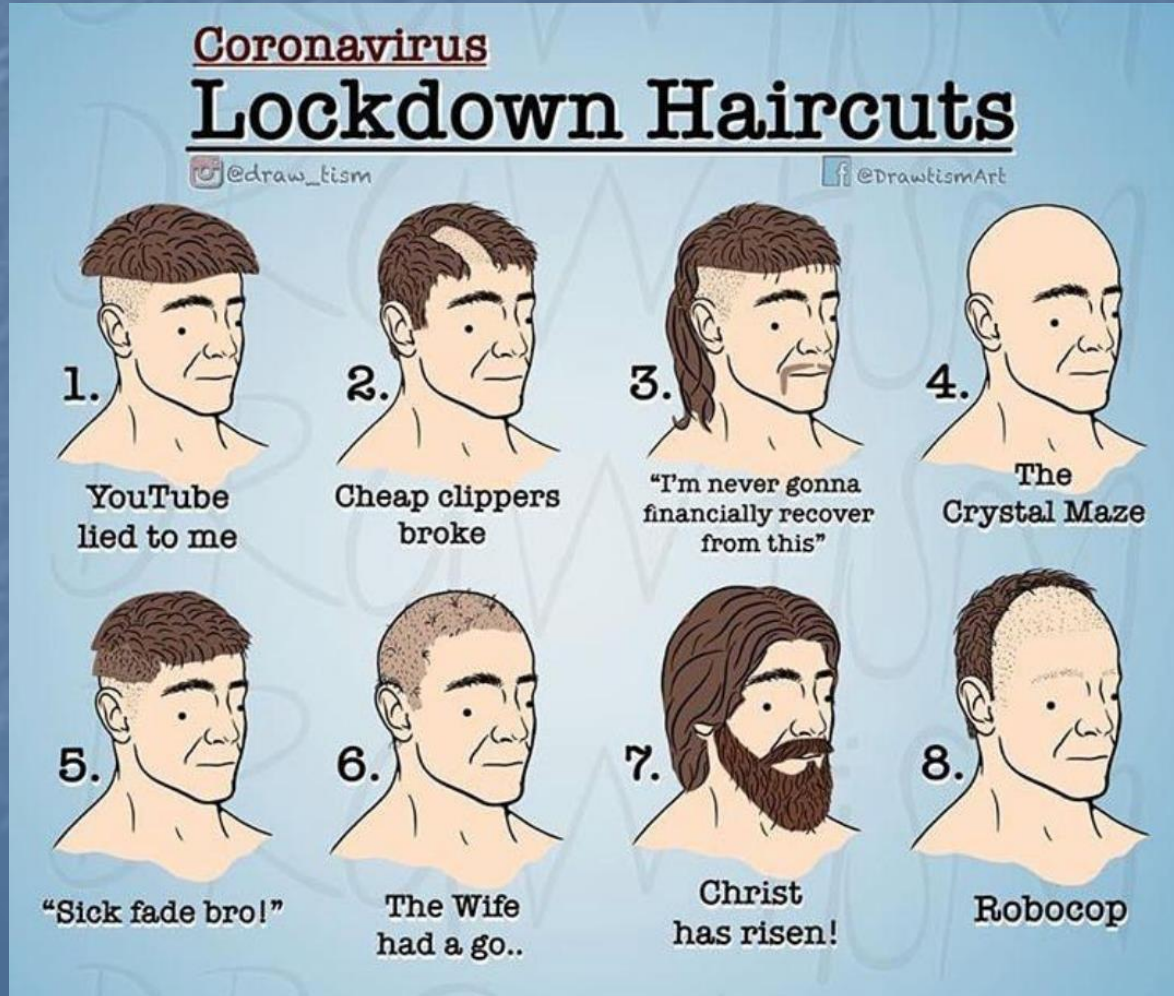


Telephone Triage – Step Five

Safety Net, Document & Self Care



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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

Safety Netting

- Need a good reason not to end EVERY call with some safety netting (even if arranging a F2F)
- The caller should always have a clear idea of what to expect next
- Think of the worst case scenario and the **red flags** the caller needs to look out for

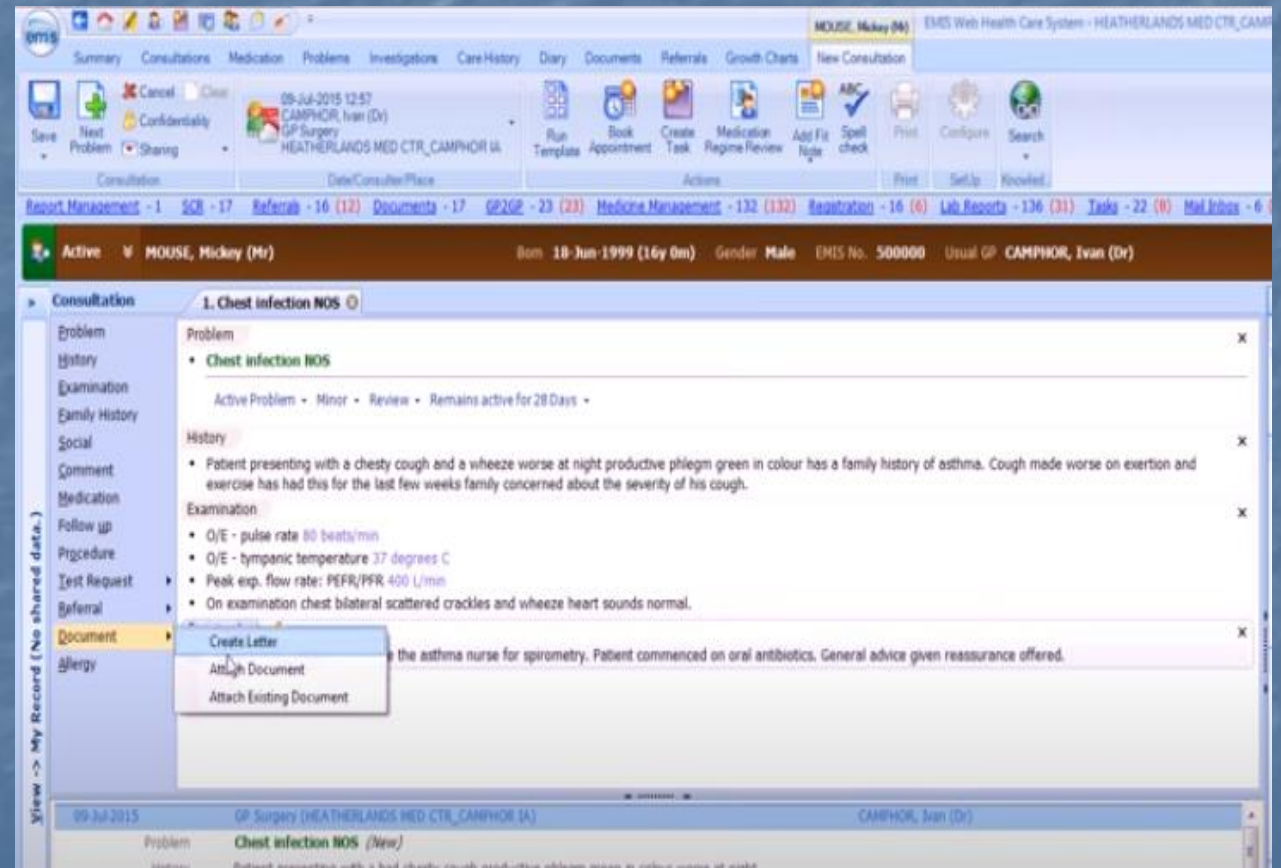


Safety Netting

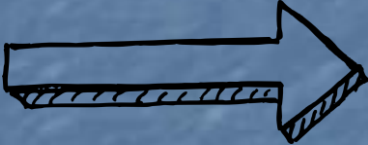
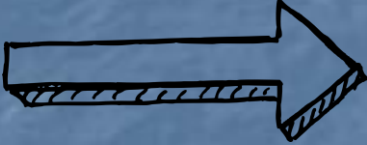
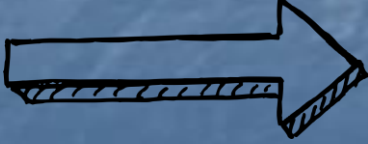
- If things don't go as expected ... what should they do?
- Offer clear advice
- Be symptom specific
- Include a timescale if possible
- Consider letting the caller hang up first ...can be an enlightening source of feedback

Documentation

- What is the purpose of the notes that you make for each consultation?
- Are there any rules you follow?
- How much should you write?



Documentation

- What is the purpose of the notes that you make for each consultation?
 - Medico-legal summary and for the benefit of subsequent clinicians involved in their care
- Are there any rules you follow?
 - Contemporaneous, non judgemental
- How much should you write?
 - Enough!

Documentation

- Document for every call
 - *"Triage call during Covid-19 pandemic"*
- Make sure it is documented as a telephone call
- Document who you spoke to
- Document presence or absence of red flags
- "If it's not recorded it didn't happen"

Documentation

- Keep it relevant
- Use the patient's own words if appropriate
- Read what you have written to quality check
 - have you acted on any important red flags?
 - how would you feel if the patient or their representative read your notes?

Documentation of safety netting advice

Are these good enough?

- TCB INB
- TCB SOS
- TRINBOW
- WAG / UAG

76 year old, fallen on kitchen floor

■ History:

*Triaged by phone during Covid-19 outbreak
slipped on kitchen floor on some oil last week
landed on her bottom
eased over next few days, could furniture walk and made good progress then
developed pain in left groin 2/7 ago, struggles to walk but has managed a bath and
can hobble around the house, feels she overdid it a bit yesterday
Can lift knees all way up to chest, right side is fine, pain free to move
Paracetamol takes the edge off it but asking for something stronger*

■ Comment:

*Explained it is hard to exclude ? Pelvic fracture with underlying osteoporosis but
we agreed for now to try some codeine (warned re side effects), stay active within
pain limits, can use ibugel too but if not improving within 48hrs or if pain worse or
loses ability to weight bear then knows she must call back. Pt happy with this plan*

26 year old with painful, red breast lump

- What safety netting would be appropriate for her?
- Short term?
- Longer term ?

26 year old with painful, red breast lump

- What safety netting would be appropriate for her?
- **Short term?** *"it may take 48-72 hours for things to start to improve but it shouldn't get much worse in the meanwhile, so if it is becoming more red or painful, or you feel more unwell in yourself then you must let us / 111 know"*
- **Longer term?** *"equally, if the lump is still there in any form at all after your next period, you must let us know in case you need investigating to make sure it isn't anything potentially more sinister"*

Safety netting for children e.g. otitis media

- *"I would hope that things turn the corner in the next 2-3 days, so if things are no better by then, or if they are any worse in the meanwhile, then we need to know"*
- *And by worse, I mean if he becomes more irritable, starts vomiting or isn't drinking enough to have at least 2 wet nappies in a 24 hour period*
- *Just be aware that things can change in kids, and they can change quickly, so if you are worried, even later on today, then do call the surgery or 111 if it's after 630pm"*

A few words about bias

- **Anchoring bias:** locking on to a diagnosis too soon and failing to adjust to new information (“wrong train syndrome”)
- **Diagnosis momentum:** accepting a previous diagnosis without applying sufficient scepticism
- **Search-satisfying bias:** a “eureka” moment that stops all further thought on the matter
- **Wellness bias** - a form of cognitive bias where patients / carers and professionals can underplay the seriousness of a situation (most patients we speak to in hours are well)

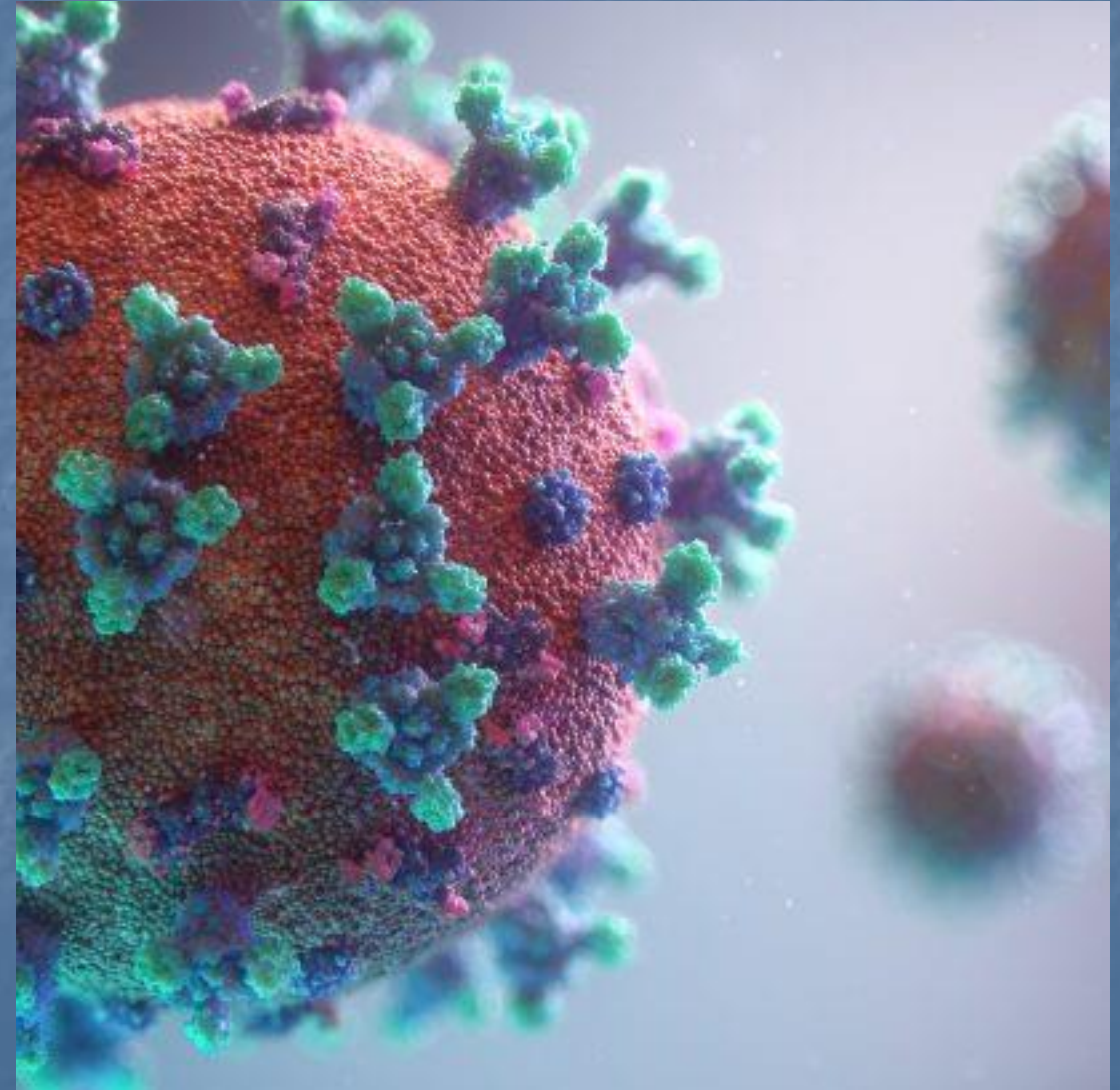


Self Care = Housekeeping

- What are your needs before you tackle the next call?
 - How has that call left you feeling?
-
- H.A.L.T.
 - Don't forget to attend to your own needs
 - Be mindful how the current pandemic (or other personal circumstances) are impacting on you

Self care

- Part of self care is being confident you've done your best / been good enough
- Have you put yourself in a good enough state to tackle the next call?
- Do you have opportunities to offload professionally / benchmark amongst peers?




In Summary

- End every call with some safety netting
- Document what you would want to read if you were the next clinician
- Have you been mindful of any sources of bias?
- Are you taking enough care of yourself?
- Will your last five calls of the day get the same good deal from you as the first five?



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How very little can be done
under the spirit of fear

Florence Nightingale



GOOD LUCK

WE'RE ALL COUNTING ON YOU