

Prioritisation of patients: A guide to urgency for  
non-clinical staff

# Dr Phillip Gray

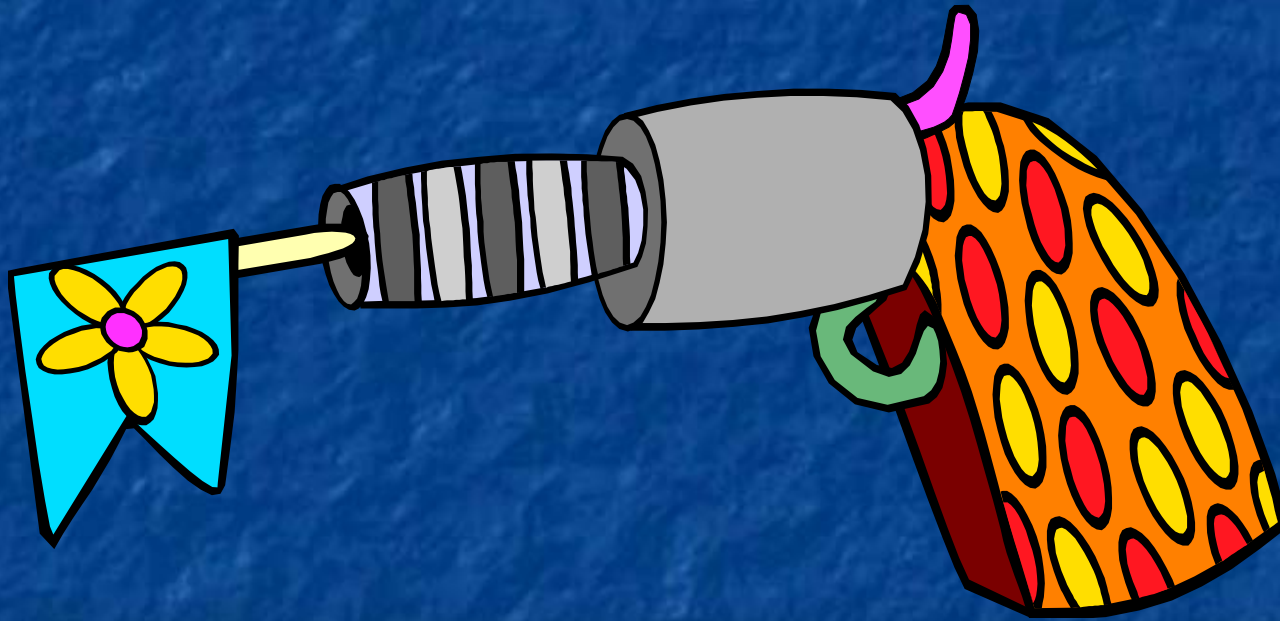
GP, South East NSW Division of General Practice



**takingaction** Divisions of General Practice Network Forum 2004

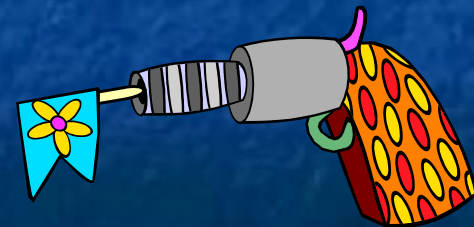


# POPGUNS

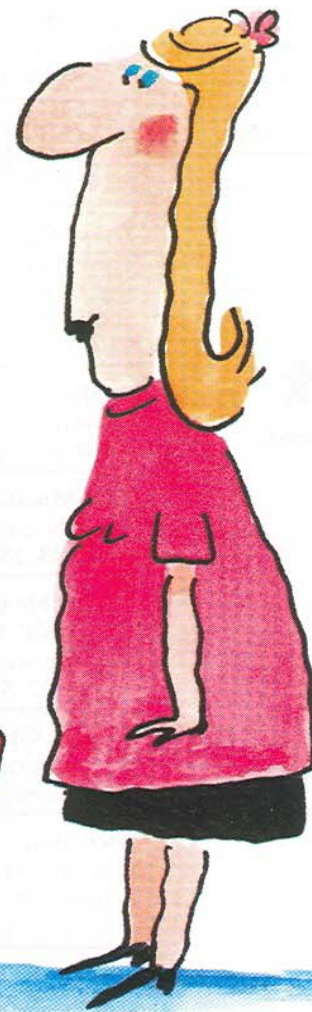
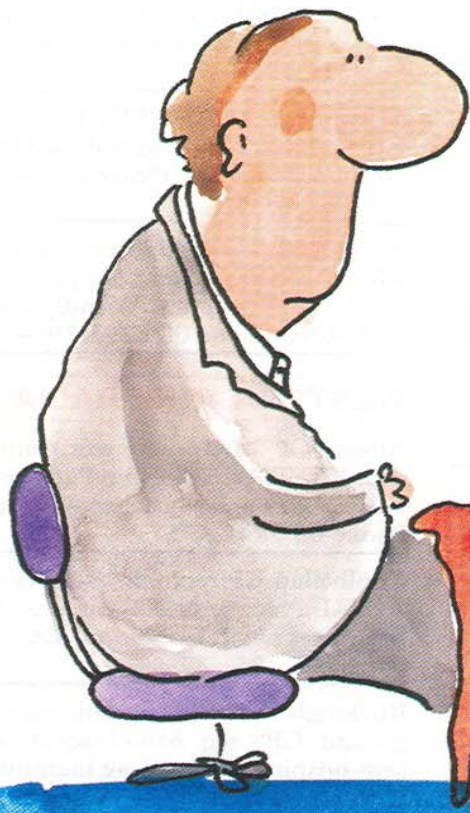


# POPGUNS

**P**rioritization **O**f **P**atients:  
a **G**uide to **U**rgency for **N**onclinical **S**taff



Thanks for seeing me again  
at such short notice.  
There were just one or two things  
my hairdresser didn't  
understand...



# Why a prioritization protocol?



“Clinicians triage,  
not receptionists.”

“Protocols give the  
lawyers a stick with  
which to beat us.”

“ It is common ground that a well trained receptionist would inquire about specific complaints, their severity and duration of the complaint.”

Master Harrison of the NSW Supreme Court in *Alexander vs Heise*, 2001.

“.....a GP has the responsibility to ensure that the patients seeking appointments are properly prioritised. The medical practice should have guidelines in place.....”

Master Harrison of the NSW Supreme Court in *Alexander vs Heise*, 2001.

“ .....the GP had a duty of care to properly instruct the medical receptionist on the proper management of patients who presented with complaints which may warrant urgent attention.”

Master Harrison of the NSW Supreme Court in *Alexander vs Heise*, 2001.

“A practitioner’s appointment system is an important piece of evidence when defending a complaint or claim.

Whether your practice’s appointment system is computerized or paper-based, UNITED recommends that it should...record what action was taken by the doctor and/or staff.”

(UMP Medico-Legal Handbook, 2003, p.116,7)

“The practice has a triage system that enables it to provide medical care to patients with urgent medical problems.

Indicators:

Staff have been trained to recognize urgent medical problems.

Staff can describe urgent medical matters and procedures for obtaining urgent medical attention.

The practice has a written policy for dealing with urgent medical matters.”

(Standards of General Practice, RACGP, 2000, Criterion 1.1.1)

“...important factors to remember when scheduling an appointment [include]...how soon does the patient feel they need to see a doctor.

...your Practice Policy and Procedure Manual should cover...fitting in urgent patients.”

(AGPAL Information Sheets “Making an appointment”)

“...the practice ensures patients presenting with serious or urgent medical problems are recognized and managed appropriately.

...guidelines are given to staff [regarding actions] when patients contact the practice by telephone.”

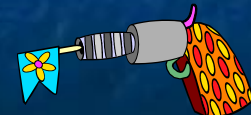
(GPA Accreditation Plus, Module 3)

# Current situation

- 100% of receptionists agree prioritization is part of their role.
- 94% of practices have a protocol (written or verbal).
- Documentation varies, even within a practice (progress notes, appt book, elsewhere).
- 100% of receptionists think a standard protocol would be helpful.
- 50% of practices have a nurse.
- Receptionist experience is very variable (25% < 1 yr, 31% 1-5 yrs, 44% > 5 yrs).

# Terminology

- Guidelines vs Procedures
- Prioritization vs Triage
- Problem vs Diagnosis
- First Aid vs Treatment



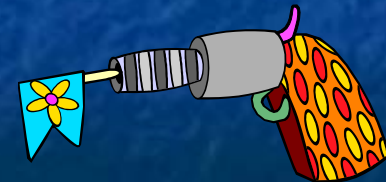
# Multidisciplinary input

- Safety & Quality Council
- GPs: local/other
- Nurses: practice/A&E
- Receptionists
- Practice Managers
- Consumers
- Pharmacists
- UMP
- Mayne Health
- SE NSW Div'n of GP
- Several other div'ns
- Health First
- AMA
- RACGP
- St John's Ambulance
- Univ. of New Eng.
- TAFE, Sth Aust.
- AAPM



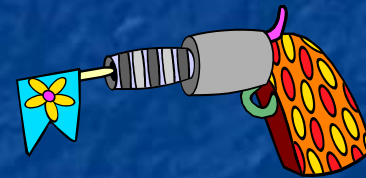
# The protocol attempts to be:

- Simple and workable
- Comprehensive but not exhaustive
- Patient-focused but not diagnostic
- Customized to the practice

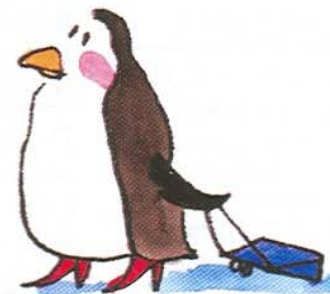
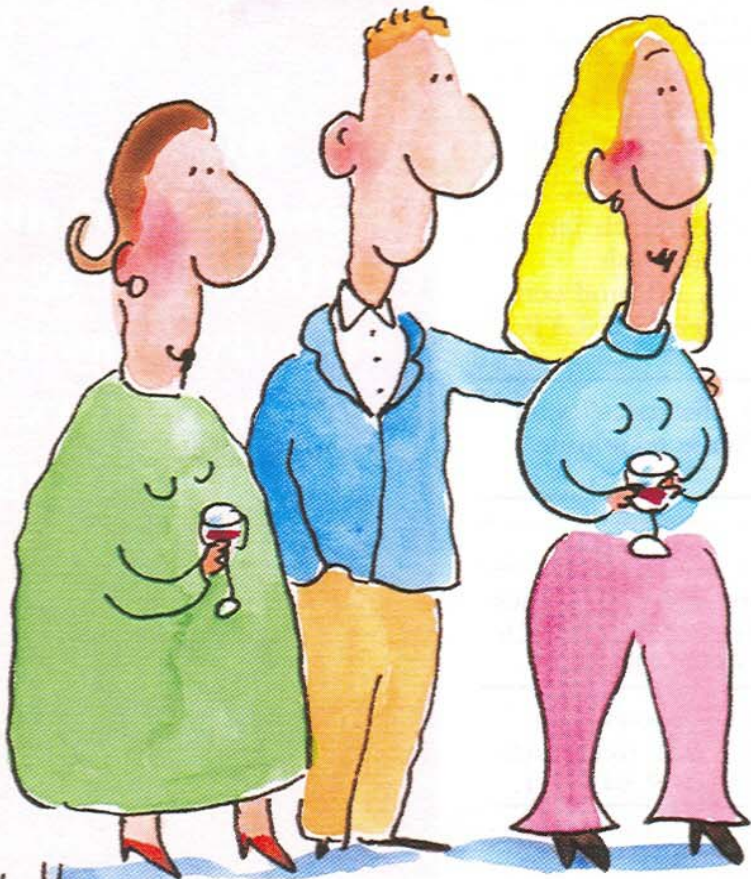


# Four parts to the protocol:

- Screening questions
- Categorization
- Patient advice
- Actions and documentation



... You may  
recognise my wife from  
"Surprise Extreme  
Makeover"



Do you have an urgent problem?

**YES/Unsure**

No

The next available appt is .... Is this ok?

**NO**

What is the **name, age** of the patient?  
What is the **nature** of the problem?  
What is the **duration** of the problem?  
What is the **severity** of the problem?  
Has the patient had any **previous major health problems**?



POPGUNS

**A**  
Chest pain  
Difficulty breathing  
Altered level of consciousness  
Fitting  
Uncontrollable bleeding  
Spinal injury

**B**  
Head injury  
Severe allergic reaction  
Persistent or heavy bleeding  
Major burns  
Major injuries  
Bites if unwell

**C**  
Extreme psychological distress or patient in danger  
Poisoning  
Heart palpitations  
Eye injuries  
Acute neurological changes including behavioural changes

**D**  
Severe pain or other 'severe' symptom  
Pregnancy:  
- pain or bleeding  
- ruptured membranes  
- reduced movement  
Abuse or assault  
Visual disturbance  
Patient with extreme concern

**E**  
Unwell child with persistent  
- fever  
- vomiting  
- diarrhoea  
- other symptoms  
Acute rash  
Dehydration risk  
Bleeding

**F**  
Adult with persistent fever, but otherwise well  
Post-op problems  
Eye or ear infections



**24h**

**'Call 000'**  
Inform GP  
Retrieve pt file  
Inform ED  
Provide info to ED  
**Document**

**'Go to casualty'**  
Inform GP  
Retrieve pt file  
Inform ED  
Provide info to ED  
**Document**

**Interrupt GP (or Nurse)**  
Retrieve pt file  
**Document**

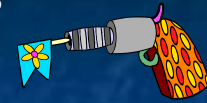
**Discuss with GP or Nurse as soon as available**  
Retrieve pt file  
**Document**

**'Come to the surgery now/today'**  
Inform GP  
Tell patient to call back if gets worse  
Retrieve pt file  
**Document**

**Make an appointment within 24 hours**  
Inform GP  
Tell patient to call back if gets worse  
**Document**

# First Aid

*The following advice may be given to assist patients / callers minimise harm and remain calm while waiting for medical help. Remember this is not medical treatment or care, but immediate action until medical assistance is available.*



CHEST PAIN or DIFFICULTY BREATHING	<ul style="list-style-type: none"> <li>• loosen tight clothing</li> <li>• make as comfortable as possible</li> <li>• someone stay with the patient if possible</li> </ul>
ALTERED CONSCIOUSNESS or FITTING	<ul style="list-style-type: none"> <li>• turn onto side</li> <li>• lift chin, check breathing, pulse &amp; colour</li> <li>• stay with patient</li> </ul>
SPINAL TRAUMA	<ul style="list-style-type: none"> <li>• do not move the patient unless essential</li> <li>• reassure and stay with patient</li> </ul>
HEAD INJURY	<ul style="list-style-type: none"> <li>• if unconscious, turn onto side, supporting head during movement.</li> <li>• if conscious, make comfortable, reassure and stay with patient</li> </ul>
SEVERE ALLERGIC REACTION	<ul style="list-style-type: none"> <li>• may include flushing of face and neck, difficulty breathing and reduced level of consciousness.</li> <li>• treat as for altered consciousness</li> <li>• if patient has adrenaline pen, use it</li> </ul>
BLEEDING	<ul style="list-style-type: none"> <li>• keep patient still</li> <li>• apply direct pressure to site</li> <li>• apply cold compress to back of neck for nose bleeds</li> <li>• elevate affected part</li> <li>• give nothing to eat or drink</li> </ul>
EYE INJURY	<ul style="list-style-type: none"> <li>• do not rub</li> <li>• do not attempt to remove foreign bodies</li> </ul>
MAJOR BURNS	<ul style="list-style-type: none"> <li>• remove from danger</li> <li>• apply cold running water</li> <li>• do not apply ointments or dressings</li> <li>• do not break blisters</li> </ul>
MAJOR INJURIES	<ul style="list-style-type: none"> <li>• keep airway clear &amp; control bleeding</li> <li>• immobilise, do not move unless essential</li> <li>• replace dislodged teeth, take amputated parts with patient</li> <li>• reassure &amp; stay with patient</li> </ul>
BITES	<ul style="list-style-type: none"> <li>• keep patient and bite site still</li> <li>• pressure bandage (not tourniquet)</li> </ul>
NEUROLOGICAL CHANGES	<ul style="list-style-type: none"> <li>• keep warm</li> <li>• make comfortable</li> <li>• observe breathing</li> </ul>
POISONING	<ul style="list-style-type: none"> <li>• treat as altered consciousness if necessary</li> <li>• do not induce vomiting</li> </ul>

First  
Aid  
Course

I suspect  
we'll need an ambulance,  
but could you give us  
20 minutes?



# Documentation



## ***Pracsoft Option***

Phone calls where an appt is not made can be recorded in a "nonsession" slot. eg:  
**"ph,3.12pm,J.Bloggs,burn,catB,AR"**  
meaning: "Phone call taken by AR at 3.12pm from Joe Bloggs and the usual action taken and advice given for a category B pt with a major burn (eg cool burn with cold water, go to Hospital, ED informed – or whatever standard protocol is in the practice manual for this category/problem)".

If the patient is not an existing patient and an appt is not being made (ie file not to be created), select "nonpatient" – PracSoft will colour the bar accordingly.

If an appt is to be made, a similar note can be made in the appt slot to highlight for the doctor and front desk that this is an urgent problem.

## ***Paper appointment book option***

There are numerous ways of doing this:

- duplicate phone message-type pads
- codes in appointment books
- phone logs
- patient records

None will be perfect but they should fit your Practice.

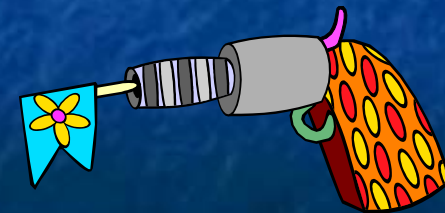
We suggest you record the following against the patients name. This can be done using agreed codes (following in brackets):

- date & time of call
- category patient assigned to (cat A,B,C)
- advice given (advice as per protocol)



# Explanatory Booklet

- Definitions
- High risk patients
- Approach to first aid advice
- Notes on documentation
- Customization (in-house or Division)



Cartoon by Kerry Millard



Millard