

## Telephone Triage by Non-Clinical Staff

This factsheet is an introduction to the issues to consider in the development and implementation of a 'Practice Policy on Telephone Triage by Non-Clinical Staff'.

### Policy and training

The Medical Council's *Guide to Professional Conduct and Ethics for Registered Medical Practitioners, 9th Edition, 2024* (**"the Guide"**) provides that:

*1. Good medical practice depends on doctors working together with patients and colleagues toward shared aims and with mutual respect.*

The Guide places an obligation on doctors to promote a positive culture of patient safety, which involves:

*2. Promoting good medical care, applying the values and standards of the profession, listening to and acting on patients' and colleagues' concerns, and fostering learning from adverse events...*

It is important that both good medical practice and promoting patient safety begin when a patient first contacts a practice. Telephone triage by non-clinical administrative staff is a major part of practice workload and can be a source of medico-legal complaints. Medisec recommends having a formal policy in place addressing how staff respond to requests from patients by phone for emergency or urgent appointments. A robust policy can assist in giving the authority and the confidence to non-clinical staff members to call an ambulance if necessary, if a clinical member of the team was not on the premises.

In all situations, non-clinical staff members should be reassured that they can immediately refer a call to a GP / practice nurse (for whatever reason) and that this is a reasonable course of action.

Training for reception staff is very important. New or inexperienced staff members will need support and consistent advice while settling into what is a demanding and difficult role. A single explanatory induction session on their first day will not suffice and they should be given many opportunities to raise questions and queries thereafter. Feedback from staff members should be formative and constructive and staff members should be given positive feedback in situations where they have responded appropriately.

Doctors should bear in mind that some staff members may need assistance in learning the terminology associated with daily practice. Ongoing training helps remove uncertainty and helps equip staff members with the skills to analyse the level of urgency presented.

Every practice has a time when the reception staff members are under pressure, there may be unscheduled sick leave or a few people on maternity leave at the same time, necessitating temporary staff covering reception. A printed guide can be invaluable as emergencies can happen at the most inopportune times. Information on the policy should be available to patients and other key stakeholders.

### Categories of response

When a patient makes contact with the practice requesting an urgent consultation or advice, there can be several categories of response:

- Go directly to A&E
- Call an ambulance
- See doctor next
- Same Day appointment
- Soon appointment – next 2 days

- Routine appointment

Many algorithms have been developed to help triage patients seeking a same-day "urgent" appointment by telephone. The suggested Checklist of categories below, while not exhaustive, may help a practice to determine if it should facilitate review that day, advise the patient to attend A & E or contact the Ambulance Service (see below).

## Clinical history taking by non-clinical staff members

It is essential that administrative staff gather enough information to be in a position to assess the urgency of the patient's request. They can enquire as to "*the nature of the patient's problem*", within reason. The type of language and tone used is very important for this type of enquiry. "*What is the matter?*" could be construed by the patient as inappropriate, whereas "*May I please enquire as to the nature of the problem?*" offers the patient more leeway to give as much or as little information as they wish.

The reception staff should know how to pick up cues regarding at what level the patient feels uncomfortable in sharing information, and a broader question such as "*Do you think this is something which needs immediate attention?*" may put more onus on the patient to be reasonable in their request.

## Specific patient groups for whom special attention may be required

Special attention may be required when handling telephone contacts from patient groups at increased risk (e.g. pregnant women, young children, elderly patients, patients with chronic conditions, patients with an intellectual disability, patients who have language difficulties). In addition, patients who contact the practice regarding a deterioration in a known problem, should at a minimum speak with the GP / practice nurse and appropriate follow-up should be arranged.

## Patients not currently registered with the practice

When a patient who is not with the practice requests an emergency appointment and is unable to reach their own doctor, ideally a same day appointment would be offered where possible. If no appointments are available for that day, then the patient should be offered the earliest available appointment, or advised to seek an appointment at another practice. If the patient has an issue requiring an urgent or emergency response, because a duty of care now exists, it is essential that the practice provide the appropriate response (e.g. facilitate same-day review, advise to attend A&E or contact an ambulance).

## Equal access to care

Practices should ensure that they treat all patients equally where access to care is concerned. It is important to address with staff members the importance of avoiding any possible perception of discrimination against certain groups, families or minorities or patients with specific challenges. It is advisable to raise awareness and to promote a clear ethical stance in the practice.

## Aggressive Patients

When dealing with aggressive or difficult patients, it is important to recognise that this can sometimes be as a result of worry or fear over the patient's own situation or that of a family member. In such situations, it would be appropriate to pass the call on to the GP / Practice Nurse.

## Spare appointments

It can be helpful to keep a number of spare appointment slots each day which can be allocated to “on the spot appointments”. This may not always be possible however may help to lower the stress levels of the GP and the entire practice team and will ensure that patients requiring urgent assessment can be seen when necessary.

## Quality Assurance - critical incident review and clinical audit

The practice policy on telephone triage should include a method for significant incident reporting and recording and be subject to regular audit and quality review.

## Logging significant calls / attendances

It can be cumbersome and time consuming to log all calls and attendances requesting ‘urgent’ appointments, but Medisec advises that where any contentious issues arise, you should note a description of the request and how it was dealt with.

<b>Issues arising from telephone triage by non-clinically trained staff commonly reported by Medisec members.</b>
<ul style="list-style-type: none"><li>• Life-threatening emergency not recognised by the practice.</li><li>• Patient dissatisfied with the appointment they are given.</li><li>• Inappropriate advice on clinical problem given by non-clinical staff member.</li><li>• Call not returned by GP/Practice Nurse as expected by patient.</li><li>• Inappropriate information communicated to patient.</li><li>• Data protection breach.</li><li>• Urgent pathology report not communicated to GP.</li></ul>



Considering the issues outlined above should help to develop safe and effective systems for dealing with requests for same day appointments.

An open, supportive and friendly ethos in the practice, where communication levels between clinical and non-clinical staff are easy and relaxed, goes a long way in supporting patient safety and ultimately may help to avoid the risk of a complaint to the HSE / Medical Council.

Please see our suggested checklist below and do not hesitate to contact Medisec for further advice.

“The contents of this publication are indicative of current developments and contain guidance on general medico legal queries. It does not constitute and should not be relied upon as definitive legal, clinical or other advice and if you have any specific queries, please contact Medisec for advice”.

## Checklist for Telephone Triage

### Advise caller to call an ambulance if the patient:

- Is so breathless that they have difficulty speaking
- Has severe chest pain
- Has palpitations – especially if feels weak or faint
- Has weakness of any part of the body especially arms or legs
- Is unconscious
- Has uncontrollable bleeding
- Has vomited large amounts of blood
- Has collapsed suddenly
- Has or is having a fit or seizure, i.e. lying on the ground and twitching with loss of consciousness
- Has experienced a very severe burn
- Has taken an overdose, poisoning or attempted suicide
- Has a suspected severe allergic reaction
- Is a young child who has suddenly become very unwell for any reason
- Is pregnant and has experienced significant pain / bleeding

### Advise caller that patient should attend A & E if the patient:

- Has experienced a head injury – especially if there has been a loss of consciousness, persistent dizziness or vomiting
- Has a broken bone or dislocated joint
- Has got something in their eye that is affecting vision
- Has a sudden change in their mental state or difficulty speaking
- Has sudden changes in vision or loss of vision
- Has severe burns but not affecting their ability to attend A & E
- Has severe testicular pain
- Has an unusually severe headache
- Is unable to pass urine
- Is a young child who has become unwell for any reason
- Is pregnant and has experienced reduced movement / pain

### Discuss immediately with GP or nurse if the patient:

- Is experiencing severe abdominal pain
- Is experiencing bleeding that cannot be controlled
- Has had any type of limb injury
- Is experiencing any eye or vision problems
- Is experiencing any mental health problem or extreme anxiety - including suicidal ideation (thoughts)
- Has severe pain
- Has experienced burns/scalds
- Is contacting about an urgent pathology result
- Has persistent vomiting
- Any concern by the caller

### **Attend practice immediately for assessment if the patient:**

- Has developed a sudden severe rash, with no other symptoms
- Is a child or elderly patient who is unwell for any reason
- Has persistent symptoms (>48hrs) such as fever, vomiting, diarrhoea, cough
- Has been vomiting or had diarrhoea for >72 hrs
- Is an infant with a fever
- Is pregnant and is concerned for any reason
- Is experiencing a possible adverse reaction to a medication

### **Same day appointment if the patient:**

- Has a severe eye problem
- Has severe ear pain
- Has a fever (Adult), but is otherwise well
- Has severe flu-like symptoms
- Is experiencing any problem after a surgical procedure
- Has been recently discharged from hospital
- Has any urinary symptom
- Has a possible wound infection
- Is requesting the morning after pill
- Is experiencing a deterioration of a longstanding condition

### **Next available appointment if the patient:**

- Is requesting a repeat prescription
- Is requesting a STI screen
- Has a longstanding condition which has not recently changed
- Is seeking a 'general check-up'
- Is requesting a routine medical check - driving licence medical, well woman/well man check, insurance medical, illness certification
- Is requesting a non-urgent blood test.