# **Clinical Phone Triage Resource Kit**



Telephone assessment & treatment (clinical triage)



Same day access and appointment systems



Alternatives to F2F consults





### How to implement Clinical Phone Triage

### What is Clinical Phone Triage?

Receptionists receiving calls from patients asking for a same-day appointment offer the option of a doctor ringing them back. A GP or Nurse then contacts the patient to determine how they can most appropriately meet the patient's needs.

### Why should we implement GP triage?

Clinical Phone Triage is a telephone-based service that increases capacity for practices and convenience for patients by triaging those patients requesting a same day appointment. It allows a practice to identify why a patient wants to be seen and then decide the most appropriate outcome for that patient. It ensures same day appointment slots are reserved for those with a true same day need. Evidence from practices undertaking Clinical Phone Triage suggest that approximately 30-40% of patients requesting same day appointments can be managed without needing to come into the practice. These requests are also resolved faster than the standard 15 minute consult.

### What are the benefits?

- Increased capacity to see patients
- Reserves on the day appointments for those who actually require them
- Improved access to doctors; patients have access to doctors when they need it, within ten minutes from calling the practice
- · Avoids unnecessary visits to the practice
- Increased patient satisfaction





### Who does what?

| Staff                                | Role  |
|--------------------------------------|---|
| Receptionists                        | <ul> <li>Answer calls according to triage<br/>script and enter patients into triage<br/>template as appropriate</li> </ul>                        |
| <b>General Practitioner/Practice</b> | Contact patients  |
| Nurses                               | <ul> <li>Book same-day appointments as<br/>appropriate</li> <li>Generate paperwork<br/>associated with costs</li> </ul>                           |
| Practice Nurses                      | <ul> <li>Contact patients</li> <li>Book same-day appointments as<br/>appropriate</li> <li>Generate paperwork<br/>associated with costs</li> </ul> |
| Management                           | Adjust GP hours to cover peak<br>morning period (8-9am) and adjust<br>telephone system capacity   |

### When should we use it?

Use Clinical Phone Triage during peak call periods; for many practices this is between 8 and 9am.

You can use Clinical Phone Triage every day your practice is open. However, Mondays and Fridays are the busiest days for many practices, so you may need to allocate more GPs to do triage on these days.

### How will it affect staffing?

If your GPs currently start consulting at 8:30 or 9am, you may need to adjust their hours to cover the peak morning call period.

Because Clinical Phone Triage is quicker and more efficient than face-to-face appointments and frees up appointment time for patients who need it, you may find that your practice can see the same number of patients with reduced FTE (full-time equivalent) GPs.

### Will we need additional resources?

Yes. You will need:

• A call monitoring telephony report

• Additional telephone capacity as you may need to consider increasing the number of incoming lines during peak call periods – tracking your dropped call rate and complaints from people unable to get through, will help you refine this for your own practice. You may also need an additional separate outgoing line so that doctors doing triage can reach patients quickly and easily.





### How can we promote it to our patients?

There are various channels you can use to raise patient awareness about Clinical Phone Triage:

- Display posters in prominent areas at your practice
- Photocopy information onto the backs of invoices, statements and prescriptions
- Encourage reception and clinical staff to talk to patients about the service Change the telephone message to tell patients about the service
- Put information about the service on your website and social media channels

At first, it's important that the GP contacts the patient within the timeframe the receptionist gave. Once patients realise this, most are happy to use the Clinical Phone Triage service again.

### How should we integrate it with our IT systems?

Contact the NHH Change Team who will assist you with loading the Clinical Phone Triage advanced form and KPI reporting template into your PMS.

### What is the implementation timeline?

Start with a small test period and work with willing staff to develop the Clinical Phone Triage service. It's helpful to appoint a GP champion to lead the test period. Bring others on board by showing them the benefits the service is delivering.

### What else do we need to know?

• It's helpful to provide training to ensure GPs know the difference between triage and consultation.

• Clinical safety is paramount. Make it clear to GPs that triage isn't about trying to stop patients from being seen. If a GP has concerns during triage, the patient should be seen. Similarly, patients should be told to contact the practice again if they continue to feel unwell.

• Clinical Phone Triage should only be provided for enrolled patients with notes available.

• Triage is purely to decide how the patient needs to be managed. If you are unable to determine the needs of the patient in a few minutes, then book them in for an appointment (virtual or face to face).

• The triage service is offered for free, however you can charge for the outcome, e.g. if a prescription, appointment or off work certificate is required. Ensure there is consistent messaging from the team, that there may be a charge associated with the outcome.





### How do I charge patients if they don't come into the practice?

• There are several ways to manage this, and it will depend on the characteristics of the practice as to which will work best

- Email an invoice through (ensure reception confirms the email address)
- Some patients portals are working on the ability to pay online through the portal

### What is the implementation timeline?

Start with a small test period and work with willing staff to develop the GP triage service. It's helpful to appoint a GP champion to lead the test period. Bring others on board by showing them the benefits the service is delivering.

The stages as outlined below have not been allocated timeframes as this will depend on the individual practice resources available. Ideally, stage 1 should take one month to complete, stage 2 should be 2-3 months and stage 3 should be around the 4month mark.





# Implementation Checklist for Clinical Phone Triage

### **Implementation Checklist for Clinical Phone Triage**

This is not an exhaustive list but gives an idea of the sorts of things you will need to do or think about before implementing doctor phone triage

| Doctor phone triage process - clearly outlines the steps of the triage process and the roles and responsibilities of those involved                    |   |
|--|---|
| Demand analysis for same day appointments in order to decide when to triage and for how long   |   |
| Change templates   |   |
| Develop algorithm to support decision making for call handlers   |   |
| Develop scripts and training for call handlers   |   |
| Training of all call handlers  |   |
| Communications to patients about the change  |   |
| Training for all doctors & nurses undertaking triage   |   |
| Install Clinical Triage advanced form and load any new invoice codes (see Clinical Triage Advanced Form Set-Up OPL)                                    |   |
| Develop measures for call handling and triage on Visual Board to ensure that call<br>and triage data is monitored and evaluated (see OPL Advanced Form | п |
| Reporting)   |   |
| PDSA of change after first 2 weeks to make improvements to use, effectiveness, efficiency and safety   |   |





### Same Day Appointment Daily Demand Data Collection Template

### Same day appointment requests via phone or walk-in (write "P" for phone "W" for walk-in)

Week starting: .....

| Hour   | Monday | Tuesday | Wednesday | Thursday | Friday |
|--------|--------|---------|-----------|----------|--------|
| 7-7:30 |        |         |           |          |        |
| 7:30-8 |        |         |           |          |        |
| 8-8:30 |        |         |           |          |        |
| 8:30-9 |        |         |           |          |        |
| 9-10   |        |         |           |          |        |
| 10-11  |        |         |           |          |        |
| 11-12  |        |         |           |          |        |
| 12-1   |        |         |           |          |        |
| 1-2    |        |         |           |          |        |
| 2-3    |        |         |           |          |        |
| 3-4    |        |         |           |          |        |
| 4-5    |        |         |           |          |        |





## **PMS Triage Booking Templates**

#### **PMS Triage Booking Templates**

- 1. GP specific triage scheduling
  - Set up 9 x 3-minute appointment slots between 9 and 9:27am
  - As patients are queued for a call back, call handler books the 3 min slot in the GP's schedule.
  - Each GP works through their own list and calls patients back at the scheduled times or until their list is completed

| •<br>•   | රල් ඕර          |   | ntment Book  |      | <b>V</b> AU   |   |
|----------|-----------------|---|--------------|------|---------------|---|
|          |                 |   | s Peck (CGP) |      | -<br>-        |   |
| Time     | Patient         | , | Note         | Stat | Location Type |   |
| 08:00 am |                 |   |              |      |               |   |
| 08:15 am |                 |   |              |      |               |   |
| 08:30 am |                 |   |              |      |               |   |
| 08:45 am | DAILY HUDDLE    |   |              |      |               |   |
| 09:00 am | Triage          |   |              |      |               |   |
| 09:04 am | Triage          |   |              |      |               |   |
| 09:08 am | Triage          |   |              |      |               |   |
| 09:12 am |                 |   |              |      |               |   |
| 09:16 am | Triage          |   |              |      |               |   |
| 09:20 am |                 |   |              |      |               |   |
| 09:24 am | Triage          |   |              |      |               |   |
| 09:30 am |                 |   |              |      |               |   |
| 09:45 am |                 |   |              |      |               |   |
| 10:00 am | BREAK           |   |              |      |               |   |
| 10:15 am | Drionly to book |   |              |      |               |   |
| 10:30 am |                 |   |              |      |               |   |
| 10:45 am |                 |   |              |      |               |   |
| 11:00 am | Drionly to book |   |              |      |               |   |
| 11:15 am |                 |   |              |      |               |   |
| 11:30 am |                 |   |              |      |               |   |
| 11:45 am |                 |   |              |      |               |   |
| 12:00 pm | LUNCH           |   |              |      |               |   |
| 01:00 pm |                 |   |              |      |               |   |
| 01:15 pm | Drionly to book |   |              |      |               |   |
| 01:30 pm |                 |   |              |      |               |   |
| 01:45 pm |                 |   |              |      |               |   |
| 02:00 pm | Drionly to book |   |              |      |               |   |
| 02:15 pm |                 |   |              |      |               |   |
| 02:30 pm |                 |   |              |      |               |   |
| 02:45 pm | Admin           |   |              |      |               |   |
| 03:00 pm |                 |   |              |      |               |   |
| 03:15 pm |                 |   |              |      |               |   |
| 03:30 pm |                 |   |              |      |               |   |
| 03:45 pm |                 |   |              |      |               |   |
|          |                 |   |              |      |               | ~ |





#### 2. Single shared triage queue

- Set up a single shared Triage queue in MedTech with patient name and notes columns.
- Block out a 30-minute Phone Triage slot in each GP's template e.g. 9-9:30am
- As patients are queued for a call back, call handler adds the patient to the Triage template with a note stating the preferred GP and patient's preferred phone number.
- During the GP's allocated Phone Triage slot, they will open the shared queue and work down the list. They should call back their own patient's first before moving on to others if they have any time left.

| Appointment Book 1                     |                        | _ 🗆 X    | 🕙 Аррс   | ointment Book 2     |                                    | _ 🗆 🗙      |
|--|------------------------|----------|----------|---------------------|------------------------------------|------------|
|  |                        |          | 10 B     |                     | 🖹 🞑 🔇 🚺 🗖                          | 🔊 🕼 🕅      |
| Date: Tue 17 Oct 2017 🔽 Prov: NHH Clin | nical Triage (GPT) 📃 💌 |          | Date:    | Thu 23 Nov 2017 💌 I | Pro <u>v</u> : Dr Geoff Cunninghan | n (GC) 💌   |
| Time Patient Note                      | e Stat SMS             | Loca     | Time     | Patient             | Note                               | Stat SMS 🔺 |
| 07:30 am                               |                        |          | 08:00 a  | m                   |                                    |            |
| 07:35 am                               |                        |          | 08:15 ar | m GPTriage          |                                    |            |
| 07:40 am                               |                        |          | 08:30 ar | m HUDDLE            |                                    |            |
| 07:45 am                               |                        |          | 08:45 ar | m                   |                                    |            |
| 07:50 am                               |                        |          | 09:00 ar | m                   |                                    |            |
| 07:55 am                               |                        |          | 09:15 ar | m                   |                                    |            |
| 08:00 am                               |                        |          | 09:30 ar | m BOOK ON THE DAY   | ONLY                               |            |
| 08:05 am                               |                        |          | 09:45 ar | m                   |                                    |            |
| 08:10 am                               |                        |          | 10:00 ar | m MORNING TEA       |                                    |            |
| 08:15 am                               |                        |          | 10:15 ar | m ACUTE             |                                    |            |
| 08:20 am                               |                        |          | 10:30 ar | m                   |                                    |            |
| 08:25 am                               |                        |          | 10:45 ar | m                   |                                    |            |
| 08:30 am                               |                        |          | 11:00 ar | m                   |                                    |            |
| 08:35 am                               |                        |          | 11:15 ar | m BOOK ON THE DAY   | ONLY                               |            |
| 08:40 am                               |                        |          | 11:30 ar | m                   |                                    |            |
| 08:45 am                               |                        |          | 11:45 ar | m                   |                                    |            |
| 08:50 am                               |                        |          | 12:00 pi | m LUNCH             |                                    |            |
| 08:55 am                               |                        |          | 01:15 pi | m                   |                                    |            |
| 09:00 am                               |                        |          | 01:30 pi | m                   |                                    |            |
| 09:05 am                               |                        |          | 01:45 pi | m                   |                                    |            |
| 09:10 am                               |                        |          | 02:00 pi | m BOOK ON THE DAY   | ONLY                               |            |
| 09:15 am                               |                        |          | 02:15 pi | m                   |                                    |            |
| 09:20 am                               |                        |          | 02:30 pi | m                   |                                    |            |
| 09:25 am                               |                        |          | 02:45 pi | m                   |                                    |            |
| 09:30 am                               |                        |          |          |                     |                                    |            |
| 09:35 am                               |                        |          |          |                     |                                    |            |
| 09:40 am                               |                        |          |          |                     |                                    |            |
| 09:45 am                               |                        |          |          |                     |                                    |            |
|  | · ·                    | <b>_</b> |          |                     |                                    |            |

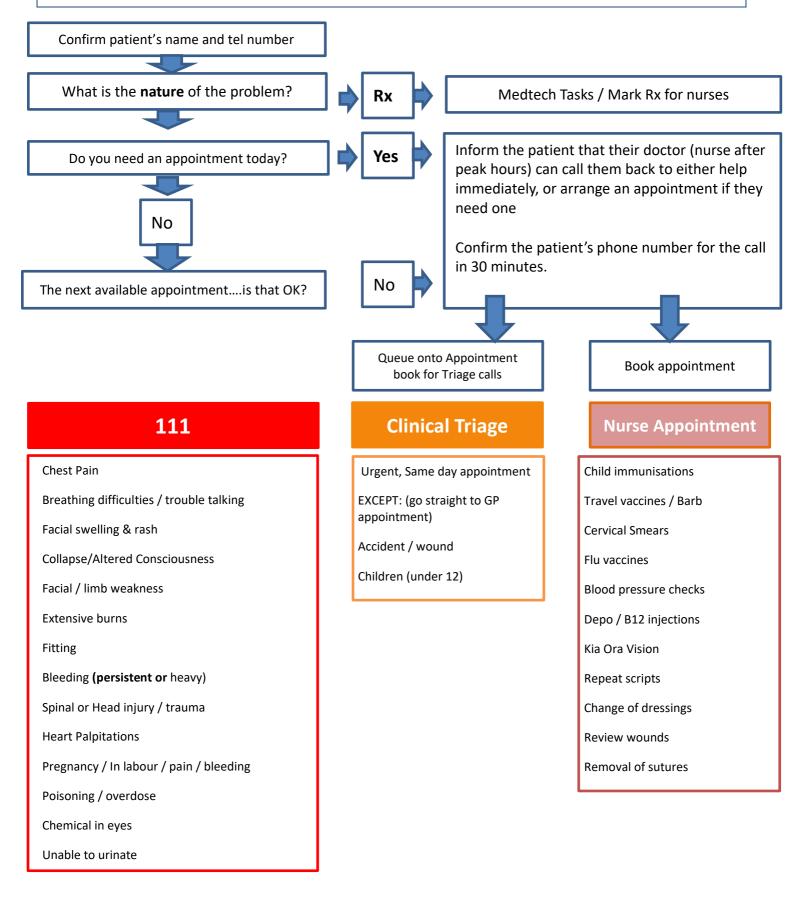
#### Other notes

- The patient should be triage by their own GP if possible
- Each GP has face-to-face slots available to book if needed.





## Call Handling Guide for incoming telephone calls requesting an appointment







### **Example of Clinical Phone Triage Standard**

### **Example of Clinical Triage Standard**

- 1. Begin by opening the Clinical Triage advanced form
- 2. Call patient
- 3. Introduce yourself
- 4. Confirm patient identity
- 5. Explain benefits of talking to GP or nurse now if necessary
- 6. Take a full history of presenting complaint
- 7. Review patient records, e.g. meds, warnings, classifications
- 8. Consider need for physical examination to come to a diagnosis. Book face to face consult if necessary
- 9. Discuss options if confident you can manage patient without physical exam
- 10. Remember, patients can still request a face to face consult at any time
- 11. Agree management plan with patient
- 12. Ask patient to recap the agreed plan
- 13. Safety net "If your condition deteriorates or you develop XYZ (relevant to presenting complaint) please let us know, remember to call 111 in an emergency"
- 14. "Do you have any further questions right now?"
- 15. Say goodbye and hang up
- 16. Save the form





| Ν  | eig  | hbourh                     | ood Healthcare Ho   | mes                   |   |      |
|----|------|----------------------------|---|-----------------------|---|------|
| C  | lini | cal Triag                  | e Advanced Form   | Setup                 | _   |      |
| 1. | Ge   | t Clinical Tr              | iage Form loaded into Mec   | lTech                 |   |      |
|    | •    |                            | ki Canter-Burgoyne to arran<br>-burgoyne@mahitahihauora<br>96   |                       | New Service Group   |      |
| 2. | Set  | t up HCH se                | ervice group  |                       | Healthcare Home (HCH) Main Audit  |      |
|    | •    |                            | w Service Group for all healt<br>se <b>HCH</b> as the code and <b>He</b> a<br>ription.  |                       | Code: HCH<br>Description: Healthcare Home<br>Inactive:<br><u>DK Cancel Help</u> |      |
| 3. | Set  | t up mandat                | tory HCH service codes  |                       | New Service   |      |
|    | •    | Prescription               | equires 2 mandatory codes to<br>ns or Medical Certificates pro<br>se must be set up as follows:                                   | vided during          | Prescription (HCHRX) Main Annotation Subsidy GMS Adjust                         | tmen |
|    |      | Code                       | Description   | Service Fee           | Code: HCHRX   |      |
|    |      | HCHRX                      | Prescription  | Practice to determine |   |      |
|    |      | нснмс                      | Medical Certificate   | Practice to determine | Service Fee: 15.00<br>New Service Details                                       |      |
|    | •    | Select HCH                 | I Healthcare Home as the s  | ervice Group          | New Service Fee:<br>Effective Date:   | 1    |
| 4. | Set  | t up any ado               | ditional HCH service codes  | ;                     | Service Group (Healthcare Home (HCH)  | >    |
|    | •    |                            | further services that would b<br>during a triage call.  | e provided and        |   |      |
|    | •    | form recogn<br>number of s | nust start with the prefix "HCI<br>hises the service. There is no<br>services you can set up and n<br>code suffix or description. | limit to the          |   |      |





NORTHLAND DISTRICT HEALTH BOARD Te Poari Hauora À Rohe O Te Tai Tokerau

| ٠ | <b>IMPORTANT NOTE:</b> Do not set up codes for non-billable |  |
|---|---|--|
|   | activity e.g. "Resolved with brief advice". The information |  |
|   | submitted on the form is saved meaning the user does        |  |
|   | not separately need to submit an invoice for the outcome    |  |
|   | to be recorded.   |  |

### 5. What you should see on the Clinical Triage form

The triage for should now show any buttons relating to the codes just set up (as shown below). These buttons are used to invoice for services provided during triage.

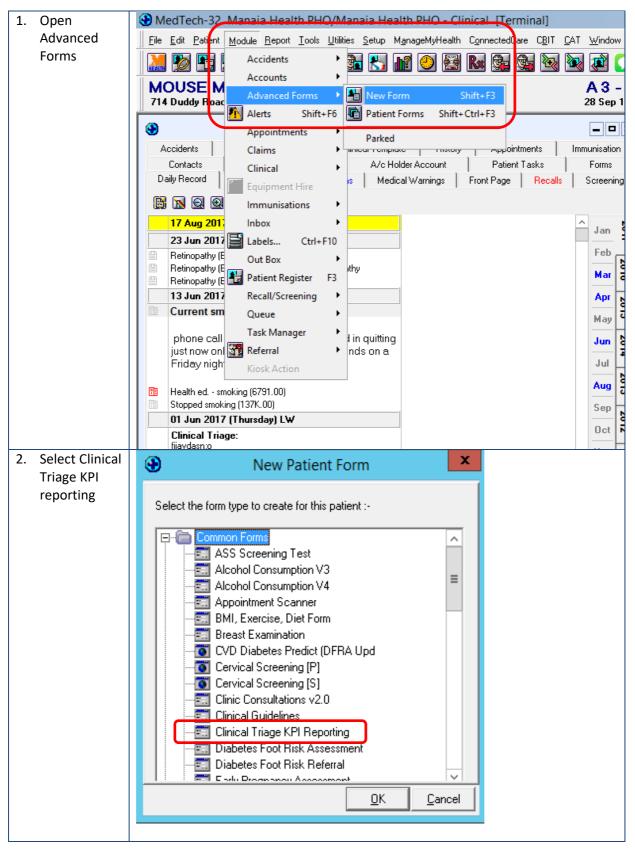
| lain           | Clinical Triage    | More        | Audit 📔    |                    |  | 🖻 🤇                         |
|----------------|--------------------|-------------|------------|--------------------|--|-----------------------------|
| Clin           | ical Triage        |             |            |                    |  | 0:13                        |
| In             | itial Contact      | Outco       | ome        |                    |  |                             |
|                | Has the issue      | been re     | solved b   | y Clinical Triage? | Management Plan/Safety Net  If condition gets worse, contact the practi If condition gets worse, call 111 and ask ambulance If condition gets worse, go to A&M If condition gets worse, go to ED  Final Notes/Additional Safety/Management (optional): | for an                      |
|                |                    |             |            | (                  | Do you have any further questions?   |                             |
| B Proc         | on Limited 2016 Ve | rsion 1.0.0 | March 2017 | 7                  |  | -                           |
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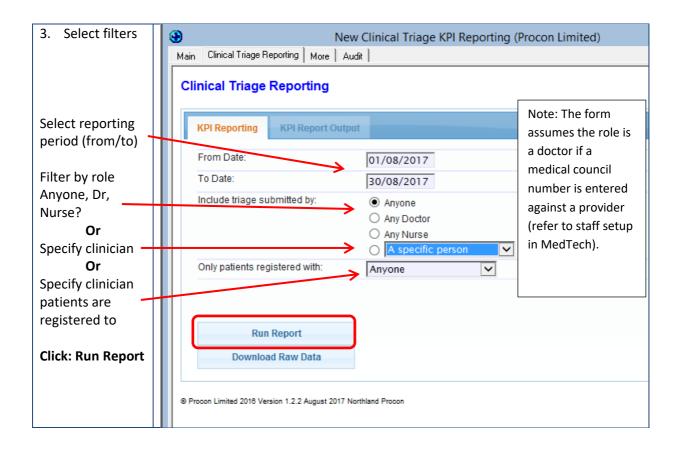


Clinical Triage KPI Reporting Form













| KPI Data from 01/08/2017<br>Outcomes | <b>to</b> Triage calls m<br>during the repo<br>period              |              | Outcome c<br>calls as a p | Same breakdown<br>outcome but for M<br>or non-Maori |                         |  |
|--------------------------------------|--|--------------|---------------------------|---|-------------------------|--|
|                                      |  | $\checkmark$ | Р                         | ercent  |                         |  |
| Outcome                              | Ci   | alls         | Total                     | Maori   | Non-Maori               |  |
| Same day face to face                |  | 4            | 50%                       | 67%   | 40%                     |  |
| Future face to face                  |  | 1            | 13%                       | 33%   | 0%                      |  |
| Other                                |  | 1            | 13%                       | 0%  | 20%                     |  |
| Resolved in triage                   |  | 2            | 25%                       | 0%  | 40%                     |  |
| Contact not made                     |  | 0            | 0%                        | 0%  | 0%                      |  |
| Total triage calls                   |  | 8            | 100%                      | 100%  | 100%                    |  |
| Unknown<br>Total                     | Nurse  |              | 8                         |   | 100%<br>100%            |  |
| Continuity of Care                   |  |              |                           | of patients tria<br>y their own G                   |                         |  |
| Triaged By                           |  |              | Calls                     |   | Percent                 |  |
| Patient's own GP                     |  |              | 0                         |   | 0%                      |  |
| Someone else                         |  | 8            |                           |   | 100%                    |  |
| Total triage calls                   |  |              | 8                         |   | 100%                    |  |
| Daily Phone Triage                   | List of the number o<br>calls made each day<br>and the average tim | ,            |                           |   |                         |  |
| Date                                 | per call   | J            | Calls                     |   | Avg Duration<br>(mm:ss) |  |
|                                      |  |              | 8                         |   | 3:34                    |  |
| Wed 16/08/2017                       |  |              | 8                         |   | 3:34                    |  |
|                                      |  |              |                           |   | 3:34                    |  |
| Wed 16/08/2017<br>Total              |  |              |                           |   |                         |  |





| 5. Downloading     |                                 |   |
|--------------------|---------------------------------|---|
| the raw data       | KPI Reporting KPI Report Output | t in the second s |
| into Excel         | From Date:                      | 01/08/2017  |
| (optional)         | To Date:                        | 30/08/2017  |
| Select desired     | Include triage submitted by:    | Anyone  |
| filters as in step |                                 | Any Doctor  |
| 3.                 |                                 | O Any Nurse   |
|                    |                                 | A specific person   |
| Click: Download    | Only patients registered with:  | Anyone  |
| Raw data           |                                 |   |
|                    |                                 |   |
|                    | Run Report                      |   |
|                    | Download Raw Data               | J   |
| 6. Open the        | View Do                         | wnloads - Internet Explorer   |
| spreadsheet        |                                 |   |
|                    | View and track your downloads   | Search downloads  |
|                    | Name                            | Location Actions  |
|                    | HCH Data Dowcsv 1.67 KB         | Do you want to open or Open Save  |
|                    | procon3.co.nz                   | Save this file?   |
|                    |                                 |   |
|                    |                                 |   |
|                    | •                               |   |
|                    |                                 |   |
|                    |                                 |   |
|                    |                                 |   |
|                    |                                 |   |
|                    |                                 |   |
|                    |                                 |   |
|                    |                                 |   |
|                    |                                 |   |
|                    | Options                         | Clear list Close  |





| 7. | Reading the<br>Raw data | Raw Dat   | ta col   | umns     | A – I                | 4        | Day      | and time       |           |              | Patient   | detai  | ls    |          |
|----|-------------------------|-----------|----------|----------|----------------------|----------|----------|----------------|-----------|--------------|-----------|--------|-------|----------|
|    | extract in              |           | 4        | 1        |                      | В        | of       | triage<br>C    | D         | E            | F         |        | G     | Н        |
|    | excel                   | 1 Practi  | ce       |          |                      | Form ID  | Date     |                | YYYY-MIV  | Patient ID   | Date of   | Birth  | Age   | Gender   |
|    | excer                   | 2 Millst  | one Far  | nily Pra | ctice                | 21723    | 16/08    | /2017 10:06    | 2017-08   | M001448      | 1/10      | /1993  | 23    | F        |
|    |                         | 3 Millst  | one Far  | nily Pra | ctice                | 21721    | 16/08    | /2017 10:04    | 2017-08   | M001448      | 1/10      | /1993  | 23    | F        |
|    |                         | 4 Millst  | one Far  | nily Pra | ctice                | 21720    | 16/08    | /2017 10:03    | 2017-08   | M001448      | 1/10      | /1993  | 23    | F        |
|    |                         | 5 Millst  | one Far  | nily Pra | ctice                | 21719    | 16/08    | /2017 10:00    | 2017-08   | M001587      | 10/02     | /1986  | 31    | . F      |
|    |                         | 6 Millst  | one Far  | nily Pra | ctice                | 21717    | 16/0     | 8/2017 9:45    | 2017-08   | M001587      | 10/02     | /1986  | 31    | . F      |
|    |                         | 7 Millst  | one Far  | nily Pra | ctice                | 21716    | 16/0     | 8/2017 9:44    | 2017-08   | M001587      | 10/02     | /1986  | 31    | F        |
|    |                         | 8 Millst  | one Far  | nily Pra | ctice                | 21715    | 16/0     | 8/2017 9:40    | 2017-08   | M001587      | 10/02     | /1986  | 31    | F        |
|    |                         | 9 Millst  | one Far  | nily Pra | tice                 | 21707    | 16/0     | 8/2017 9:22    | 2017-08   | M001587      | 10/02     | /1986  | 31    | F        |
|    |                         | Raw dat   | ient de  |          | mns                  | I- Q     | G        | Patient's      | Perso     | n who did 1  | riage     | Pat    | ient  | contact  |
|    |                         | Pal       | ient de  | laiis    |                      |          |          | GP             |           |              | -         | 1.40   |       |          |
|    |                         |           | J        | k        |                      | L        |          | M              | and ro    | ole e.g GP/I | o         | Р      | IIId  | de?<br>Q |
|    |                         | Principal | Quintile | e Latitu | de                   | Longitu  | de Gi    | Name           | Submitted | d By Submit  | tter Role | Patie  | ent I | Message  |
|    |                         | 21        |          | 1 -43.5  | 76217                | 172.707  | 7261 L \ | Nickham        | Peck      | Unkno        | wn Role   | Yes    |       |          |
|    |                         | 21        |          |          |                      |          |          | Nickham        | Peck      | Unkno        | wn Role   | Yes    |       |          |
|    |                         | 21        |          | 1 -43.5  | 762 <mark>1</mark> 7 | 172.707  | 7261 L \ | Nickham        | Peck      | Unkno        | wn Role   | Yes    |       |          |
|    |                         | 44        |          | D        |                      |          | M        | anaia PHO      | Peck      | Unkno        | wn Role   | Yes    |       |          |
|    |                         | 44        |          | D        |                      |          | M        | anaia PHO      | Peck      | Unkno        | wn Role   | Yes    |       |          |
|    |                         | 44        |          | D        |                      |          | M        | anaia PHO      | Peck      | Unkno        | wn Role   | Yes    |       |          |
|    |                         | 44        |          | D        |                      |          | M        | anaia PHO      | Peck      | Unkno        | wn Role   | Yes    |       |          |
|    |                         | 44        |          | D        | ノ                    |          | м        | anaia PHO      | Peck      | Unkno        | wn Role   | Yes    |       | checked  |
|    |                         | · ·       | ns ticke | d on fo  | rmI                  | Resolved | d in     | Triage<br>time |           | unt of invo  |           |        | -     | -        |
|    |                         | triag     |          | •        |                      | t? Wher  |          | (secs)         | · · ·     | Presciption  | , Med c   | ert an | id al | lothers  |
|    |                         | R         | S        | Т        | U                    | V        | W        | ^              | Y         | Z            | AA        | -      | _     |          |
|    |                         | Resolved  |          | Other    | Why                  | What     | When     |                |           | Prescriptio  | n Med C   | Cert 0 | otl   |          |
|    |                         | No        | GP       |          |                      | F2F      | Futur    |                |           |              |           |        |       |          |
|    |                         | No        | Nurse    |          |                      | F2F      | Today    |                |           |              |           |        |       |          |
|    |                         | No        | Nurse    |          |                      | F2F      | Today    |                |           |              |           |        |       |          |
|    |                         | Yes       |          |          |                      |          |          | 198            |           |              | 15        | 0      |       |          |
|    |                         | No        | Nurse    |          |                      | Corresp  |          |                |           |              |           |        |       |          |
|    |                         | No        | GP       | Physio   |                      | F2F      | Today    |                |           |              |           |        |       |          |
|    |                         | Yes       |          |          |                      |          |          | 1050           |           |              | 30        | 0      | _  _  |          |
|    |                         | No        | Nurse    |          |                      | F2F      | Toplay   | 43             | 0         |              |           |        |       |          |





Purpose of Clinical Triage is to make a quick assessment on whether or not a patient needs to come in for a same day appointment. It is not a consult. If further consultation is required, a separate appointment should be booked

