

Telephone Triage – Preparation & Planning



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Who are we?

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Five Steps to Successful Telephone Triage & Consulting

- 1. Prepare and Plan
- 2. Build and maintain rapport
- 3. Assess clinical problem and risks
- 4. Make diagnosis, agree actions
- 5. Safety net, document, self care

Barriers to effective triage ...



Barriers to effective triage ...

- Technical Factors
- Patient Factors
- Clinician Factors



Technical Factors


- Are you communicating in the patient's first language? (is an interpreter needed?)
- Is it a poor quality line?
- Are there distractions (at either end?)
- What about answer phones / failed attempts? How many times will you try?

Patient Factors

- Are you able to speak directly to the patient?
- Do they have any difficulties using the telephone?
 - Are there any speech or hearing difficulties for example?
- What about “the poor historian?”
 - Whose history is it anyway?
- Can the patient talk freely?
- Are they angry / feeling fobbed off / armed with an unrealistic expectation?
 - If so consider getting an early apology in
- Keep your safeguarding radar tuned in - especially in situations where you don't speak directly to the patient

Clinician Factors

- Are you hungry, angry, late or tired? (HALT)
- Do you use a headset?
- Do you type on the go?
- Are you comfortable?
- Are you feeling rushed / hassled yourself? How will that make you come across?



**The biggest
communication problem
is we do not listen to
understand.**

We listen to reply.



**Before anything else, preparation
is the key to success.**

Alexander Graham Bell

What resources might you need?

- Who do you have in your team TODAY?
- Would it help to have access to important guidelines?
- BNF
- Will your decisions / management be affected by what day of the week it is?
- What information from the medical record will *actually* influence your management of the patient today?

What resources might you need?

- What information from the medical record will *actually* influence your management of the patient today?
 - PMH
 - Medications (including allergies)
 - TEP forms / DNAR
 - Mental health care plans
 - What about if the patient lives in their own accommodation v residential home v nursing home v community hospital?
 - What services are open bearing in mind the disease trajectory
 - Chemists / MIU / DGH / crisis team

How about

- The 79yo who has fallen who is on a DOAC versus the one who is on no anti-coagulants?
- The 83 year old with advanced dementia who is deteriorating and has relatives saying “something’s got to be done” with a TEP saying not for admission versus the one who has no TEP?
- The 39 year old with EUPD, with a clear care plan recently discharged who is asking for more diazepam, versus the one with no care plan?
- The 68 year old with learning difficulties with severe constipation who lives alone versus the one who lives in a nursing home?

Do you tend to use any standard scripts?

Here is a link for the information we discussed which I hope you find helpful

- *Guidance on social distancing for vulnerable groups*
 - <https://www.gov.uk/government/publications/covid-19-guidance-on-social-distancing-and-for-vulnerable-people>
- *Stay at home guidance for households with possible coronavirus*
 - <https://www.gov.uk/government/publications/covid-19-stay-at-home-guidance>
- *This is the advice employers have been sent*
 - <https://www.gov.uk/government/publications/guidance-to-employers-and-businesses-about-covid-19>

Prepare and Plan Before Picking up the Phone

- Who contacted you – and are their expectations already explicit?
 - patient, relative, carer, professional, professional patient or family
- What is the degree of urgency and priority?
- Does the time line of this call contain any delays for the caller?
- Have you considered all available information?
- With what you know so far - what do you think the outcome of the call should or could be?
- And what's the worst thing you think it might be?
- Therefore what strategies do you need to consider?

Consider the possible outcomes

- I think we do not need to see this patient
- I will need to be given a good reason for seeing the patient
- I will need to be given a good reason for not seeing this patient
- I think we need to see this patient

So your next call is to the carer of a 42 year old chap, Steve, who has Downs syndrome

Receptionist's message says "has had a red, swollen leg for the past 2-3 days, ? in pain, only allowing Nathan, his favourite carer to be anywhere near him"

1. What other information are you thinking you are going to need?
2. What are your thoughts about the likely outcome of the call?

Principles of Mental Capacity Act 2005

- Assume capacity
- Help people to have capacity in all practical ways before deciding they do not have capacity
- People are entitled to make unwise decisions
- Decisions for people without capacity should be in their best interests and the least restrictive option

The 4 Point Capacity Test

- Can they understand the information given?
- Can they retain the information given?
- Can they balance, weigh up or use the information?
- Can they communicate their decision?

In Summary

- Take steps to overcome barriers to effective triage
- Think about the resources you might need that will make this call run more smoothly
- Does the info presented lend itself to a particular outcome?
- Are there any capacity issues likely that might trip you up during the call?



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The End

QUARANTINED WITH HUBBIE FOR TWO WEEKS - GERTRUDE IS KNITTING SOMETHING SPECIAL FOR HIM! 🏠

