 <p>PRIMARY HEALTH CARE OPERATING GUIDELINE</p>	Operating Guideline: Management of Telephone Inquiries & Telephone Triage	Guideline Number PCOG # 5
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1. **INTENT:**

- In primary care, effective management of telephone inquiries facilitates the right care by the right provider at the right time and a no wrong door approach.
- Guidelines for managing telephone inquiries and telephone triage are needed to facilitate appropriate care, including prioritization of same day appointments and suggesting other resources.
- Clinic teams are required to have a telephone inquiry and triage workflow that details roles and responsibilities within the clinic team.

NURSING TRIAGE EDUCATIONAL RECOMMENDATIONS:

<ul style="list-style-type: none"> • CRNM Telephone Consultation Standards of Practice Application: Interpretive Document • Canadian Triage and Acuity Scales National Guidelines • Triage Scale for Behavioural Emergencies • Telephone Triage Learning Center TriageLogic Learning Center and Triage Logic Protocols Adult and Pediatric Office Hours^a
<p>Key Books Available</p> <ul style="list-style-type: none"> • Telephone Triage Protocols for Nurses Julie K. Briggs get the latest edition • Pediatric Telephone Protocols by Barton D. Schmitt MD FAAP Publisher: American Academy of Pediatrics; Fourteenth Edition, new edition (October 10, 2012) • Adult Telephone Protocols by Barton D. Schmitt MD FAAP Publisher: American Academy of Pediatrics; Fourteenth Edition, new edition (November, 2012) <p>^a To be reviewed and / or another online resource explored to assist with the training and education needs of Clinical Support Staff to ensure they are able to handle scenarios inside and outside of these requests.</p>

2. **DEFINITIONS:**


Clinical Support Staff (CSS): In this guideline this refers to Primary Care Assistants, Unit Clerks and Front End Reception and also comprises the patient's medical home team.

No Wrong Door is an approach to service organization that provides individuals with or links them to appropriate service interventions regardless of where they enter the system of care. This principle commits all primary care services to respond to the individual's stated and assessed needs through either direct service or a linkage to appropriate programs, as opposed to sending the person from one agency to another. Welcoming goes beyond the individual's initial contact with a service and must be incorporated into every contact between patients and all staff of the Primary Care program. Welcoming conveys the spirit of "No Wrong Door."

Over-referral is a term used to describe when a patient is directed to a level of care more urgent than needed. Over-referral leads to unnecessary ambulance runs (EMS 911), excessive emergency department visits, and increased cost to the patient and health care system.¹

Under-referral is a term used to describe referring the patient to a disposition level lower than ideal. Delays in diagnosis and treatment can lead to adverse outcomes.¹

Triage is a term used to describe "sorting out" it involves ranking patient concerns in terms of urgency, in order to book those appointments that are necessary. It also involves deciding when the appointment should occur. It can involve educating and advising the patient regarding a number of health related issues.

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KEY EXPECTATIONS

- When answering the phone, never put on a caller on hold without finding out why they are calling, in case it is an emergency. **NOTE:** When multiple incoming telephone inquiries and the designated Phone Manager has more than two incoming phone calls it is expected that the designated CSS 'Phone Manager' receives assistance from their peers to ensure we expedite all incoming telephone inquiries.
- Patients requiring clinical advice should be promptly re-directed to a Primary Care Nurse. Receptionists/PCAs cannot provide clinical advice.
- Telephone care should not be provided to patients with whom the clinic does not have an existing relationship. However, it is expected a "No Wrong Door" approach is used with every encounter. This provides individuals with or links them to appropriate service interventions regardless of where they enter the system of care. This principle commits all primary care services to respond to the individual's stated and assessed needs through either direct service or a linkage to appropriate programs, as opposed to sending the person from one agency to another. Welcoming goes beyond the individual's initial contact with a service and must be incorporated into every contact between patients or individuals who do or do not have an existing relationship with the clinic and all staff of the Primary Care program. Welcoming conveys the spirit of "No Wrong Door".
- Non-patients should be directed to other options as follows:
 - their primary care provider (suggest the Family Doctor Finder if they currently do not have one and your clinic is not currently able to take new patients),
 - the nearest Quick Care Clinic or After Hours Walk – In Clinic or
 - Health Links-Info Santé.
Any team member can provide a non-patient with this information.
- Clinics will have staff available to respond to telephone inquiries during posted operating hours. Professional staff should be available to provide clinical triage. PC Operating Guideline PCOG #27: Physician Work Schedule Planning and Process outlines minimum staffing levels for Primary Care clinics and closure procedures in the event minimum staffing levels cannot be met.
- All telephone care provided by regulated health professionals shall be documented in the EMR and labeled as a "**Telephone Note**". A medical history using advanced assessment skills with a brief description of the patient illness using SOAP notes (macros or clinical note templates), identify the chief complaint and most serious symptom, select the correct triage protocol, triage the patient into an appropriate disposition category and provide care advice (judgment which includes critical thinking ability & compassion), give call - back or appointment instructions to caller.
- Compassion is a key trait needed to effectively manage telephone inquiries of all callers. Treating callers with compassion helps them feel comfortable, allowing all clinic team members to focus on assessing their situation. The key to successfully handling a difficult caller is to communicate in a manner that diffuses the caller's frustration while keeping both of you calm. Examples of common difficult caller situations: (angry or frustrated callers, abusive callers or difficult situations) and how to effectively manage the call can be found [Telephone Triage Managing Difficult Telephone Triage Calls \(2014\)](#).

3. GUIDELINES:

Roles and Responsibilities

- Although any clinic team member may have a role in the management of telephone inquiries and telephone triage, the general clinic process is that incoming phone calls to the clinic are answered by the

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Primary Care Assistant (PCA) and phone calls requiring clinical advice and triage are managed by the Primary Care Nurse (PCN).

Primary Care Assistant Role

- Receptionists/PCAs shall not provide clinical advice or assessment. Staff in these roles are expected to ask the patient the reason for the appointment and therefore receive a variety of responses that may require either more immediate attention or evaluation and next steps prior the scheduled appointment. Staff in these roles may provide general information, such as a date for a specialty appointment.
- The role of the Receptionist/PCA is to gather key information and appropriately re-direct callers, (i.e., to speak with a PCN or other primary care provider (Physician, Nurse Practitioner, Physician Assistant)) for further assessment and specific advice. This includes if the caller is unsure whether they should be booking an appointment or if they should go to an emergency department.


Primary Care Assistant Responsibilities

3.1 Management of Telephone Inquiries

3.1.1 Greeting: include name of clinic, first name and role

3.1.2 Gather Information:

- Obtain the caller's full name and verify phone number in case the call is prematurely disconnected. Verify they are a current patient of the clinic See PCOG #23: Two Client Identifiers [PCOG #23- Client Identification](#). If not, follow the clinic's process for taking new or transferred patients [PCOG #1- Access and Transfers](#).
- Reason for call (i.e., routine appointment booking, in need of medical advice or other information). Follow [PCOG #29- Optimizing Team Roles through Appointment Types and Reasons](#).
- If in need of medical advice, ask if the patient thinks this is a medical emergency? See APPENDIX A which lists examples of potential emergency symptoms and responses.
 - If yes, immediately find a PCN or other PCP (Nurse Practitioner, Physician or Physician Assistant) to speak with the patient. RATIONALE: PCA's should not decide the level of the acuity or mode of transportation.
 - If not feasible, and caller is identifying an emergency, direct the caller to dial 9-1-1 or advise the caller they will have to decide if they need someone drive them to the nearest emergency room.
 - If caller does not have a responsible adult with them, PCA may call 911 for them. Emergencies may be identified by patient/caller, PCN, PCP.
 - If a call is terminated before any of the clinic team members are satisfied that the client's call has been properly addressed and the clinic team member believes that there is life-threatening risk to the caller or to others, they must consult with their immediate supervisor (Manager or Site Medical Lead) for any actions that need to be taken.

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3.1.3 Appendix B & C offers guidelines for other types of clinic calls. If reason for call involves communication with clinic team, include in **'Tasks'** and messages to providers to include the following:

- Who is calling? Ensure messages and tasks are in the patient's name, not the person who called.
- Are they calling about themselves or someone else?
- What are they calling about?
- What number can they be reached at?
- Identify what is the level of task urgency.

Emergent / Very urgent – Requires immediate attention

Urgent – Attention required within 1-2 hours

Normal – To be evaluated sometime that working day

- For Tasks identified as **'Very Urgent'**, expectation is the Clinic Team member be interrupted when they are with a patient and very urgently required

3.2 Appointment Booking

3.2.1 Utilize Advanced Access principles and practices in appointment booking to ensure a supply of same-day appointments for patients with more urgent needs (i.e., sell late in the week, sell early in the day) [PCOG #12- Advanced Access Strategies](#).

3.2.2 In the absence of adequate appointment availability, calls may need to be directed to the PCN or other primary care provider (i.e. Physician, Nurse Practitioner) for advice regarding urgency of care needs and where to obtain care.

Same Day Appointments

- Are generally reserved for issues that should be addressed within 1-3 days (i.e. bladder, ear, throat infections; colds) and not for chronic conditions/issues. All team members are responsible to provide guidance on when same day appointments are opened up to prevent unfilled same day appointments. Clinic Managers should be informed when same day appointments are left unfilled.
- Advanced Access recommended best practice indicates that patients who miss pre-booked appointments are only offered same day appointments to increase the likelihood of their attendance.


3.3 Patient Attends In Person to the Clinic

When any individual attends in person to the front desk clinic reception it is expected the patient should be managed in the same way as a telephone inquiry. For emergent or very urgent issues call for clinic team assistance and follow the Primary Care emergency guidelines. [Primary Care- Emergency Guidelines](#) and [PCOG 18- Transfer of Patients to Emergency Departments / Urgent Care or Crisis Response Services](#).

Primary Care Nurses Role

Primary Care Nurses to provide telephone triage and deliver telephone care that considers the following:

- Clinical content should contain specific ("targeted") care advice for each triage question. This ensures that care advice is relevant to the precise set of symptoms and disposition of the caller. It reduces triage nurse's need to scan lists and to select appropriate care advice.¹
- Lack of targeted care advice wastes nursing time; causing nurses to spend time selecting and sometimes even creating care advice for callers. It also leads to inaccurate documentation of what care advice was actually given.¹

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- There is a dynamic and important balance between under-referral and over-referral.^{1,2} The term under-referral describes referring the patient to a disposition level lower than ideal. Delays in diagnosis and treatment can lead to adverse outcomes. Under-referral rates to the Emergency Department should approach zero.¹ Over-referral is the term used to describe when a patient is directed to a level of care more urgent than needed. Over-referral leads to unnecessary ambulance runs (EMS 911), excessive emergency department visits, and increased cost to the patient and health care system.¹
- Telephone care is guided by:
 - The CRNM document “Telephone Consultation: Standards of Practice Application” (revised 07/2008). [CRNM Telephone Consultation Standards of Practice Application :Interpretive Document](#)
 - [Canadian Nurses Protective Society 'Telephone Advice'](#) Info Law—A Legal Information Sheet for Nurses, volume 6, No. 1, December 2009.
 - The [WRHA Community Health Operational Guideline Telephone Care](#) October 2008.
- Telephone orders may be used to complete the medication reconciliation process as per Regional Policy #110.170.040 Medication Order Writing Standards

Primary Care Nurses Responsibility


Ten Critical Steps of Taking a Triage Call:

1. Introduce yourself - create a relationship
 2. Collect (or confirm) the correct demographic information
 3. Obtain brief past medical history using advanced assessment skills
 4. Document a description of patient illness using SOAP notes (macros/clinical note template)
 5. Identify the chief complaint and most serious symptom
 6. Select the correct triage protocol (refer to triage protocols)
 7. Triage the patient into an appropriate disposition category
 8. Provide Care advice (judgment which includes critical thinking ability & compassion)
 9. Give call - back or appointment instructions to caller
 10. Wrap – up provide a summary to the caller
- There is an emerging trend to offer a second-level triage by a primary care physician. This can reduce emergent and urgent referrals significantly.²
 - Protocol dispositions should support effective “second level triage” by the Primary Care Provider. This means the Primary Care Nurse notifies the Primary Care Provider of the patient’s disposition and the patient either holds on the line or the Primary Care Nurse or Primary Care Provider calls the patient back.

To guide patients in identifying and prioritizing their needs, recommending alternate care settings when appointment availability does not meet their needs is a good idea. For example, WRHA Quick Care Clinics, Walk – In Clinics, Urgent Care, Pan Am, Crisis Response Services. If referring to Emergency Departments, follow [PCOG 18- Transfer of Patients to Emergency Departments / Urgent Care or Crisis Response Services](#) which is aligned with the [CMPA Practicing in a Community Setting a hub of Patient Care](#).

Managers and Site Medical Leads Roles and Responsibilities

- Managers and Site Medical Leads are responsible to ensure a designated team member (i.e. Receptionist/Primary Care Assistant and Primary Care Nurse (or designate)) for managing telephone inquiries and triage is in place during their business hours as well as contingency plans for unexpected absences.

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- Managers and Site Medical Leads are responsible to ensure a Primary Care Provider is available for consultation during business hours.
- Managers and Site Medical Leads are responsible to ensure a telephone inquiry workflow process on is in place and that all team members are aware and following the outlined process (See Appendix D).

4. SOURCE/REFERENCES:

1. Canadian Medical Protective Association; Practicing in a Community setting A Hub of patient care originally published June 2012
 3. CRNM telephone care—standards of practice application; revised 07/2008
 4. WRHA community health services operational guideline (Oct 21, 2008)
 5. HSC Telephone Advice Policy 80.110.015
 6. St. Boniface General Hospital Telephone Consultation Policy 110.400.T-05
 7. Seven Oaks General Hospital Telephone Patient Care Policy, December 16, 2003
 8. 601 Aikins Clinical Support Staff triage guidelines
 9. Canadian Nurses Protective Society: Info Law: a legal information sheet for nurses: Telephone Advice. Vol 6(1). December 2009.
 10. Case Study: Managing Phone Calls in Primary Care Virginia Mason Medical Center (2012)
 11. Telephone triage: managing difficult calls (October / November 2014) by Ravi Raheja, MD www.answerstat.com and <http://www.answerstat.com/article/managing-difficult-telephone-triage-calls/>
- Consultation and Observations with 1001 Corydon Primary Care Team & Assiniboine Winnipeg West Primary Care Team (2015)
 - Same Day Appointment Booking Algorithm courtesy of Access Winnipeg West Primary Care Clinic

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7. APPENDICES:


- **APPENDIX A:** Emergent / Very Urgent – Requires immediate attention Examples of health issues requiring immediate attention (not an exhaustive list)
- **APPENDIX B:** Urgent – Attention required within 1-2 hours Examples of health issues requiring immediate attention (not an exhaustive list)
- **APPENDIX C:** Examples of health issues reported requiring evaluation & action steps (not an exhaustive list)
- **APPENDIX D-1:** Primary Care Clinic-Same Day Appointment Booking Algorithm
- **APPENDIX D-2:** Quick Care Clinic-Same Day Appointment Booking Algorithm

SCOPE: Applicable to all WRHA Primary Care Direct Operations Clinics, Family Medicine Teaching Clinics, Quick Care Clinics and WRHA Fee for Service Staff (Interprofessional Team Demonstration Initiative (ITDI) Staff)

APPENDIX A: Emergent / Very Urgent – Requires immediate attention Examples of health issues requiring immediate attention (not an exhaustive list):

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Level of Task Urgency: Emergent / Very Urgent – Requires immediate attention or the Clinic calling 911	
Health issues reported requiring immediate attention (not an exhaustive list):	Action To Be Taken:
Chest pain	Are they currently experiencing chest pain? YES – Keep speaking to the Patient ask Traffic Manager to find PCN or provider NO - Find PCN and triage immediately
Caller reporting signs of stroke: <ul style="list-style-type: none"> Weakness: sudden loss of strength or sudden numbness in the face, arm or leg, even if temporary. Trouble speaking: sudden difficulty speaking or understanding or sudden confusion, even if temporary. Vision problems: sudden trouble with vision, even if temporary. Headache: sudden severe and unusual headache. Dizziness: sudden loss of balance, especially with any of the above signs. 	Signs of stroke: Keep speaking to the Patient and immediately find a PCN or other PCP (Nurse Practitioner, Physician, and Physician Assistant) to speak with the patient. RATIONALE: PCA's should not decide the level of the acuity or mode of transportation. to determine the level of urgency
Illness in the very young or very old, (i.e. dehydration, fever, lethargy)	What is age of baby? Under 1 month – Very Urgent task to PCN 1-6 months – Urgent task to PCN
Infants under 3 years of age with fever, is ill or has been injured	Very Urgent task to PCN
Children or the elderly who may be in danger (abuse/neglect)	Very Urgent task to PCN
Abdominal pain (especially if severe or associated with fever/nausea or vomiting)	Very Urgent task to PCN
Active Uncontrollable bleeding (from anywhere)	Keep speaking to the Patient and immediately find a PCN or other PCP (Nurse Practitioner, Physician, Physician Assistant) to speak with the patient.to determine the level of urgency RATIONALE: PCA's should not decide the level of the acuity or mode of transportation.
Medication Overdose or Error or poisoning (accidental indigestion)	Keep speaking to the Patient and immediately find a PCN or other PCP (Nurse Practitioner, Physician, Physician Assistant) to speak with the patient to determine the level of urgency to determine if Manitoba Poison Control 1-855-776-4766 RATIONALE: PCA's should not decide the level of the acuity or mode of transportation
Sudden swelling of mouth (lips, tongue, or throat)	Keep speaking to the Patient and immediately find a PCN or other PCP (Nurse Practitioner, Physician, and Physician Assistant) to speak with the patient. RATIONALE: PCA's should not decide the level of the acuity or mode of transportation. to determine the level of urgency
Caller who identifies a person fainted	Keep speaking to the Patient ask someone to immediately find a PCN or other PCP (Nurse Practitioner, Physician, Physician Assistant) to speak with the patient. RATIONALE: PCA's should not decide the level of the acuity or mode of transportation. to determine the level of urgency

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Caller who identifies a person seizure	Keep speaking to the Patient ask someone to immediately find a PCN or other PCP (Nurse Practitioner, Physician, Physician Assistant) to speak with the patient. RATIONALE: PCA's should not decide the level of the acuity or mode of transportation. to determine the level of urgency
Caller who identifies a person loss of consciousness	Keep speaking to the Patient and immediately find a PCN or other PCP (Nurse Practitioner, Physician, and Physician Assistant) to speak with the patient. RATIONALE: PCA's should not decide the level of the acuity or mode of transportation. to determine the level of urgency

APPENDIX B: Urgent – Attention required within 1-2 hours Examples of health issues requiring immediate attention (not an exhaustive list):

Level of Task Urgency: Urgent – Attention required within 1-2 hours	
Health issues reported requiring immediate attention (not an exhaustive list):	Action To Be Taken:
Shortness of breath, painful breathing, or other breathing complaints	Are they currently short of breath? YES – Keep speaking to the Patient ask someone to immediately find a PCN or other PCP (Nurse Practitioner, Physician, Physician Assistant) to speak with the patient. RATIONALE: PCA's should not decide the level of the acuity or mode of transportation. to determine the level of urgency NO – Very Urgent task to PCN
Callers voicing clinic patient is displaying an acute or change in confusion. Caller voicing concerns regarding any acute or change in behavior	Are they currently displaying significant confusion or a behavioural crisis? YES – Keep speaking to the Patient ask someone to immediately find a PCN or other PCP (Nurse Practitioner, Physician, Physician Assistant) to speak with the patient. RATIONALE: PCA's should not decide the level of the acuity or mode of transportation. to determine the level of urgency NO –Urgent task to PCN
Callers calling with concerns about depression & they are identifying thoughts of harming self or others	YES – Keep speaking to the Patient ask someone to immediately find a PCN or other PCP (Nurse Practitioner, Physician, Physician Assistant) to speak with the patient. RATIONALE: PCA's should not decide the level of the acuity or mode of transportation. to determine the level of urgency NO – Very Urgent task to PCN
Post-partum calling with concerns about depression & they are identifying thoughts of harming self or others	Patient calls with concerns about depression – are they having thought of harming themselves or others? YES – Keep speaking to the Patient ask someone to immediately find a PCN or other PCP (Nurse Practitioner, Physician, Physician Assistant) to speak with the patient. RATIONALE: PCA's should not decide the level of the acuity or mode of transportation. to determine the level of urgency NO – Normal task to PCN
New symptoms during pregnancy	Patient calls really concerned about new symptoms during Pregnancy (cramping, bleeding) Urgent task to PCN or if patient receiving services to the Midwife
Illness in the very young (i.e. dehydration, fever, lethargy)	What is age of baby? Under 1 month – Very Urgent task to PCN 1-6 months – Urgent task to PCN
Illness in the very old, (i.e. dehydration,	Urgent Task to the PCN

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fever, lethargy)	
Blood in stool	Urgent Task to the PCN
Sudden swelling of mouth (lips, tongue, or throat)	Keep speaking to the Patient and have someone from the clinic call 9-1-1 immediately
Callers who have been instructed by a health care provider to call for an urgent appointment	Urgent task to PCN
Callers who identify a person has fainted	Keep speaking to the Patient and have someone from the clinic call 9-1-1 immediately

APPENDIX C: Examples of health issues reported requiring evaluation & action steps (not an exhaustive list):

Level of Task Urgency: Normal – to be evaluated sometime that working day
Patient call requesting test Result <ul style="list-style-type: none"> Book appointment
Calls regarding prescription medications: <p>a) Patient calls – Out of Medications</p> <ul style="list-style-type: none"> Have they checked with Pharmacy to see if they have refills or can get a “continuing care” prescription (if No – ask them to do so) Appointment merely for prescription refill may not be a good use of time for the PCP ‘Task’ to PCP to determine if either the PCP need to fax in the prescription or to book patient urgently or not urgently <p>b) Patient calls with question about a prescription</p> <ul style="list-style-type: none"> Direct them to speak to their pharmacist first If this is not possible, regular task to PCN
Calls from other members of the health care team: <p>a) Lab call with “Critical” result PCOG #11- Results Management: Critical Test Values</p> <ul style="list-style-type: none"> Send a Task Type ‘<i>Critical Results Follow-Up</i>’, in conjunction with selecting ‘<i>Very Urgent</i>’ as the Priority for this Task Type to ensure that it will pop-up according to original User Preference default settings. If that provider not in that day, very urgent task to any other provider
If a Physician / Resident /Nurse Practitioner Calls asking to speak to provider: <ul style="list-style-type: none"> Put call on hold, do not transfer the call without first finding the PCP to take the call If that provider not in then find another available provider to take the call Please have name of person calling, including call back number and who they are calling about