



COLLABORATIVE
AOTEAROA

Clinical Triage

A GUIDE ON HOW TO IMPLEMENT CLINICAL TRIAGE
(TELEPHONE ASSESSMENT TRIAGE) IN GENERAL PRACTICE



Clinical Telephone Assessment

About this resource:

This document is a guide on Clinical Triage service in general practice. It outlines the importance of Clinical Triage how to implement Clinical Triage into a practice. Further learning and training resources are included in this document as hyperlinks and appendices.

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What is Clinical Triage?

Clinical Telephone Assessment and Triage (Clinical Triage) in primary care is a short (approx. 3–5 mins) call-back service for patients that is best carried out by Clinicians at a General Practice to help increase capacity. Patients who request a same-day appointment receives a call by their own clinician (or another clinician) at their enrolled practice within a short timeframe. Clinical Triage service is carried out for all patients whether the practice has available appointments on the day.

The Clinical Triage service is not a full consultation but a short assessment which allows the clinician to determine the most appropriate next step for the patient, whether it is resolving the issue over the phone straight away or booking them in for an in-person or virtual consultation.

Clinical Triage is carried out by a clinician who can diagnose and prescribe. This includes:

- General Practitioner (GP)
- Nurse Practitioner
- Nurse Prescriber
- Clinical Pharmacist

Why use Clinical Triage?

Patient benefits:

- Improved access to clinicians
- Increased patient satisfaction
- Improved patient experience
- Saves patient time and money by avoiding unnecessary travel.

General Practice benefits:

- Manage acute demand capacity.
- Increased capacity
- Equitable approach by reserving same day appointments for high priority patients.
- Day-to-day effective appointment monitoring
- Continuous Quality Improvements (CQI)
- Allows clinicians more control over their day.



Clinical Triage Roles and Responsibilities

Medical Administrators

- Answer requests for same day appointments using a triage script.
- Enter patients into appropriate triage template.
- Analyse collected data to maximise supply and demand for required same day appointment slots and number of call handlers/clinicians based on daily demand.

GPs, Nurse Practitioners, Nurse Prescriber, and other prescribing clinicians

- Conduct Clinical Triage with patient via telephone and follow up if initial contact was not made.
- Recording outcome in the patient management system (PMS) or portal system.
- Book same day appointments as appropriate.

Nurses

- Support prescribing team with Clinical Triage overflow.
- Follow up any patients which the clinician cannot contact.
- Recording outcome in the patient management system (PMS) or portal system.

Extended workforce (this includes non-regulated and non-prescribing workforce working in Primary Care e.g., Extended Care Paramedic)

- Must operate under the guidance of a delegated framework if expert advice is given.

Owners/Governance

- Support Clinical Triage implementation.
- Consider the impact of the financial structure within the General Practice when implementing Clinical Triage.

Management and Team Leads

- Support and engage all staff in the rationale for Clinical Triage.
- Prepare implementation plan and allow for continuous quality improvement.
- Support staff learning, training and development.
- Ensure monitoring call system is in place for sufficient telephone capacity.



How to implement Clinical Triage

- The Clinical Triage service is triggered when a patient calls the practice requesting a same day appointment.
- Length of call should not exceed 5 minutes.
- It is recommended Clinical Triage is conducted during peak call periods. For many practices this service is offered between the hours 8:00am and 10:00am.
- The Clinical Triage Form in the Patient Management System (PMS) should be used delivering Clinical Triage. Refer to **Appendix 1** Clinical Triage Standard and Checklist.
- Allow an average Clinical Triage daily period of 20–30mins between Monday to Friday, however teams could offer the service every day the practice is open, depending on staff capacity. Timing should be based on the practice's acute demand profile. Refer to **Appendix 2** Patient Management System Booking Template examples and explore the different template booking of Clinical Triage.
- If Clinical Triage is currently not offered at your practice, contact your PHO about how the Clinical Triage Form integrates with current IT systems.

Patient messaging

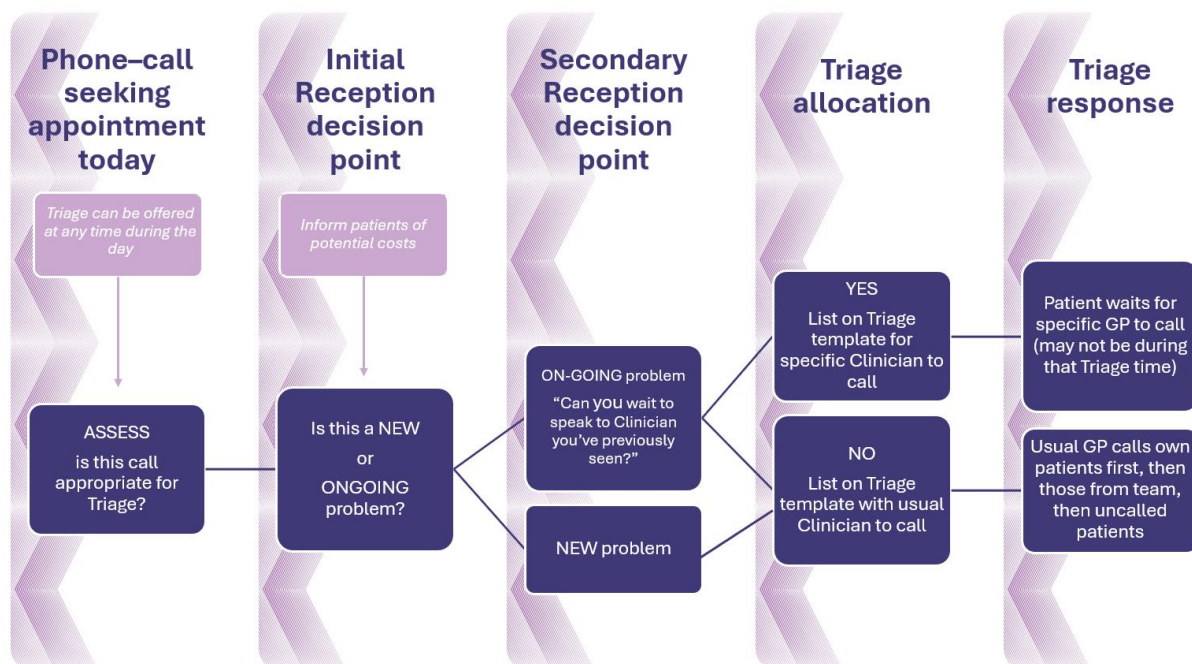
For a practice intending to introduce Clinical Triage, it is crucial to effectively promote the service well in advance of the launch date and ensure clear communication of relevant information to patients. Access Clinical Triage details for patients here [GP-Triage-messaging-Patient-Information-1.docx \(live.com\)](#)

Quality measures

- Investing in a robust telephony system for call monitoring is beneficial and is added value for delivering an effective Clinical Triage service. With accurate reading of call demands trends, teams of incoming lines during peak call periods, tracking your dropped call rate and complaints from people unable to get through, will help refine best practice and reach solutions to workflow issues.
- Teams would need to work with their internal staff and with their Practice Relationship and/or Health Care Home Leads at their PHO, to ensure correct Clinical Triage Forms or/and Specific Triage Service codes are being used.



Clinical Triage Process



Note: This Clinical Triage process flow chart is a standard approach, teams are encouraged to refer to this as a guide to develop a process that aligns with their patient population health and needs.

Clinical Triage Resources

Recorded videos:

- Working smarter, not harder to improve access [Working smarter, not harder Dr Andrew Miller & Dr Janine Bycroft \(youtube.com\)](#)
- Webinars – [Clinical Triage - YouTube](#)
- Enhancing Primary Care GP Triage Video Pukekohe Family Health Care [Enhancing Primary Care - GP Triage on Vimeo](#)

Improve Health Equity

It is important to engage with patients and collect feedback on any new service that is being delivered. One way to do this is to give patients a follow up call a few days after they have used the Clinical Triage service to gather their feedback. Alternatively, an internal survey could be sent out to patients targeting those who have used the triage service and the results collated.

Any quantitative and qualitative data that is captured can then be used for continuous quality improvement, performance measuring and be used to inform initiatives that promote health equity outcomes.



Data, Systems and Security

When delivering any digital service, it's important to uphold confidentiality and the on-going social contract of trust between the General Practice and patients. Teams need to ensure safe Patient Management System (PMS) integration and maintain cyber security.

Cyber security regarding to Patient Health information Management is about people working together in making risk-based decisions that is safe for both the patient and practice to and minimise security risk.

Benchmarking

Benchmarking is a systematic process of comparing the performance, practices, or outcomes of an organisation process against those of best practices. The goal of benchmarking is to identify areas for improvement and implement changes to enhance overall performance.

NATIONAL BENCHMARKING

Practice Size	Range % of calls resolved in Triage
0,000 – 4,999	14%
5,000 – 9,999	17–50%
10,000+	20–42%

LOCAL BENCHMARKING

Practice Size	Range % of calls resolved in Triage
0,000 – 4,999	10–44%
5,000 – 9,999	
10,000+	16–72%

References

- Privacy Act 2020
- Health Information Security Code 2020
- Royal NZ College of GP Foundation Standards 2020 – Indicator 6 Responsiveness to Urgent Health Needs
- Royal NZ College of GP Cornerstone Equity – Indicator 4 Service development and delivery



Frequently Asked Questions (FAQ)

How can we promote Clinical Phone Triage 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.
- Display Clinical Triage service at the end of all electronic communication.
- Encourage reception and clinical staff to talk to patients about the service.
- Change the telephone message to tell patients about the service.
- Display Clinical Triage service on your website and social media channels.

What is a standard Clinicians approach when they call patients back?

Example:

“Hi this is Dr Andrew Miller from Bush Road Medical Centre; we have appointments today. Can you give me an idea about what’s going on so we can work out the best plan of action”.

By mentioning there are appointments straight away can takes the pressure off the patient about having to make a case to be seen and support the best plan of action.

What is the difference between Clinical Triage and Telephone Consultation?

Clinical safety is paramount. Make it clear to patients and all staff 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).
- There is no target or recommended resolution rate for triage calls. This is a clinical process with patient safety and best clinical outcomes as the drivers.

Can practices charge patients for Clinical Triage?

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.

Some practices inform their patients that there may be a charge the for the Clinical Triage service if the phone call exceed 5 minutes and becomes a Telephone consult.



How will Clinical Triage affect staffing?

If a GP currently starts consulting at 8:30 or 9:00am, you may need to adjust their hours to cover the peak morning call period. Clinical Triage is considered quicker and more efficient than face-to-face appointments and frees up appointment time for patients who need it most. You may find that your practice can see the same number of patients with reduced FTE (full-time equivalent) GPs.

Acknowledgments

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In the development of this document, Collaborative Aotearoa gives credit to the Health Care Home (HCH) Leads and Clinical Leads in the following organisations:

- Tū Ora Compass Health Network
- Pinnacle Health, Mahitahi
- Pukekohe Family Health Care
- Wellsouth Primary Health Network
- Te Awaikairangi Health Network
- Gore Medical Centre
- Health Hawkes Bay
- Dr Andrew Miller



Appendances

Appendix 1 – Clinical Triage Standard and Checklist

- ☐ Begin opening advance form
- ☐ Call patient and introduce yourself

Example:

"Hi this is Dr Andrew Miller from Bush Road Medical Centre; we have appointments today. Can you give me an idea about what's going on so we can work out the best plan of action"

- ☐ Confirm patient identity
- ☐ Explain benefits of talking to GP or nurse now if necessary
- ☐ Take a full history of presenting complaint
- ☐ Review patient records, e.g. meds, warnings, classifications, etc
- ☐ Consider need for physical examination to come to a diagnosis. Book face to face consult if necessary
- ☐ Discuss options if confident you can manage patient without physical exam
- ☐ Remember, patients can still request a face-to-face consult at any time
- ☐ Agree management plan with patient
- ☐ Ask patient to recap the agreed plan
- ☐ 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"
- ☐ "Do you have any further questions right now?"
- ☐ Say goodbye and hang up
- ☐ Fully document in PMS including coding triage outcome. Consider sentence confirming patient happy with outcome.
- ☐ Save/Close advance form



Appendix 2 – Patient Management System Booking Template examples

There are multiple ways General Practice can manage Clinical Triage flow. It is recommended that patients are triaged by their own GP if possible, and each GP has face-to-face slots available later that same day to book patients in where needed. The screenshots below depict MedTech users; other PMS templates will differ.

Example 1 –specific triage scheduling on each Clinician/GP template

1. Set up 9X 3minute (or 6X 5minute) appointment slots any time between 8:00am – 10:00am on Clinician/GP template (per 1 FTE)
2. Consider including extra time/slots to allow some Triage appointments to be converted to a phone consult, taking the 15 minutes to resolve, and being charged accordingly.
3. When a patient calls for a same day appointment, reception books them into a triage slot with their enrolled provider (where possible) and add call-back details in the Notes column.
4. Each Clinician/GP works through their own list and calls patients back at the scheduled time or until their list is completed.

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	Triage			
09:16 am	Triage			
09:20 am	Triage			
09:24 am	Triage			
09:30 am				
09:45 am				
10:00 am	BREAK			
10:15 am	Dr only to book			
10:30 am				
10:45 am				
11:00 am	Dr only to book			
11:15 am				
11:30 am	Admin			
11:45 am	Admin			
12:00 pm	LUNCH			
01:00 pm				
01:15 pm	Dr only to book			
01:30 pm				
01:45 pm				
02:00 pm	Dr only to book			
02:15 pm				
02:30 pm	Admin			
02:45 pm	Admin			
03:00 pm	BREAK			
03:15 pm				
03:30 pm				
03:45 pm				

Example 2 – Single Central triage queue template

1. Set up a single shared Triage queue template in PMS with patient name and notes columns.
2. Block out a 30-minute Phone Triage slot in each GP's template e.g. 9:00am– 9:30am



3. When a patient calls reception asking for a same day appointment, they are put on the single shared Triage queue template.
4. 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 patients preferred phone number.
5. During the GP's allocated phone Triage slot, they will open the shared queue and work down the list. It is recommended they call back their own patients first before moving on to others, if they have any time left.

Triage queue:

Time	Patient	Note	Stat	SMS	Loc
07:30 am					
07:35 am					
07:40 am					
07:45 am					
07:50 am					
07:55 am					
08:00 am					
08:05 am					
08:10 am					
08:15 am					
08:20 am					
08:25 am					
08:30 am					
08:35 am					
08:40 am					
08:45 am					
08:50 am					
08:55 am					
09:00 am					
09:05 am					
09:10 am					
09:15 am					
09:20 am					
09:25 am					
09:30 am					
09:35 am					
09:40 am					
09:45 am					

GP Template:

Time	Patient	Note	Stat	SMS
08:00 am				
08:15 am	GPTriage			
08:30 am	HUDDLE			
08:45 am				
09:00 am				
09:15 am				
09:30 am	BOOK ON THE DAY ONLY			
09:45 am				
10:00 am	MORNING TEA			
10:15 am	ACUTE			
10:30 am				
10:45 am				
11:00 am				
11:15 am	BOOK ON THE DAY ONLY			
11:30 am				
11:45 am				
12:00 pm	LUNCH			
01:15 pm				
01:30 pm				
01:45 pm				
02:00 pm	BOOK ON THE DAY ONLY			
02:15 pm				
02:30 pm				
02:45 pm				



Appendix 3 – Implementation questions

When will you collect same day appointment demand data?	When will inform the staff of this new initiative?
Who will be responsible for setting up the triage appointment templates?	What will be your implementation approach?
What business model will underpin clinical triage activity?	Who will install the clinical triage form into (Patient Management System e.g., MedTech or Indici) and the KPI report?
How will you promote this new service to your patient population?	What will your receptionist say to those requesting a same day appointment?



Appendix 4 – Reception scripting example

