

Triage RN Workflows & Resources



MEDICAL RECORD

Family information

Client name: _____

Birth date: _____

Gender: _____ Work phone: _____

In case of emergency, please contact

Name: _____ Work phone: _____

Relationship: _____

Family doctor

Address: _____

Advertisement: _____

What action can be taken in case your physician is unavailable

Medical insurance information

Insurance name: _____

Insurance number: _____

Medical history: _____

Medical conditions and other allergies

Insurance information

Insurance name: _____

Insurance number: _____

Quick Links:

- [Triage RN Call Flow Overview](#)
- [Elements of a Triage](#)
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- [Triage RN Call Determinations](#)
- [Triage RN Call Escalation](#)
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- [Triage RN Management Call Flow](#)
- [Triage RN Tele-UV Call Flow](#)
- [Face-to-Face Visit Request Call Flow](#)
- [Receiving Triage Emails Through Genesys](#)

Training Tip:

To view a list of visit types and the procedures necessary to schedule them, please see the “[Managing Appointments](#)” section of the Administrative Process Manual.

Training Tip:

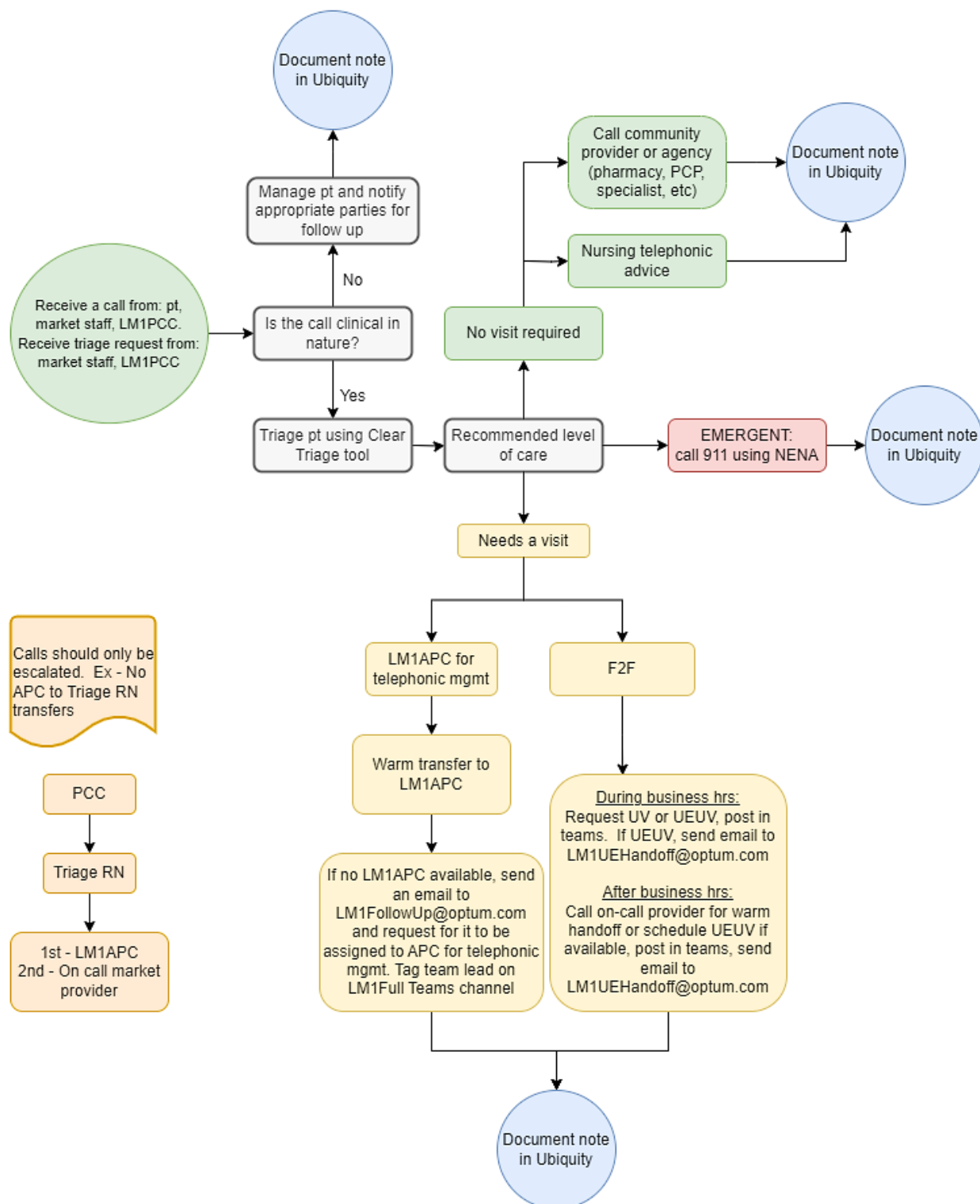
The IT Service Desk does not resolve access issues to the NENA 911 database. Instead, you must try the “Forgot Password” option upon login or contact the NENA 911 Admin for support.

Training Tip:

Whenever posting a UEUV in Teams, send an accompanying email to:

lm1uehandoff@optum.com

Triage RN Call Flow Overview



Elements of a Triage

Appropriate triage of a patient allows the provider a “snapshot” of what might be going on with the patient and optimizes patient outcomes.

- It is expected the following elements will be included in each patient triage call:
- Focused review of the chart: alerts, summary, recent encounters, relevant items on problem list and meds
- Use of Hash Keys for documentation
- Focused review of systems
- Pertinent medical history
- SBAR
- Documentation by Notes in Ubiquity is required after every call

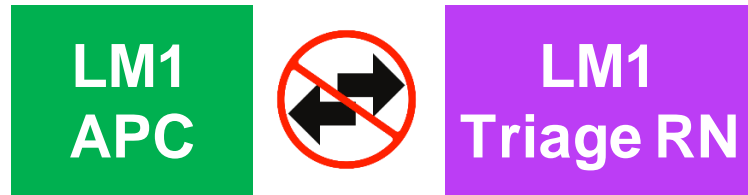
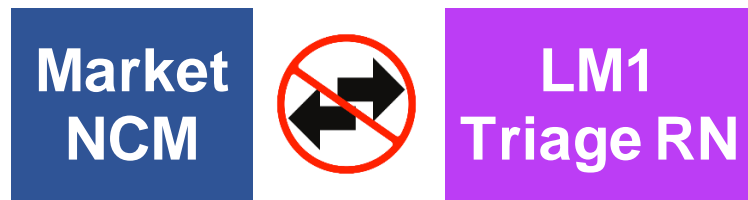
Situation	Background	Assessment / Recommendation
<ul style="list-style-type: none"> • CC • History • Treatment Attempts 	<ul style="list-style-type: none"> • Drivers of disease • Past medical History • Operational reasons <ul style="list-style-type: none"> ○ Newly Engaged ○ Intensity > 1 ○ Recent PDV 	<ul style="list-style-type: none"> • Needs • Needs a visit for • Recommending ED • Need to transfer the call for you to discuss

- Consider differentials (avoid including them in your documentation)
- Guides assessment
- Real time documentation
- Consider use of mnemonics

Nursing Mnemonics for Pain & Symptoms

OLDCARTS	SOCRATES	PQRST
<ul style="list-style-type: none"> • Onset • Location • Duration • Character • Alleviating & aggravating • Radiation • Time • Severity 	<ul style="list-style-type: none"> • Site • Onset • Character • Radiation • Associated Symptoms • Time / Duration • Exacerbating & Relieving • Severity 	<ul style="list-style-type: none"> • Provoking • Quality • Region & Radiation • Severity • Time

Only Call Escalation Call Transfers:



**Unless the LM1 APC is not licensed in that particular market.*



Using the Clear Triage Tool

 Link – Clear Triage Login

<https://app.cleartriage.com/app/login>

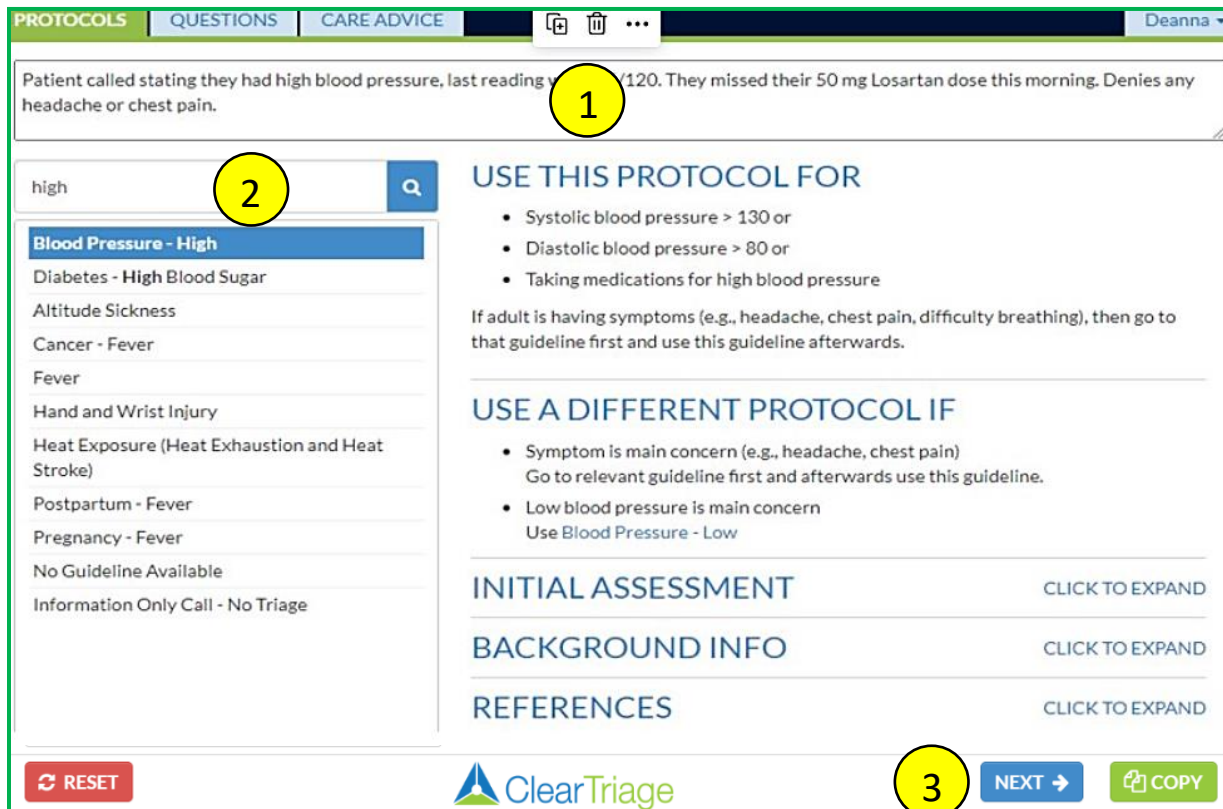
 Link – Clear Triage Video

[Clear Triage Update 6-30-23 with recording \(1\) \(2\).mp4](#)

 Link – Clear Triage Policy Attestation

[Clear Triage Policy Attestation Form](#)

Portal Navigation:



The screenshot shows the Clear Triage portal interface. At the top, there are tabs for PROTOCOLS, QUESTIONS, and CARE ADVICE. A user named Deanna is logged in. The main text area contains a patient history entry: "Patient called stating they had high blood pressure, last reading 120. They missed their 50 mg Losartan dose this morning. Denies any headache or chest pain." This area is marked with a yellow circle and the number 1. Below this, there is a search bar with the word "high" entered, and a list of search results including "Blood Pressure - High", "Diabetes - High Blood Sugar", "Altitude Sickness", "Cancer - Fever", "Fever", "Hand and Wrist Injury", "Heat Exposure (Heat Exhaustion and Heat Stroke)", "Postpartum - Fever", "Pregnancy - Fever", "No Guideline Available", and "Information Only Call - No Triage". The search bar and the first result are marked with a yellow circle and the number 2. To the right of the search results, there is a section titled "USE THIS PROTOCOL FOR" with bullet points: "Systolic blood pressure > 130 or", "Diastolic blood pressure > 80 or", and "Taking medications for high blood pressure". Below this, there is a section titled "USE A DIFFERENT PROTOCOL IF" with bullet points: "Symptom is main concern (e.g., headache, chest pain)" and "Low blood pressure is main concern". At the bottom, there are sections for "INITIAL ASSESSMENT", "BACKGROUND INFO", and "REFERENCES", each with a "CLICK TO EXPAND" link. The bottom of the interface features a "RESET" button, the ClearTriage logo, a "NEXT" button with a right arrow, and a "COPY" button. The "NEXT" button is marked with a yellow circle and the number 3.

1. Document the HPI in the text box at the top of the window.
2. Use the search bar on the left to locate the chief complaint.
3. Select the appropriate complaint from the results and click "Next."

Triage Dispositions:

Once the HPI information has been entered and the chief complaint is selected, clicking “Next” will take the user to the “Questions” tab to complete a disposition.

Below is a list of color-coded dispositions specific to operations at Landmark First:

Call 911 NOW (Notify escalation afterwards)
Go to ED / UC
Urgent Escalate to Clinician
Non-Urgent Escalate to Clinician
Dispatch F2F (UE or market)
Ubiquity Note
Refer to OB
HHC
Refer to Hospice

Attention – Clear Triage Use

Clear Triage is a tool and does not replace critical clinical thinking.

Call 911 NOW (Notify escalation afterwards)

1. Triage RN will use the NENA 911 database to locate the emergency contact number for the patient's area.
2. The Triage RN will start a conference call between Landmark First, the patient or caregiver, and the 911 dispatcher.
3. The Triage RN shall identify themselves as a Registered Nurse with Landmark First on the line with a sick patient.
4. The Triage RN will allow the 911 dispatcher to talk directly to the patient, or if the patient is unresponsive, provide necessary information to the 911 dispatcher.
5. The Triage RN will NOT disconnect the conference call until help arrives, even if the 911 dispatcher disconnects from the call.
6. If the patient refuses a 911 call, the Triage RN should immediately escalate the call to an advanced clinician.

Example – Clear Triage Call 911 Disposition**Call 911 NOW**

<input type="checkbox"/>	Difficult to awaken or acting confused (e.g., disoriented, slurred speech)	i
<input type="checkbox"/>	SEVERE difficulty breathing (e.g., struggling for each breath, speaks in single words)	i
<input type="checkbox"/>	[1] Weakness of the face, arm or leg on one side of the body AND [2] new-onset	i
<input type="checkbox"/>	[1] Numbness (i.e., loss of sensation) of the face, arm or leg on one side of the body AND [2] new-onset	i
<input type="checkbox"/>	[1] Chest pain lasts > 5 minutes AND [2] history of heart disease (i.e., heart attack, bypass surgery, angina, angioplasty, CHF)	i
<input type="checkbox"/>	[1] Chest pain AND [2] took nitroglycerin AND [3] pain was not relieved	i
<input type="checkbox"/>	Sounds like a life-threatening emergency to the triager	
<input type="checkbox"/>	[1] Systolic BP \geq 160 OR Diastolic \geq 100 AND [2] cardiac (e.g., breathing difficulty, chest pain) or neurologic symptoms (e.g., new-onset blurred or double vision, unsteady gait)	i

Go to ED / UC

1. The Triage RN will recommend that the patient go to an emergency department or urgent care facility to address their immediate concerns.
2. The Triage RN may assist the patient in locating the nearest emergency department or urgent care facility.
3. If the patient refuses to go to the emergency department or urgent care facility, the Triage RN will immediately escalate the call to an advanced clinician.
4. If the patient does not have transportation to the emergency department or urgent care facility, the Triage RN will offer to call 911 and arrange transportation by ambulance.

Urgent Escalate to Clinician

1. The Triage RN should immediately escalate the call to an advanced clinician.
 - If unavailable, attempt a warm transfer to the on-call provider.
2. If no advanced clinician or on-call provider is available, the Triage RN should direct the patient to the emergency department or urgent care.

Example – Clear Triage Urgent Escalate to Clinician Disposition

Urgent Escalate to Clinician - LM1

☒ [1] Pain lasts > 10 minutes AND [2] age > 50 i

i. The Triage RN should immediately escalate the call to an advanced clinician. LM1 APC if available, if NO LM1 APC escalate to market on call provider


ii. If no advanced clinicians are available, the patient should be directed to the emergency department or urgent care.

☐ [1] Pain lasts > 10 minutes AND [2] age > 40 AND [3] associated chest, arm, neck, upper back or jaw pain i

☐ [1] Pain lasts > 10 minutes AND [2] age > 35 AND [3] at least one cardiac risk factor (e.g., diabetes, high cholesterol, hypertension, obesity, smoker or strong family history of heart disease) i

☐ [1] Pain lasts > 10 minutes AND [2] history of heart disease (i.e., heart attack, bypass surgery, angina, angioplasty, CHF; not just a heart murmur) i

☐ [1] Pain lasts > 10 minutes AND [2] difficulty breathing i



Non-Urgent Escalate to Clinician

These calls require advanced clinician involvement but are not as time sensitive as urgent calls.

7:00 AM – 11:00 PM (Local Time)

1. The call should be escalated to an advanced clinician. If an APC is not immediately available, the call should be sent as an email triage.

11:00 PM – 7:00 AM (Local Time)

1. The call should be escalated to a working LM1 APC.
2. If there is no LM1 APC available, the Triage RN should email that LM1 APC with the patient's information and concern.
 - Tag the LM1 APC in Teams.
3. If there are no LM1 APCs currently working who are licensed in the patient's market, the Triage RN will send an email to lm1followup@optum.com for next-day follow-up.
4. The patient should be instructed to call back if their condition changes or worsens. They should be further informed that a clinician will contact them in the morning and will arrange further care at that time.

Example – Clear Triage Non-Urgent Escalate to Clinician Disposition

Non-Urgent Escalate to Clinician - LM1

<input type="checkbox"/>	Systolic BP >= 180 OR Diastolic >= 110	
<input type="checkbox"/>	Ran out of BP medications	

Dispatch F2F (UE or market)

These calls are appropriate for a Face-to-Face visit without additional triaging.

This call flow changes based on whether a market has a UE program available.

NEVER PROMISE A VISIT

If the Market has a UE AVAILABLE:

1. Schedule the UE in Ubiquity.
2. Post the UV request in the applicable MS Teams market UE channel.
 - Tag Dispatch, the market page, and the UE.
 - If the visit is scheduled to take place the next day, send an email to: lm1uehandoff@optum.com.
3. Dispatch will assign an LM1 APC or market coverage to provide oversight based on the UE's ETA.

If the Market has NO UE AVAILABLE or NO UE PROGRAM

1. Ask the patient to hold, if they are willing, to be transferred to an on-call provider.
 - If they are unwilling to hold or the on call provider is not available to speak, then the on-call provider will call patient back during normal market operating business hours between 8:30 AM – 5:00 PM:
 - Post the Urgent Visit request in the market's Urgent Visit MS Teams channel.
2. On days that the market has no operating hours, and if between the hours of 7:00 AM and 11:00 PM, call the on-call Provider to discuss the case.
 - It is then the on-call provider's job to reach out to the patient and discuss next steps.
3. If between 11:00 PM – 7:00 AM Local Market Time:
 - Send an email to lm1followup@optum.com.
 - The patient will be contacted during operating hours, or when a provider becomes available.
 - Visits will be scheduled as needed.

Example – Clear Triage Urgent Escalate to Clinician Disposition

Dispatch F2F (UE or market) - LM1

- ☐ [1] Taking BP medications AND [2] feels is having side effects (e.g., impotence, cough, dizzy upon standing) ⓘ
- ☐ Wants doctor to measure BP

Ubiquity Note

This disposition indicates a call that can be handled, from start to finish, by a LM1 Triage RN. Many of these calls are requests for patient education or updates for their care team.

1. The Triage RN will provide education, as needed, based on the Clear Triage education guidance and their own skill set.
2. Include any education provided or updates for the Care Team in a Ubiquity note.

Example – Clear Triage Urgent Escalate to Clinician Disposition

Ubiquity Note - LM1

☐ Systolic BP between 120-129 with Diastolic < 80



☐ Healthy diet, questions about

Refer to OB

Occasionally, Landmark will have patients that are pregnant. When this occurs, the “Refer to OB” disposition may be shown.

1. If the patient has an established OB, advise them to call their OB for further assistance. Record the OB’s name and contact information in your Ubiquity note, if known.
2. If the patient does not have an OB, transfer the patient to the appropriate escalated clinician following the “Urgent Escalate to Clinician” process.

Example – Clear Triage Urgent Escalate to Clinician Disposition

Refer to OB - LM1

☐ [1] Pregnant 20 or more weeks (or postpartum < 6 weeks) AND [2] new hand or face swelling



☐ [1] Pregnant 20 or more weeks (or postpartum < 6 weeks) AND [2] Systolic BP \geq 160 OR Diastolic \geq 110



☐ [1] Pregnant 20 or more weeks (or postpartum < 6 weeks) AND [2] Systolic BP \geq 140 OR Diastolic \geq 90



☐ [1] Systolic BP \geq 130 OR Diastolic \geq 80 AND [2] pregnant



HHC

This disposition is for calls with complaints regarding Home Health Care issues.

1. If the patient has an established Home Health Care agency, they should be instructed to call the agency for further assistance.
 - Please record the name of the company, if known, in your Ubiquity note.
2. If the patient does not have a Home Health Care agency established, follow the “Non-Urgent Escalate to Clinician” process.

Refer to Hospice

This disposition should not be used often:

- Patients enrolled in Hospice are disengaged from Landmark services.
 - As a result, patients who contact us with questions or concerns should be referred back to their hospice agency.
 - If there is any doubt concerning a patient's eligibility or engagement in Landmark services, transfer the patient using the “Urgent Escalate to Clinician” call flow.

Care Advice:

The Care Advice tab includes instructions and handouts to be given to the patient and/or caregiver.

- If you select handouts the RN will have the option to send them via email.

PROTOCOLS | QUESTIONS | **CARE ADVICE** | Deanna ▾

Patient called stating they had high blood pressure, last reading was 186/120. They missed their 50 mg Losartan dose this morning. Denies any headache or chest pain.

Protocol: Blood Pressure - High

HOME CARE | **HANDOUTS (2)** | EXPAND ALL

- ☒ **Note to Triager - Missed Medication** ▾
 - ☐ You should schedule a follow-up in 1 to 2 hours, after patient takes his or her missed dose of blood pressure medication.
- ☐ **Missed Dose of Blood Pressure Medication** ▾
- ☐ **Hypertension Medications** ▾
- ☐ **Reasons To Call Back** ▾
 - ☐ Weakness or numbness of the face, arm or leg on one side of the body occurs
 - ☐ Difficulty walking, difficulty talking, or severe headache occurs

HOME CARE HANDOUTS (2) EXPAND ALL

☒ Note to Triager - Missed Medication

☐ You should schedule a follow-up in 1 to 2 hours, after patient takes his or her missed dose of blood pressure medication.

☐ Missed Dose of Blood Pressure Medication

☐ Hypertension Medications

☒ Reasons To Call Back

☒ Weakness or numbness of the face, arm or leg on one side of the body occurs

☒ Difficulty walking, difficulty talking, or severe headache occurs

☒ Chest pain or difficulty breathing occurs

☒ You become worse.

RESET ClearTriage PREV COPY

Documenting with Clear Triage:

1. Click the “Copy” button in the lower-right side of the window.
2. Paste your Clear Triage Note below the LM1 Hashtag.

Documentation Guidelines:

- Use the Clear Triage system primarily to document during the call.
- After you have completed the call, use the “Copy” button within the Clear Triage system to copy any information you noted during the call.
- Paste your Clear Triage documentation into a Ubiquity note created in the HPI section.
- Complete the remainder of Ubiquity documentation according to existing practice.

As part of the Quality Assurance processes at Landmark First, charts will be randomly selected for audit to ensure compliance with policy.

- Please note that, as company policies are updated, or if greater compliance guidelines change, the quality assurance process may be updated.

Downtime:

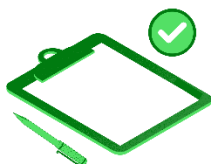
When Clear Triage is not available due to system issues, the Triage RN is expected to USE THEIR BEST MEDICAL JUDGEMENT and LM1 hashtag to guide the conversation and reach out to an LM1APC or physician for support.

- The Triage RN should err on the side of escalating patient complaints to an advanced clinician when able to refer a higher level of care.
- Documentation of the call should specifically note that Clear Triage was unavailable due to system issues.
- When Clear Triage becomes unavailable, the Triage RN MUST notify the available Lead Supervisor of the downtime.
- The Lead Supervisor will notify the Clinical Leadership team if the outage is expected to last longer than two (2) hours.

Triage RN Call Determinations

1. Patient Verification

**Standard*



Actions:

- Verify the patient's identity with three (3) PHI data points:
 - Name
 - Date of birth
 - Visiting address

2. Determine Emergent Call

**Required*



Actions:

- Has the patient described or displayed any emergent symptoms?

3. Determine Landmark First Handling

**Required*



Actions:

- The Triage RN must determine the following:
 - Is this an acute CIC or chronic issue?
 - Is this IDT appropriate?

4. Determine Triage RN Handling

**Required*



Actions:

- Is the patient in need of medication review?
- Is the patient in need of a POC?

5. Determine Tele-UV Need**Required***Actions:**

- Is this a minor complaint that does not require a face-to-face visit and can be managed telephonically by a LM1 APC?

6. Determine Face-To-Face Necessity**Required***Actions:**

- Does the patient require a face-to-face visit with a provider or UE to assess and treat?

7. End-Of-Call Checklist**Required***Actions:**

- Prior to hanging up with the patient:
 - Verify callback number & visit address.
 - Provide ETA for UEUVs

Triage RN Call Escalation

1. LM1 APC Warm Transfer

**Standard*



Actions:

- The LM1 Triage RN will immediately attempt a warm transfer of the patient or caregiver to an available LM1 APC.
- If there is no response to the attempted transfer, proceed to the next conditional step.

2. On-Call Provider Warm Transfer

**Conditional*



Actions:

- If no LM1 APC responds to the attempted warm transfer. Use Humanity to locate the Market on-call provider and attempt a transfer through Genesys.
 - Market on-call providers will be listed as “Daytime Clinicians” during business hours and “#1 Providers” after hours.
- If there is no response to the attempted transfer, proceed to the next conditional step.

3. Emergency Department Referral

**Conditional*



Actions:

- If the Market on-call provider does not respond to your attempted warm transfer, refer the patient to their local emergency department.

4. Documentation

**Required*



Actions:

- Document and finalize your note in Ubiquity.
- Complete additional follow-up as needed.

Workflow for Verbal Handoff:

1. Triage the patient:
 - Triage RNs are required to use Clear Triage tool.
2. Gather as much information as you can, relative to the chief complaint (CC).
 - Confirm call back number and visit address.
 - Pre-visit screening questionnaires (COVID and flu).
3. If the patient is willing to hold, keep them on the line for warm transfer.
 - If not, advise someone will call them back with a plan and if they experience any emergent symptoms.
4. Place patient on hold if they are agreeable.
5. Call LM1 APC (RNs only) or the Market on-call provider (whoever is the next person in the call tree):
 - Introduce yourself, name, and title.
 - Inquire if they are available to speak to the patient.
6. If they are available, provide the patient ID and CC.
 - Provide SBAR
 - Give your recommendations:
 - ❖ Patient needs urgent management.
 - ❖ Appropriate for Tele-UV.
 - ❖ Needs a face-to-face visit.
7. Ask "would you like me transfer the call to you now or let patient know you will call back to discuss a plan of care?"
8. Send a follow-up email to the on-call provider, but only after a warm handoff or acknowledgement is confirmed over a private chat in Teams indicating their intention to contact the patient.

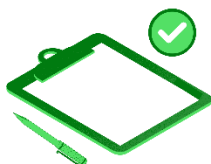
Attention – Verbal Order Exception

Triage RNs are not able to receive verbal orders, only handoff the patient for care

Administrative Call Flow

1. Patient Verification

**Standard*



Actions:

- Verify the patient's identity with three (3) PHI data points:
 - Name
 - Date of birth
 - Visiting address

2. Admin Request

**Suggested Dialogue*



Actions:

- Listen to the caller's request and ask for more information when needed.
- Follow the correct workflow according to the caller's request. Administrative requests may include:
 - Appointment date / time verifications.
 - Appointment cancellation / reschedule.
 - Noting messages for the care team.
 - Noting messages for the Outreach Team.
 - Updating demographic information.
 - Other administrative tasks as needed.
- Consult the [Administrative Workflows](#) section of the Administrative Process Manual for more information.

3. End the Call

**Suggested Dialogue*



Actions:

- Check to see if the caller needs any further assistance before ending the call.
- End the call.

4. Documentation

**Required*



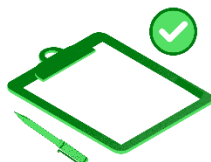
Actions:

- Document and finalize your note in Ubiquity.
- Complete additional follow-up as needed.

Triage RN Management Call Flow

1. Patient Verification

**Standard*



Actions:

- Verify the patient's identity with three (3) PHI data points:
 - Name
 - Date of birth
 - Visiting address

2. Determine Triage RN Handling

**Required*



Actions:

- Is the patient in need of medication review?
- Is the patient in need of a POC?

3. Provide Telephonic Advice

**Required*



Actions:

- The call will be managed by the Triage RN:
 - Review medication
 - POC review
 - Contact a community provider / agency as needed

4. Documentation

**Required*



Actions:

- Document and finalize your note in Ubiquity.
- Complete additional follow-up as needed.

Triage RN Tele-UV Request Call Flow

Completion of a telephonic visit is appropriate when it is determined during triage that the patient is medically stable, and a face-to-face visit will not change the outcome for the patient.

Things to Consider:

- For urgent or Tele-UV escalations, always transfer to an **LM1 APC FIRST**.
- Is the patient able to provide vitals (blood pressure, temperature, pulse, pulse oximetry).
 - Vitals can assist in confirming the patient is stable.
- Can pictures be sent? Secure email to send pics: LMPhoto@optum.com.
- Does patient have smartphone with video capabilities?
 - Determine prior to a warm handoff to the market on-call provider.

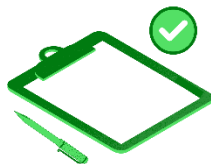
Attention – Risk of Depression

If patient is at increased risk for decompensation, a telephonic visit is NOT appropriate.

Examples – Complaints that MAY be appropriate for a Tele-UV

- Skin rash
- New onset nausea or diarrhea
- New onset sore throat & no other symptoms
- New onset constipation without abdominal pain or emesis
- New onset COVID-19 with mild symptoms.

LM1 APCs Complete a Telephonic UV ENCOUNTER with ANY treatment given including education.

Tele-UV Handoff Call Flow:**1. Patient Verification****Standard***Actions:**

- Verify the patient's identity with three (3) PHI data points:
 - Name
 - Date of birth
 - Visiting address

2. Determine Tele-UV Need**Required***Actions:**

- Is this a minor complaint that does not require a face-to-face visit and can be managed telephonically by a LM1 APC?

3. LM1 APC Warm Transfer**Required***Actions:**

- Use Genesys to attempt a warm (consult) transfer to a Landmark First APC:
 - Check in with the patient / caregiver at approximately two-minute intervals to avoid lengthy hold times.
 - When your call is answered by an APC, introduce yourself and provide the patient's ID number. The APC will then confirm the patient's name and DOB.
 - Complete the warm transfer.

Attention – Call Transfer Etiquette**DO NOT** engage in small talk during warm transfers.**4. Documentation****Required***Actions:**

- Document and finalize your note in Ubiquity.
- Complete additional follow-up as needed.

If NO LM1 APC Responds to an Attempted Warm Transfer:

**Starting after #3 on the previous page:*

4. Send to LM1 Triage Email

**Standard*

**Actions:**

- Email call details to:
 - lm1followup@optum.com
 - Request that it be assigned to an LM1 APC when one becomes available.

5. Tag LM1 Lead Supervisor

**Required*

**Actions:**

- Open the “LM1 FULL” Teams Channel:
- Tag an active Lead Supervisor from this channel.

Documentation

**Required*

**Actions:**

- Document and finalize your note in Ubiquity.
- Complete additional follow-up as needed.

Face-to-Face Visit Request Call Flow

Calls That Need Face-to-Face Visit Follow-Up:

These are visits that need to be done F2F by a market provider, not appropriate for UEUV.

- Non-engaged patient with an acute change in condition - UVIV1 needed.
- Multiple UVs overseen by LM1 in same EOC without market follow-up or only telephonic follow-up.
- A Post Discharge Visit (PDV) is needed if the chief complaint is the SAME as inpatient stay.
- Anticipated lengthy UV due to multiple issues being addressed.
- End of Life or goals of care discussion needed due to significant decline.
- Two-person visit required.
- Behavioral Health (BH) / Red flag in Alert section.
- Patient needs something outside of UE skills.
- Any case that involves assault or criminal behavior.
 - These cases should be referred to the ED.

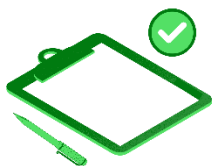
We are to triage these patients include "need market provider to complete the visit" in UV request handoff.

Attention – Reporting

All Landmark First Clinicians are MANDATORY reporters, even for non-Landmark elderly and children.

Examples – Complaints that need the attention of a Market Provider

- Non-engaged patient with an acute change in condition - UVIV1 needed
- Multiple UVs overseen by LM1 in same EOC, without market follow up or only telephonic follow up
- PDV (post discharge visit) needed if the chief complaint is the SAME as inpatient stay
- Anticipated lengthy UV due to multiple issues being addressed
- End of Life or goals of care discussion needed, significant decline
- 2-person visit required; BH (behavioral health)/Red flag in Alert section
- Patient needs something outside of UE skills.
- Any case that involves assault or criminal behavior, these cases should be referred to the ED.

Call Flow:**1. Patient Verification****Standard***Actions:**

- Verify the patient's identity with three (3) PHI data points:
 - Name
 - Date of birth
 - Visiting address

2. Determine Face-To-Face Necessity**Required***Actions:**

- Does the patient require a face-to-face visit with a provider or UE to assess and treat?

Attention – Time Check

The UV / UEUV request procedure differs based on “Business Hours” and “After Hours” workflows. Check the LOCAL market time before submitting a request.

3. Post UV / UEUV Request in Teams**Business Hours***Actions:**

- DURING BUSINESS HOURS, post a UE / UEUV request in Teams.
- See below for the AFTER HOURS workflow.

4. Call the On-Call Provider**After Hours***Actions:**

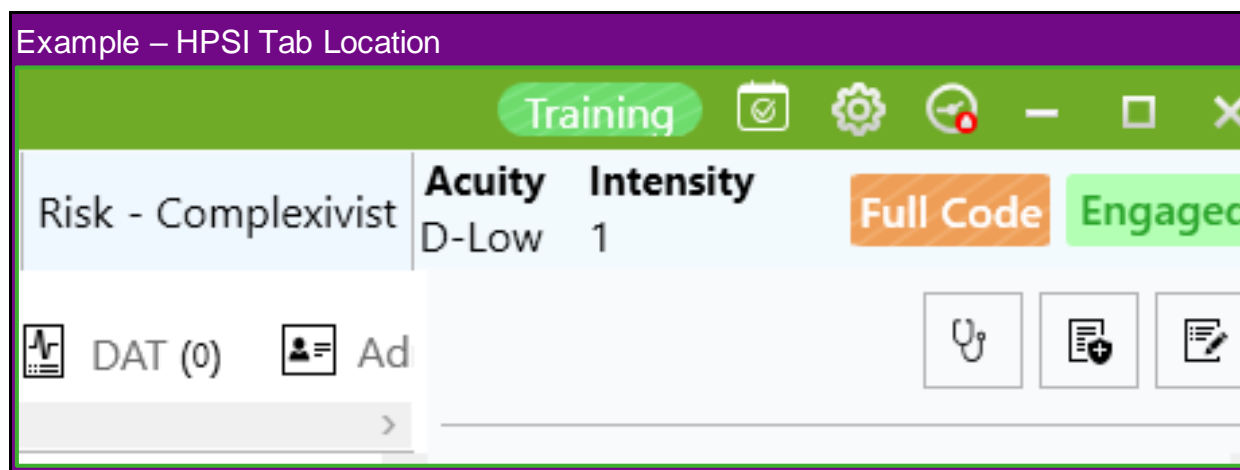
- Contact the on-call provider listed in Humanity.
- If unavailable, contact these alternate providers in the following order:
 - Backup Physician
 - Backup Clinician
- If you attempted warm transfers are not answered, attempt to schedule UEUV in Teams, if available.

**Required*



- Document in Ubiquity.

The HPSI Tab, located in every patient's chart, can be used to view specific instructions regarding Humanity contact for on-call providers and UEUV Requests.



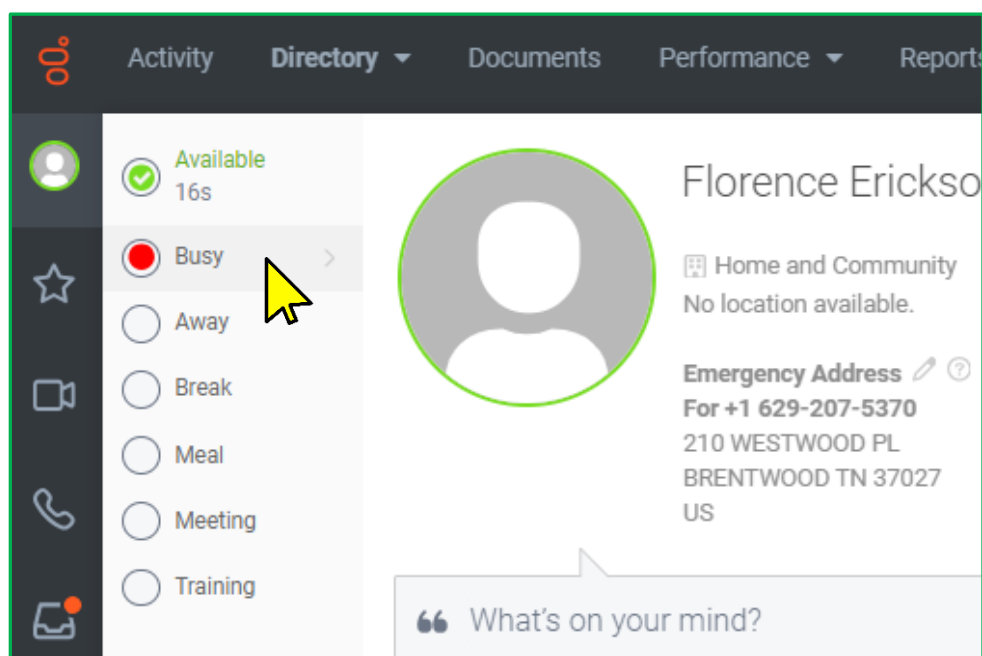
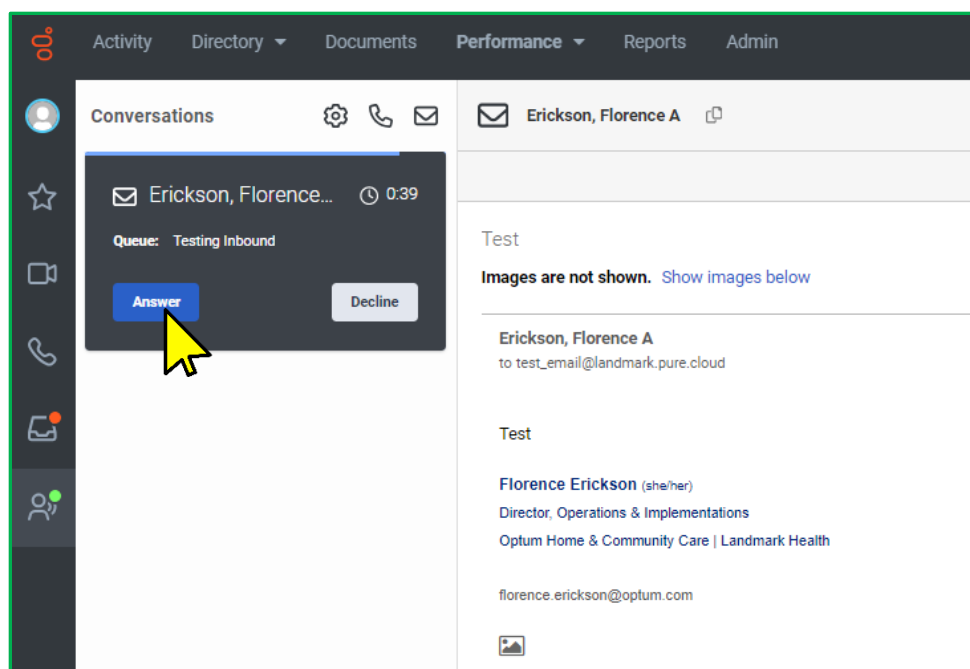
On-Call Coverage: #1 Daytime Clinician
#1 Triage Provider
#2 Physician On-Call

If the patient needs the ER, or 911 contact, please follow the “Urgent Buzzwords” call flow located in the [Call Transfer Flow Process](#) section of the Administrative Process Manual.

Receiving Triage Emails Through Genesys

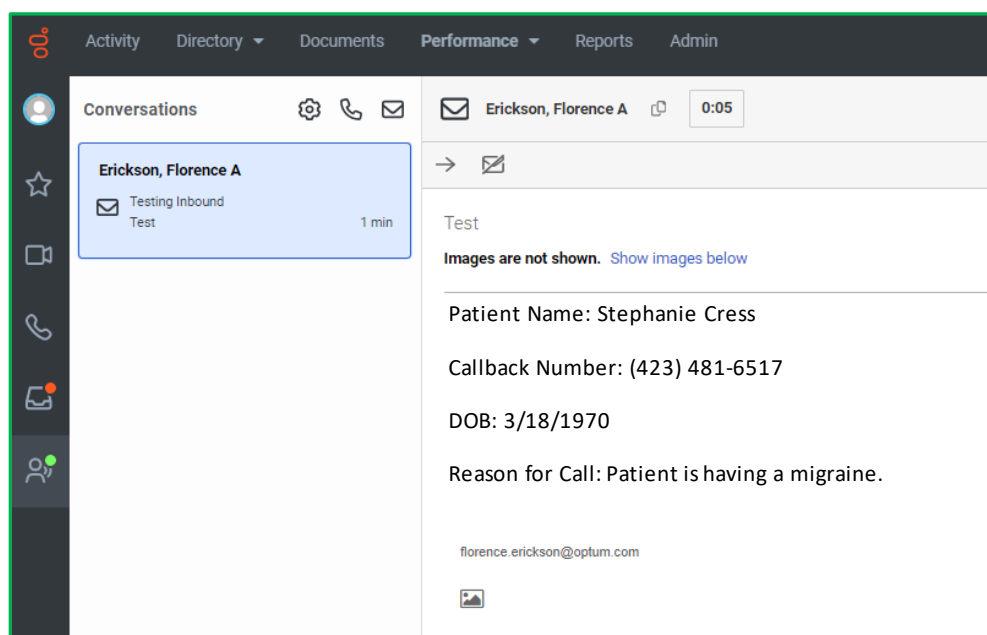
1. Triage emails are received in the Interactions panel in Genesys:

- The triage email will appear as an on-screen notification and ring for 15 seconds or until it is answered.
- Answer the notification and immediately place yourself in the 'Busy' status.



2. Review the Triage email in the Interactions pane:

- From the Interactions pane, review the Triage message and locate the patient's identifying information along with their concern.



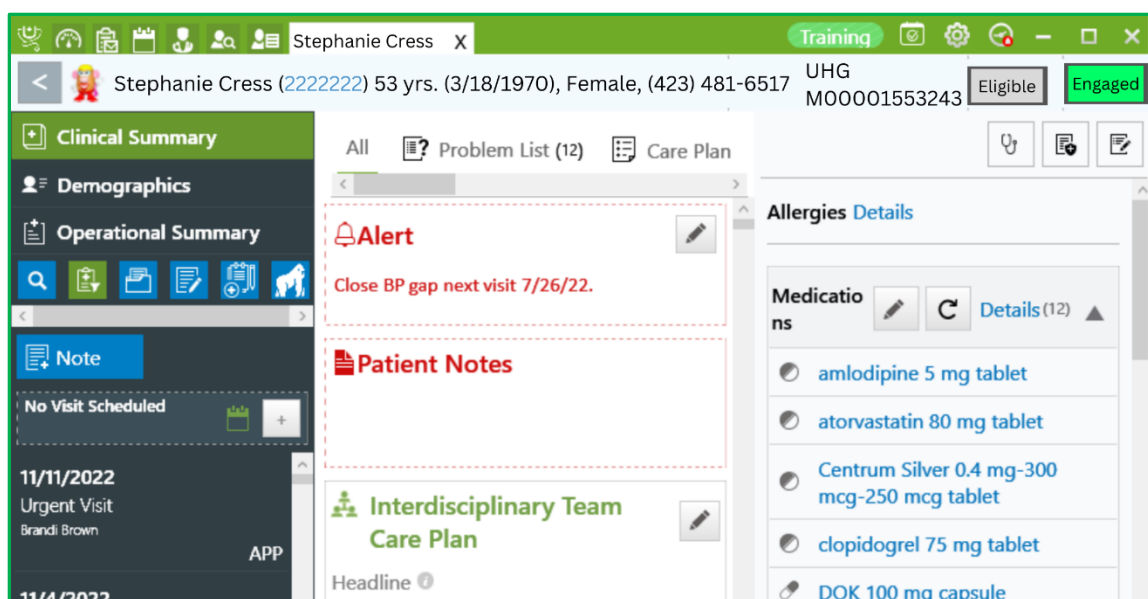
3. Locate the Patient's chart in Ubiquity:

- Open the Patient Summary once found.

Name	Date of Birth	Primary Phone	Patient ID	Engaged Status	Health Plan ID	Metr	Acuity	Intensity	Last Contact Date	Patient Summary
Stephanie Cress	3/18/1970	(423) 481-6517	2222222	Engaged	M00001553243	ΦN	D-Low	1		Patient Summary

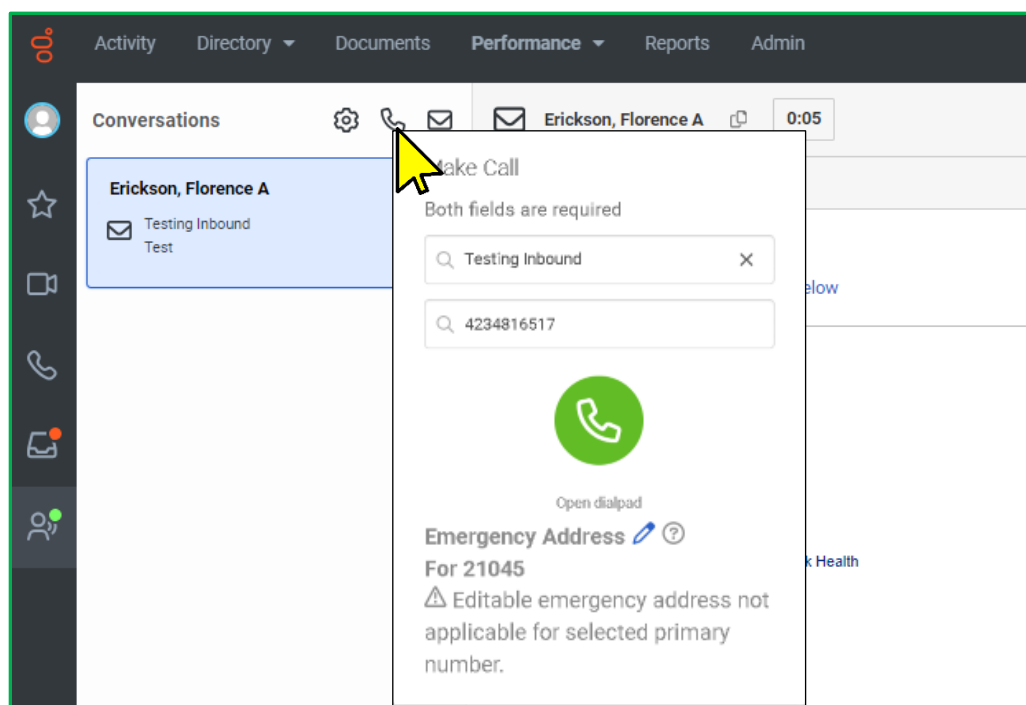
4. Review the Patient's chart:

- Check the Alerts, Notes, and Encounters listed in the chart:
- You can filter notes and encounters using the options on the left panel.
- A list of medications, allergies, and the patient's Care Team is located on the panel to the right.
- Patient Eligibility / Engagement status can be seen in the chart's heading.



5. Call the Patient / Caregiver:

- Use the phone button to call the patient or caregiver.
- Remember to select the outgoing queue that best matches the patient's market or metro location.



6. Manage the Call:


Use the clinical call flows provided in the Reference Documents, as well as your best judgement, to properly manage the call.

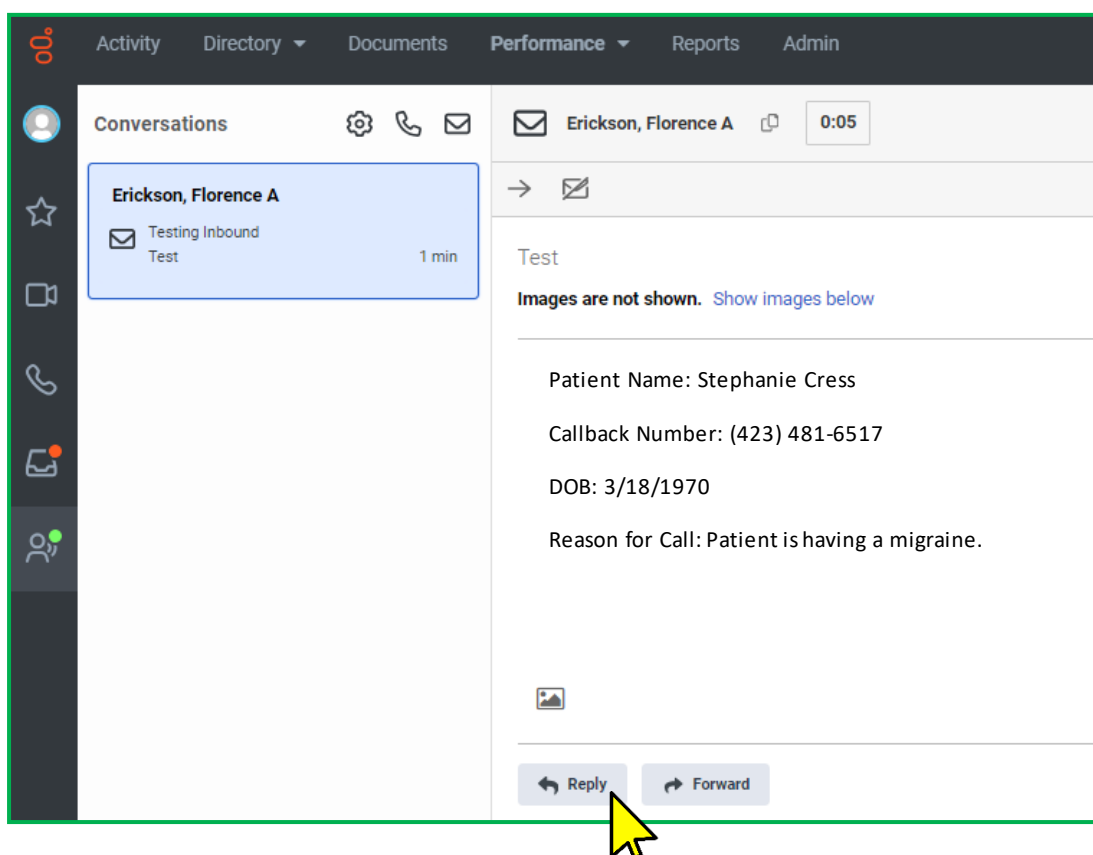
7. Complete Call Wrap-Up:

- Set your Call Status to 'Busy' if it is not set already.
- Complete the call wrap-up on the right side of your Genesys window.
 - Select the wrap-up code that best matches the call.
- Click the 'Done' button to continue managing the Triage message.

The screenshot shows a Genesys wrap-up interface. At the top, there is a header bar with icons for user profile, chat, list, calendar, and a checkmark. Below the header, the text "After Call Work" is displayed on the left and "0:57" on the right. A search bar labeled "Find wrap-up code" is present. Below the search bar is a list of wrap-up codes: LM1 - 911 Activated, LM1 - Call Disconnected, LM1 - Cancel Appt, LM1 - Clinically Managed, LM1 - Confirm Appt, LM1 - ER Advised, LM1 - In-Person UV Disptached, LM1 - Market Request, LM1 - No Answer, LM1 - Non-Patient Related, LM1 - Outreach, LM1 - PCC - Urgent Clinical Transfer (Buzz), LM1 - Reschedule Appt, LM1 - Return Call, LM1 - Transfer to LM1 Clinician, LM1 - Transfer to Market Clinician, LM1 - Voicemail, and LM1 - Wrong Number. At the bottom, there is a footer bar with the text "Wrap-up code is required" and "Select wrap-up code" on the left, and a blue "Done" button on the right.

8. Reply to the Triage Email:

- At the bottom of the Triage message, you will see a 'Reply' button.
- **DO NOT** click the  button. This will end the triage email with no reply.
- **DO NOT** forward the message unless you are not licensed in the patient's market.



9. Complete Your Email Reply:

- Your emailed reply should follow this format:
Patient's Name, Plan of Care, Your Full Name
- When finished, click 'Send'.

as@ceas.us 4:51

New Message From Elation Answering Service

CALL TYPE: PATIENT CALLER NAME: RICHARD HOLMES CALLBACK NUMBER: 5184591951 PATIENT NAME: RICHARD 9:29 AM January 17, 2024

to

subject

Stephanie Cress, Managed, Sunni Kneeland **Your Reply**

Patient Name: Stephanie Cress
 Callback Number: (423) 481-6517
 DOB: 3/18/1970
 Reason for Call: Patient is having a migraine. **Original Message**

Discard Send

10. Set Your Email Wrap-Up:

- Similar to calls, any emails received will require a wrap-up code to complete.

CALL TYPE: PATIENT CALLER NAME: RICHARD HOLMES CALLBACK NUMBER: 5184591951 PATIENT NAME: RICHARD 9:29 AM January 17, 2024

Stephanie Cress, Managed, Sunni Kneeland

Patient Name: Stephanie Cress
 Callback Number: (423) 481-6517
 DOB: 3/18/1970
 Reason for Call: Patient is having a migraine.

Find wrap-up code

- LM1 - 911 Activated
- LM1 - Call Disconnected
- LM1 - Cancel Appt
- LM1 - Clinically Managed
- LM1 - Confirm Appt
- LM1 - ER Advised
- LM1 - In-Person UV Dispatched
- LM1 - Market Request
- LM1 - No Answer
- LM1 - Non-Patient Related
- LM1 - Outreach
- LM1 - PCC - Urgent Clinical Transfer (Buzz)
- LM1 - Reschedule Appt
- LM1 - Return Call
- LM1 - Transfer to LM1 Clinician
- LM1 - Transfer to Market Clinician
- LM1 - Voicemail
- LM1 - Wrong Number

Wrap-up code is required
 Select wrap-up code Done

11. Complete Documentation:

- You will remain in the busy status once your wrap-up is submitted. Use this time to complete any remaining documentation that is needed.
 - Document Ubiquity with a note detailing any follow-up actions taken on the patient's behalf.
 - If necessary, follow the correct steps to schedule a UEUV for the patient.
- When finished, change your call status to “On-Queue” from the Interactions pane.

