

Introduction.

Non-clinical (reception) staff are usually the first port of call for patients who access care in general practice, but what guides their decision making? Systems and processes support reception staff to safely and appropriately triage patients. The clinical team need to provide input into triage policies, decision-making tools, protocols and referral processes. They should also facilitate training for reception staff to recognise 'redflags', levels of urgency and need for care. Policies, procedures and guidelines support appropriate access to care and help avoid health and safety risks and medico-legal issues arising.

What is triage?

Triage should be a **rapid and systematic** process for determining a person's level of urgency at the point-of-entry to a service



However, triage can be a chaotic, process of **balancing patient access to care** with workforce pressures



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This poster is based on Larter's triage workshop, *Triage in General Practice Settings*. See larter.com.au for our education and training for health professionals.

Triage in general practice settings.

What guides decision making?

Clinical team – Drive the triage process.

To successfully implement a **safe** triage process, the clinical team must support reception staff. The **clinical team need to**:

-  **determine** the 'redflags' that guide non-clinical staff decision making about urgency and the need for care
-  **update** non-clinical staff on **health alerts & notifications**
-  provide and **facilitate** triage **training**
-  **develop** triage **policies**, procedures and decision-making guides (including who is responsible for calling 000)
-  **support** reception staff when **clinical decisions** are required

communicate effectively with patients, families and carers



determine level of **urgency** and identify 'redflags' for immediate attention




have **access** to up-to-date **policies**, procedures and flow charts to guide decisions



Reception staff – Implement the triage process.

Reception staff are often the first port of call for patient access to care. They are usually non-clinical staff with varied skills, knowledge and experience.

To implement a **safe** triage process, **reception staff need to**:

-  have **access** to **clinical staff** when needed
-  be aware of **health alerts** and transmission-based precautions







Patient, family & carers – Benefit from a safe triage process.



Policies, procedures and guidelines.

The RACGP (2010) *Standards for general practices* (4th Edition) state that

-  Administrative and clinical staff should be able to **describe practice policy** for identifying patients with urgent medical matters
-  Administrative staff need to **assess and prioritise** urgency for care when receiving calls
-  Reception staff should know when to **transfer telephone calls** to GPs or other clinical staff
-  Non-clinical staff should **receive triage training** to recognise medical emergencies and prioritise appointments



Triage in general practice settings.





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Policies and procedures

Continuous quality improvement

Good governance for **safe** triage requires:

Understanding of clinical justice & medico-legal issues

Risk management processes