

Good Samaritan Health & Wellness Center
Policies and Procedures

Subject: TRIAGE PROCEDURE

Policy #: 5.17.1

Prepared by:

Revision #:

Approved by:

Effective Date: 7/24/2015

5.17.1 Triage Procedure

Policy: This applies to clinic RN's, either employees or volunteers. All patients are to be triaged.

It is important to understand the basic tenets regarding the concept of triage:

1. People with life threatening conditions should be seen timely and appropriately.
2. People with other medical issues are seen in a timely manner without causing undo disruption in the work flow.
3. Good customer service mandates that, whenever possible, patients should be seen on the day they arrive to be seen.
4. Triage should be performed by a member of the clinical staff with provider supervision or availability at all times.
5. Each Good Samaritan Health & Wellness Center should coordinate their triage plans to fit their unique staffing situations. For example: Who will be the triage nurse for the day.
6. Effective triage requires good communication between the clinical staff and front desk staff.
7. If there is ever a question.....ASK.
8. If was not documented, it was not done.

Due to the uniqueness of each situation, triage must address four basic categories: New Patients, Established Patients, Walk-In Patients, and Phone Calls.

Walk-In, Established Patients:

As much as possible, and without causing excessive disruptions in appointment schedules, all attempts should be made to see established patients who walk in wanting to be seen. However, the patient should also be educated on the importance of calling first for appointments as well as the fact that we are not an emergency room. The front desk staff should ask the patient the reason for the visit. If the patient states they have any of the following high risk complaints, a nurse or provided should be called immediately:

- Shortness of breath
- Chest pain
- High fever
- Dizziness
- Severe headache
- Laceration

- Snakebite/Other venomous animal bite
- Appears very sick or in acute distress
- Rash
- Seizure (that day)
- Possible fracture
- Penetrating wound

All patients with a rash should be segregated from other patients immediately until it is determined if they have a contagious condition.

Vital signs and a brief history, including all current medications, will be taken and reported to a provider for further instructions. The front desk staff will take necessary steps to prepare the patient's record for an office visit.

If the patient does not have a high risk complaint, the patient should be given the option of waiting to be worked in versus scheduling an appointment. For either instance, the nursing staff should be made aware of the nature of the complaint to ensure that appropriate information is obtained, especially if the patient opts to return at another time. For example, the patient complaining of shoulder pain may actually be experiencing cardiac pain and should not be told to leave or to sit in the waiting room.

If a patient leaves the office without being seen (either to return for a later appointment or declining to wait), it must be noted in the patient chart along with the chief complaint.

Walk-In, New Patient

A physician-patient relationship is not established until a treatment decision is made. Therefore, a patient can be questioned without creating a relationship.

If a patient has any of the high risk complaints listed above, the nursing staff should be called immediately. The nurse or provider will decide if 911 should be called, if the patient should be seen without delay, or if the patient can be scheduled for a later time. If the patient returns to the health center for subsequent care, the initial information should be placed in the patient's chart.

If the patient does not have a high risk complaint, the front desk staff and clinical staff must communicate regarding the availability of time to see the new patient. If the patient is to return to the office for an appointment, no additional documentation is necessary. If the patient will be worked in to the schedule, the front desk staff should begin the registration process.

Telephone Call, Established Patients

Under no circumstance should medical advice be given over the phone without direct instruction from a provider.

If the patient asks for an appointment, the clinical person answering the phone should ask what the patient's complaint is. If it is one of the high risk complaints listed above, the patient must

be instructed to call 911. The patient should be told that those types of complaints must first be evaluated and stabilized in the emergency room and we will be happy to see them for follow up.

If the patient does not have a high risk complaint, all attempts should be made to give the patient the next available appointment. If the appointment is for much later that day or for the next day, the patient should be told to call back or go to the emergency room, if the condition worsens.

All phone calls from established patients that are not scheduled for an appointment must be documented in the patient chart with the chief complaint and reason for not being seen.

Telephone Call, New Patients

The same instructions apply for callers with high risk complaints. If the caller does not have a high risk complaint but has an acute problem (i.e. sore throat, earache, etc), all attempts should be made to see the patient that day including checking for availability at other Good Samaritan Health & Wellness Center. If the schedule is already heavy, the patient should be told that they can be seen on a walk-in basis for their acute problem, but any chronic problems will have to be addressed at a later, regularly scheduled appointment.