

TRIAGE**OPS.048**

Approved By:	Chief Operations Officer	Adopted Date:	04/02/03
Distribution:	Site Administrators, Providers, Nurses, Clinic Staff	Revision Date(s):	12/03, 11/12, 06/2016

PURPOSE:

To define expectations for patient triage at Open Door Community Health Centers.

POLICY:

Each facility will implement procedures outlined in this policy to ensure timely and effective triage by qualified Registered Nurses and Licensed Medical Providers. Implementation and monitoring of triage procedures is the joint responsibility of the Site Director, Site Administrator and Nurse Coordinator.

The following represent the minimum expectations for patient triage:

POTENTIAL EMERGENCY

All calls or walk-ins, regardless of ODCHC patient status, who mention in any way: chest pain, high fever, shortness of breath, active internal or external bleeding, decreased level of consciousness (unusually sleepy, listless, "out of it", confused, hard to wake, not acting normal) must be transferred to an RN for immediate triage.

The staff member who transfers the patient to the RN for immediate triage must make actual verbal or face-to-face contact with the RN. No electronic messaging or voicemails are allowed.

Open Door locations with no medical staff, who receive these calls, will transfer directly to a medical site front office staff person to facilitate RN triage. Voice to voice transfer only, no electronic messaging or voicemails are allowed.

TRIAGE

Triage will be performed by Registered Nurses. In the event that a Registered Nurse is not available, the following alternatives will be used:

- a. Patient or caller routed directly to a Licensed Medical Provider for triage
- b. Patient or caller routed to a Licensed Vocational Nurse or Medical Assistant, who takes down information to present to the Medical Provider for triage.

At no time will Licensed Vocational Nurses or Medical Assistants provide medical advice. They may only relay patient-specific advice given under direct supervision of a physician or mid-level practitioner. Other staff (such as front desk, call center, member services, etc.) may NOT relay patient-specific advice, including advice directing the patient to the emergency room.

The following patients must be triaged by an RN or licensed provider. These include both telephone and walk-in appointment requests.

- a. Any patient that expresses a need to be seen urgently or emergently, and for whom no appointment slot is readily available.
- b. All patients who, regardless of initial discussion, are not comfortable with waiting time for scheduled appointment.
- c. All patients with same day service requests that cannot be accommodated.
- d. All patients with symptom related questions.

Clinic sites must accept voice to voice transfers from non-medical Open Door locations who field triage requests from patients.

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Standard written protocols will be available for consultation during triage.

Triage information for established patients will be recorded in the clinical record. The record will include, at a minimum, the name of the caller (if not the patient), and the presenting problem and follow-up recommendation (seen, scheduled, referred, etc.).

A percentage of appointment slots will be set aside each day for handling of patients with urgent or emergent needs. The number of slots will be reasonable for the anticipated number of urgent care patients.

Established patients with urgent needs verified by triage will be seen during regular clinic operating hours.

Because ODCHC clinics are not emergency rooms or 24-hour facilities, patients with emergency needs and/or with needs outside of operating hours, will be referred to an emergency room.

Triage information for non-established patients shall be documented on paper. At a minimum, the patient name, date of birth, nature of problem, and follow-up recommendation will be recorded. The documentation will be routed to RNCC and shall be securely stored in the clinic for a minimum of three (3) years.

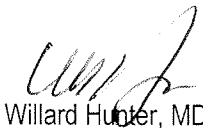
All non-emergency phone calls requiring medical advice or triage will be answered within one business day.

Approved:



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Acknowledged:



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