protocol

Can I leave a message for the doctor?

Act accordingly

NO
New hand outs will be coming soon to aid non clinical staff.

Please visit us for your medical terminology training needs.

Our online medical terminology course is excellent and great value for money.
Visit the web site to buy and gain access to our Medical Terminology Course.

www.talkmedicalonline.co.uk

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Thank you