

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 the practice workload and can be a source of medico-legal complaints.

Medisec recommends having a formal policy in place addressing how staff members respond to requests from patients by telephone for emergency or urgent appointments. A robust practice policy can support non-clinical staff to signpost patients to access the appropriate care at the earliest opportunity. It can also assist in giving the authority and the confidence to non-clinical staff members to telephone for an ambulance should the need arise if a clinical member of the team is 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 staff members on maternity leave, necessitating temporary staff covering reception. The practice policy should be conveniently located, such as on the computer desktop, to facilitate easy access in emergency situations.

Categories of response

When a patient makes contact with the practice requesting an urgent consultation or advice, there can be several categories of response by staff members, which may include:

- Go directly to A&E
- Call an ambulance

- See doctor and specify urgency of appointment

Many algorithms have been developed to help triage patients seeking a same-day "urgent" appointment by telephone. We recommend having clear policies and guidelines in place for staff members to ensure they are aware of how to respond to a patient and how best to triage them, with regard to a category of response, depending on their individual reported symptoms. It is important that regular training is provided to staff members on these practice policies and guidelines.

Clinical history taking by non-clinical staff members

It is essential that administrative staff glean sufficient information from the patient or their representative to be in a position to assess the urgency of the 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 be trained to know how to pick up on 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, and 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.

Equal access to care

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

Aggressive Patients

If you encounter a difficult interaction with a patient, it is important to recognise that their behaviour may sometimes be 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 day appointments". This may not always be possible, however, it 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

We appreciate that 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 in the patient's clinical file.

Issues arising from telephone triage by non-clinically trained staff commonly reported by Medisec members.

- Life-threatening emergency not recognised by the practice.
- Patient dissatisfied with the appointment they are given.
- Inappropriate advice on a clinical problem given by non-clinical staff member.
- Call not returned by GP/Practice Nurse as expected by the patient.
- Inappropriate information communicated to a patient.
- Data protection breach.
- Urgent pathology report not communicated to GP.

Considering the issues outlined above should help to develop safe and effective systems for dealing with requests and deciding on the appropriate category of response.

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

Please note that Medisec members and GP Entity policyholders can contact Medisec to request a sample non-exhaustive checklist of categories of response for telephone triage, which should be used as a suggested guide only, and should be adapted to an individual practice.

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.

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