



Telephone Triage

Sam Thompson

Programme for the day

 Introduction to Telephone Triage in Ambulance Services

 Effective Communication in Telephone Triage

 Assessment and Prioritisation

 Medical Conditions and Emergencies

 Non-emergency situations and self-care advice

 Managing difficult callers and challenging situations

 Quality improvement and professional development





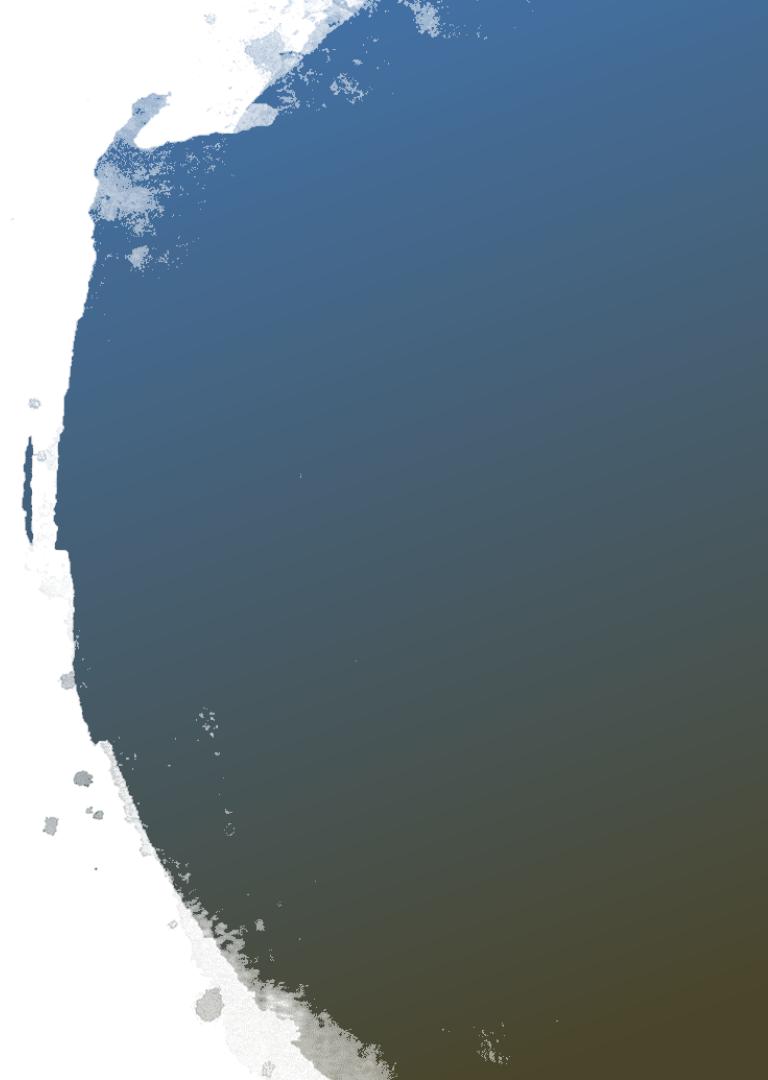
Hello!

Name

Your background

What telephone healthcare
you are doing.

BACKGROUND TO REMOTE HEALTHCARE CONSULTATION



Sir Bruce Keogh (2013)

- 5.2 million emergency hospital admissions
- ***Over 1 million considered avoidable***
- 7 million emergency ambulance journeys
- ***50% of 999 ambulance calls transported could have been managed at scene***
- 21.7 million attendances at A&E, Urgent care and minor injuries units
- ***40% of patients who attended A&E were discharged needing no treatment at all.***
- 24 million calls to NHS urgent and emergency care telephone services
- ***Only 4% resolved and closed on the telephone***
- 340 million GP consultations
- ***20% relate to minor injuries which could largely be dealt with by self care with care and support from the community pharmacy***

Transforming urgent and emergency care services in England
Urgent and Emergency Care Review
End of Phase 1 Report
High quality care for all, now and for future generations





Self care

A range of common illnesses treated with a simple self-care plan or a visit to a pharmacist.



Pharmacy

Provides local advice and treatment for common illnesses.



Minor injury units
Offers access to treatment for minor illnesses such as sprains and broken bones.



Get the right care at the right time



free if you need medical advice, but it is not a 999 emergency.

Medical advice, medical treatment and prescriptions for common illnesses.

Department or 999
Emergency services should be used in an emergency or life-threatening situation.

NHS

Kernow Clinical Commissioning Group

The NHS Long Term Plan



NHS Long Term Plan (January 2019)

- Set out an ambition to offer digital-first primary care
- Patients to use online tools to access primary care services remotely – to most people by 2023/24.
- The latest GP contract at that time required all patients have the right to online consultation by April 2020, and video consultation by 2021.
- Concerns raised about their potential impact, particularly on patients' privacy and safety, healthcare inequalities and GPs' workloads.





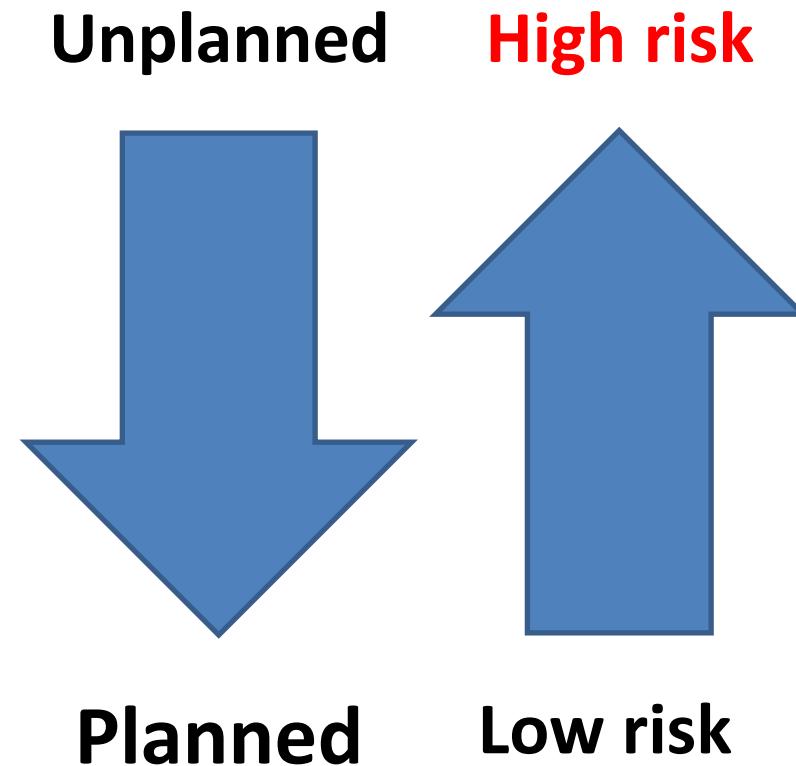
The Post Covid Digital Revolution

- 45% of primary care appointments are now being carried out remotely
- “Remote consultations have allowed GPs to continue to practise efficiently and support patients during the pandemic”
- However, the Health Foundation recommends more research is carried about the impact of remote consultation on the 'quality of care, patient experience and access and workload.'

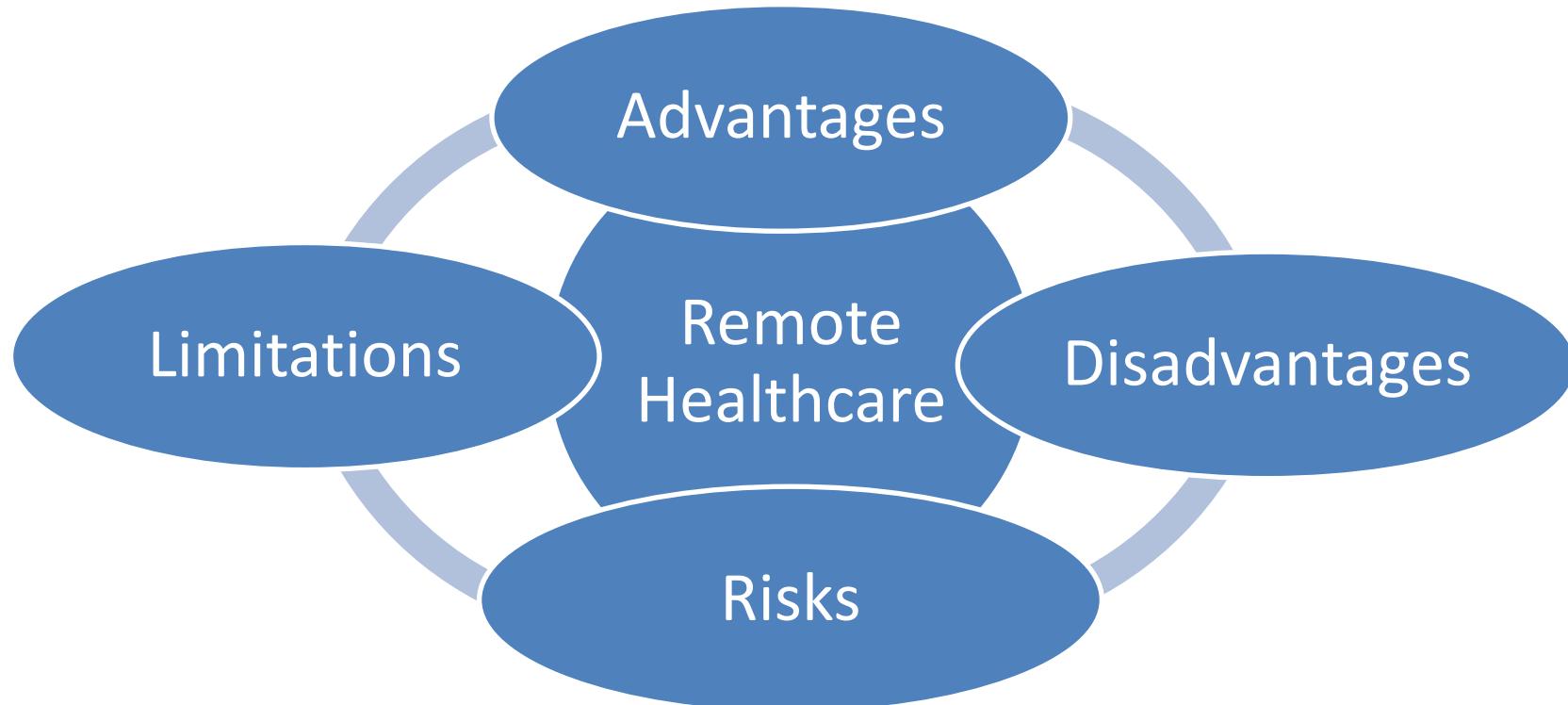
(Health and Social Care Committee Science and Technology Committee)

Types of remote healthcare assessment

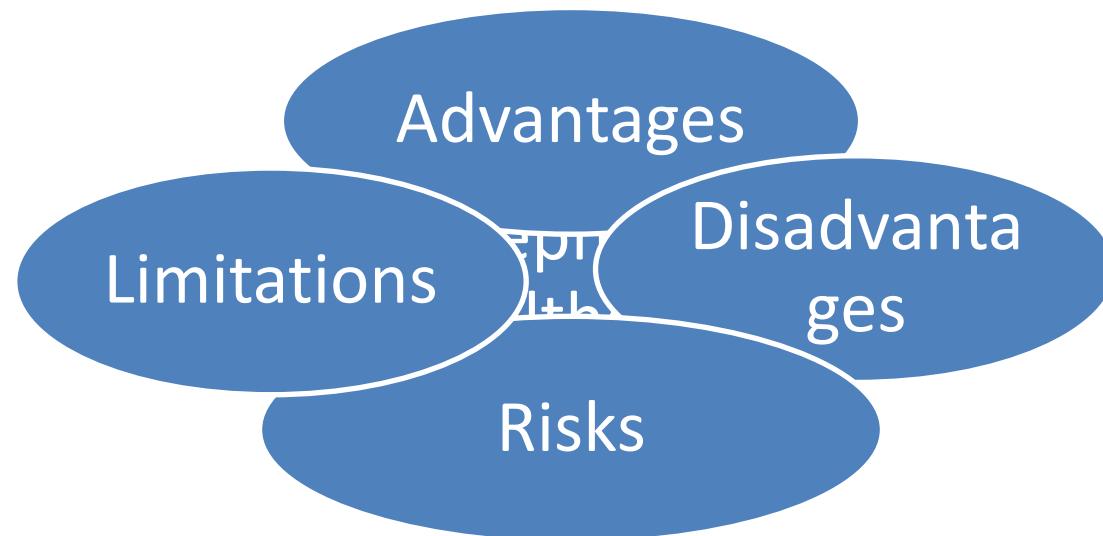
- 999
- 111
- GP
- Mental health
- Midwifery
- Long term conditions
- End of life



Remote Healthcare – Legal and Ethical Considerations

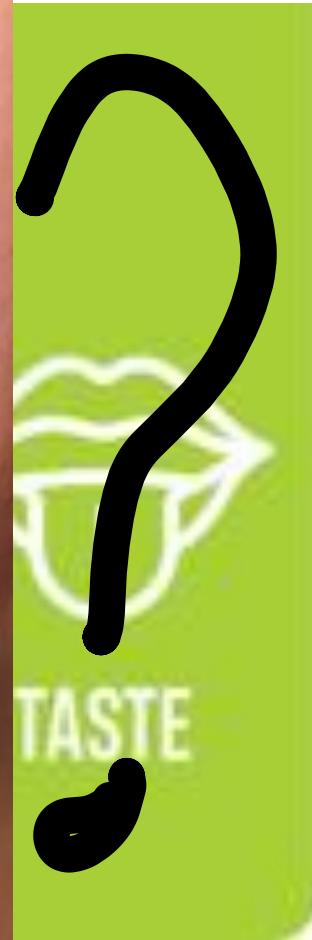
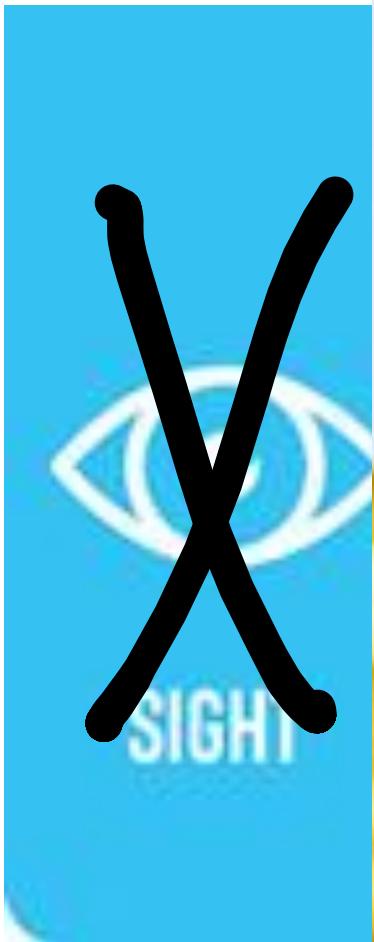


Telephone healthcare

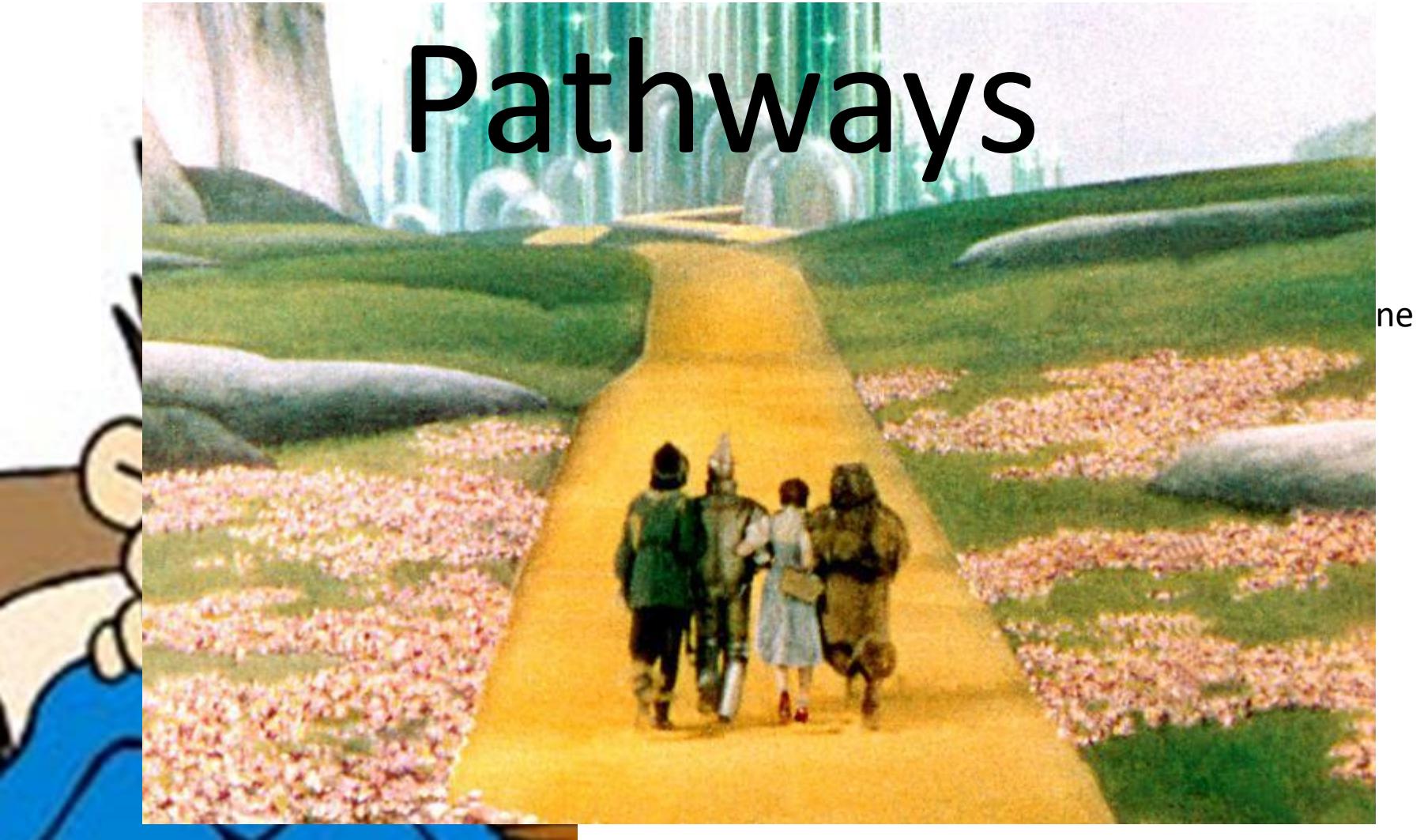




Is it safe?



Pathways



Risks in telephone healthcare

- Jumping to conclusions
- Not listening carefully
- Not being curious enough
- Making Assumptions without checking understanding.
- Lack of visual cues
- Barriers – Caller has difficulties in accurately describing or recalling the history.
- Poor communication due to lack of engagement with the patient.
- Time constraints
- Poor documentation

Risks in Telephone Healthcare

- Ignoring additional information offered or concerns expressed beyond the point at which a disposition has been reached.
- Wellness bias.
- Premature decision making – closing an open mind.
- Remember asking for help is always an option

(Reissman & Brown 2005)



Other traps to fall into

Accepting the patient's
diagnosis!



Managing the risks in telephone healthcare

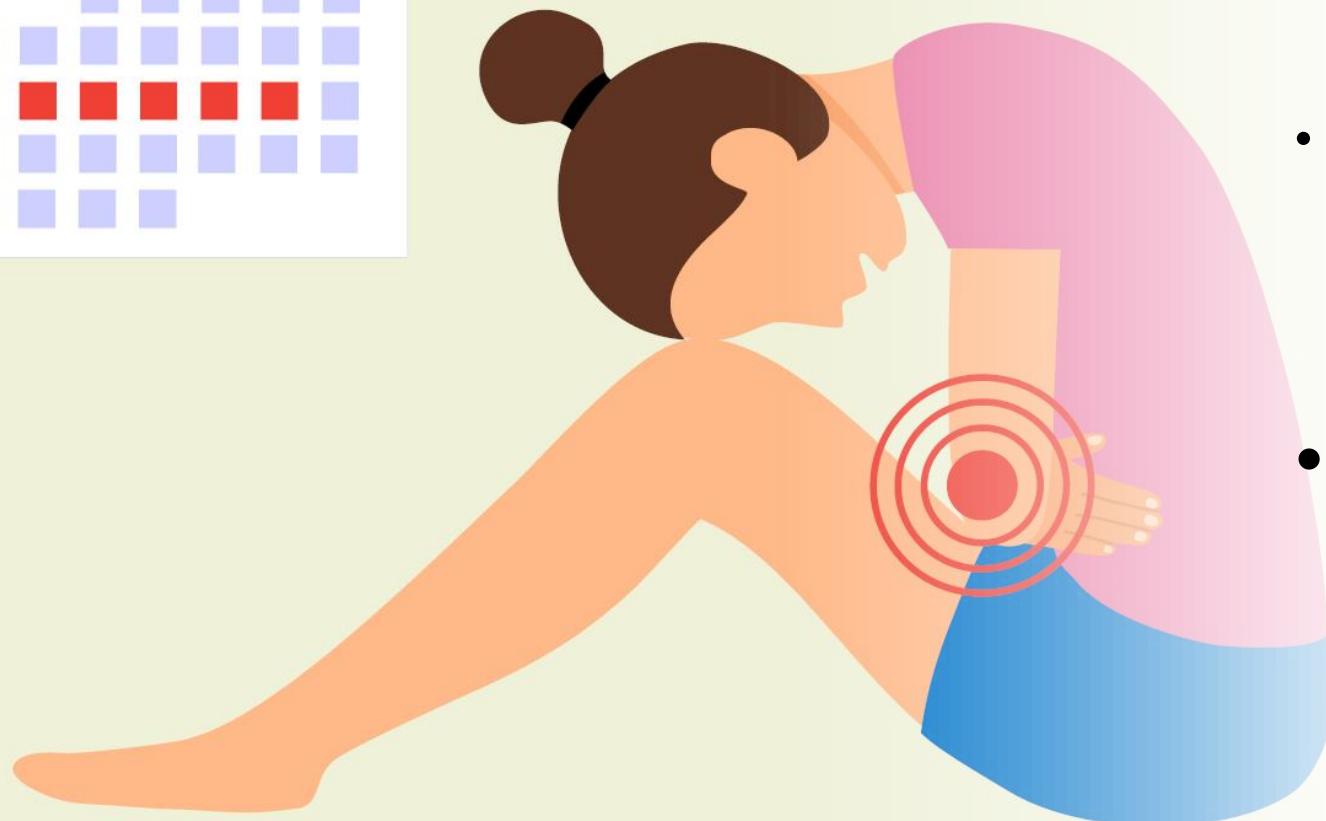
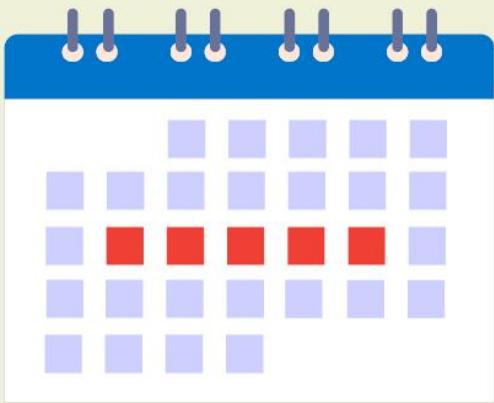
- Make sure you can justify any decisions you make.
- Hang on.....I'm a health adviser.....not a clinician. I don't make decisions.





What's the first thing
that comes into your
mind when you hear:

- 23 year old female, 39 weeks pregnant in labour?
- MATERNA-TAXI?



What's the first thing
that comes into your
mind when you hear:

- 28 year old female with
abdominal pain?
- PERIOD PAIN?

A photograph of a middle-aged African American man with a bald head. He is wearing a blue and white plaid long-sleeved shirt. He is holding his left hand over his heart area, looking slightly to the side with a pained expression. The background is blurred green foliage.

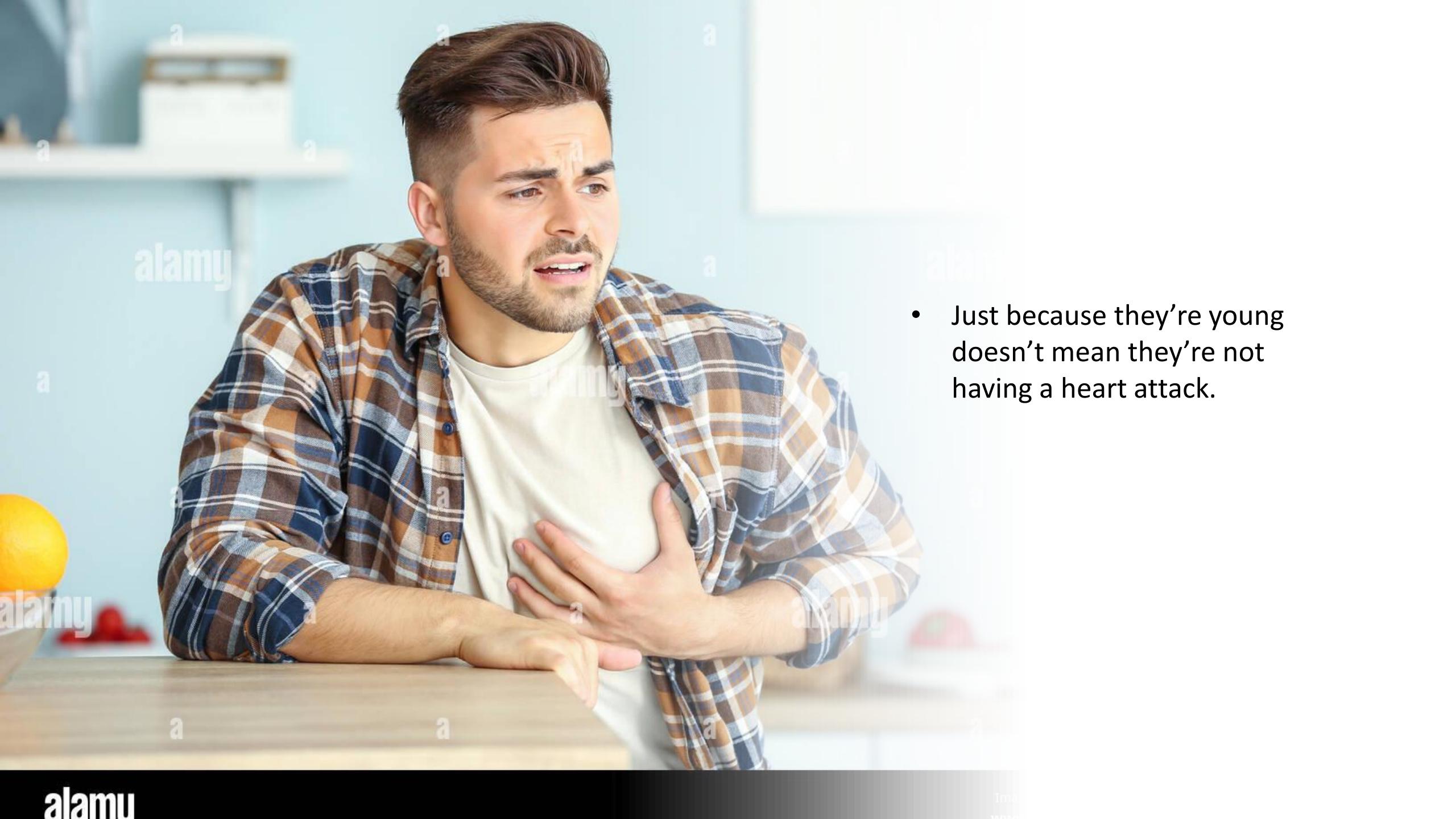
**What's the first
thing you think
when you hear:**

- 31 year old male with chest pain?
- INDIGESTION?
- 69 year old male with chest pain?
- HEART ATTACK?

Heart attacks – the bad news

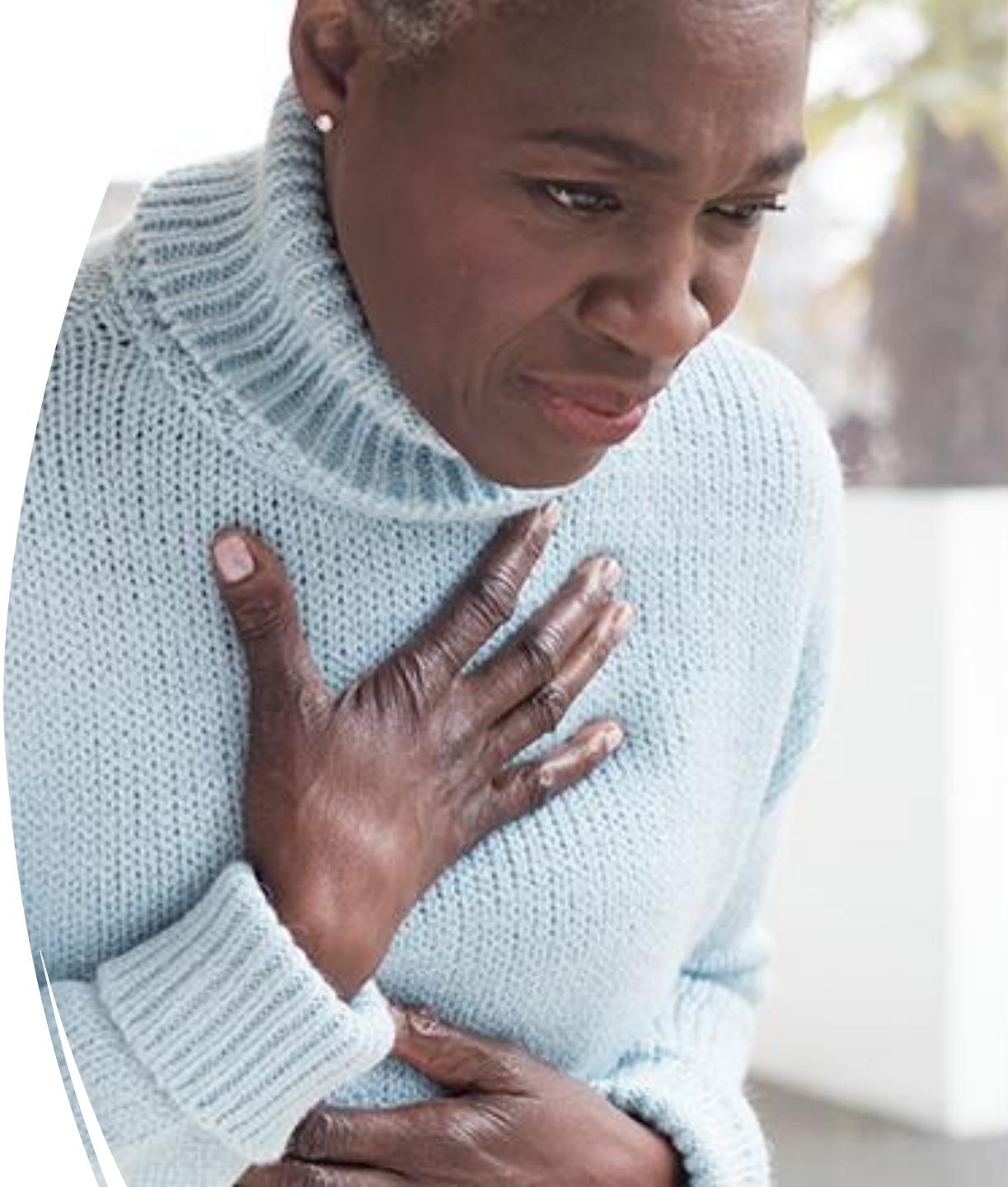
- 1 in 5 heart attack patients are now younger than 40 years old.
- Heart attacks are on the rise in patients 20-30 years old.
- Once a patient has had their first heart attack they have the same chance as an older person of dying from a second major heart event or a stroke, regardless of their age.



- 
- A young man with dark hair and a beard is sitting at a wooden table, looking distressed. He is wearing a white t-shirt under a blue and brown plaid shirt. His hands are clasped together on the table, and he is holding his chest with one hand, indicating pain or discomfort. The background is a bright, modern kitchen.
- Just because they're young doesn't mean they're not having a heart attack.

What's the first think you think when you hear:

- 34 year old female – chest pain?
- ANXIETY?
- PANIC ATTACK?



Some real calls – 34 yof – Chest pain



34 yof.....chest pain.....

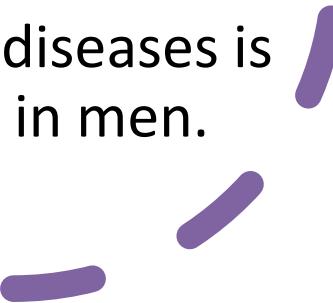


34 yof – CHEST STILL HURTS!!!



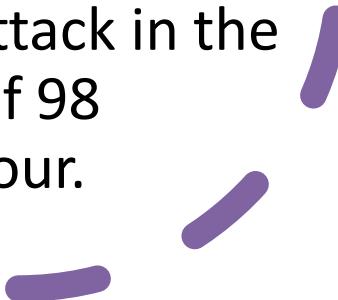
Coronary Heart Disease, male v female

- Men usually have a 2-fold higher incidence of heart disease and related problems than women, but the gap shrinks with increasing age as elderly women are more likely to experience heart disease.
- Women with heart disease are usually older than men and have a higher expression of cardiovascular risk factors.
- The incidence of fatal heart diseases is higher in older women than in men.



Heart Attacks in women

- Heart disease is the number one killer of women in the UK.
- Heart disease kills more than twice as many women as breast cancer.
- 77 women die from a heart attack every day in the UK – around 28,000 women every year.
- 35,000 women are admitted to hospital following a heart attack in the UK each year - an average of 98 women a day, or four per hour.



Coronary Heart Disease, Male v female

- A woman in the UK is 50 per cent more likely than a man to receive an initial wrong diagnosis following a heart attack
- A BHF-funded study showed that women who have an NSTEMI heart attack are 34 per cent less likely to receive coronary angiography within 72 hours of their first symptoms compared to men.
- In the study, both men and women who received a wrong initial diagnosis had a 70 per cent higher risk of death after 30 days
- **This means that two women a day are dying needlessly because they are receiving poorer care than men**



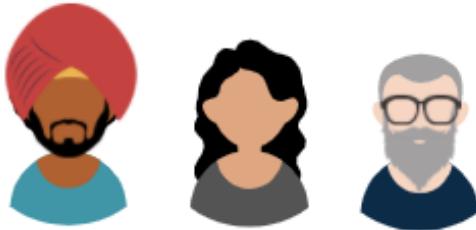
Stereotypes Prejudice Unfair
Research Behavior Beliefs
GROUNCONSCIOUS
Measure BIAS Implicit
Reaction Respect Subtlety
Corporations Decisions Race
People Social Subconscious
Judgement Hidden Ethnicity
Cognition Preferences Gender

TYPES OF UNCONSCIOUS BIAS



Affinity Bias

Feeling a connection to those similar to us



Perception Bias

Stereotypes and assumptions about different groups



Halo Effect

Projecting positive qualities onto people without actually knowing them



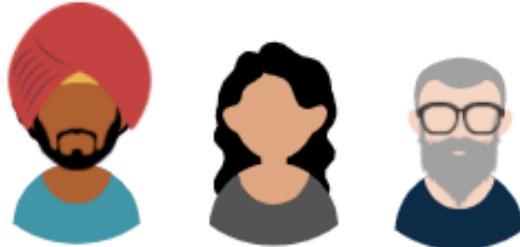
Confirmation Bias

Looking to confirm our own opinions and pre-existing ideas.



Affinity Bias

Feeling a connection to those similar to us



Perception Bias

Stereotypes and assumptions about different groups



Halo Effect

Projecting positive qualities onto people without actually knowing them



Confirmation Bias

Looking to confirm our own opinions and pre-existing ideas.

Can you think of a time when you have done one of these at 111?

Managing the risks in telephone healthcare

- Make sure you can justify any decisions you make.
- Hang on.....I'm a health adviser.....not a clinician. I don't make decisions.
- **YES YOU DO!!!!**





MANAGING A TRIAGE CALL

Quantum Telephone Healthcare

Hello, my name is Dr Kate Granger
& I'm the founder of the
#hellomynameis campaign.

hello my name is...






Quantum Telephone healthcare

- Collect or confirm demographics ensuring compliance with the Data Protection Act 2018 and GDPR regulations.
- If the call has been transferred from a reception desk or a call-back is being undertaken this is crucially important.
- If the call represents an emergency, demographic information is still essential to be able to direct the appropriate care rapidly.

Quantum Telephone Healthcare

Speak to the patient
wherever possible

Check the patient is
with the caller

© Cartoonbank.com



Sending virtual Hug



Loading...



Hug Sent.

**QUANTUM
TELEPHONE
HEALTHCARE**

**EMPATHIZE AND
ESTABLISH A RAPPORT**

What's the
problem?



Quantum Telephone healthcare

- Verbal nods
- Effective call control



"Just shut up and take the lollipop."



Regain the focus.

- I've really loved talking to you and hearing about your, but now we need to get back to why you rang as there are other people I need to help as well.
- Repeat back to them the last thing they said that was relevant to the consultation.
- Sometimes you just have to interrupt.



I WANT TO SPEAK TO THE
DOCTOR!!!!

- Think of a time when you were upset either in a medical or an emotive situation and the person.
- How did you feel?



- What things have you tried that worked for you to make a situation like this a positive outcome?



- They remained calm.
- They listened carefully, understood the problem and demonstrated empathy?
- They didn't say 'no', but told me how they would work to solve the issue?
- They were honest and didn't make promises they couldn't keep?
- They were calm even when I got frustrated?



IDENTIFY THE PROBLEM.

- Put the consultation to one side.

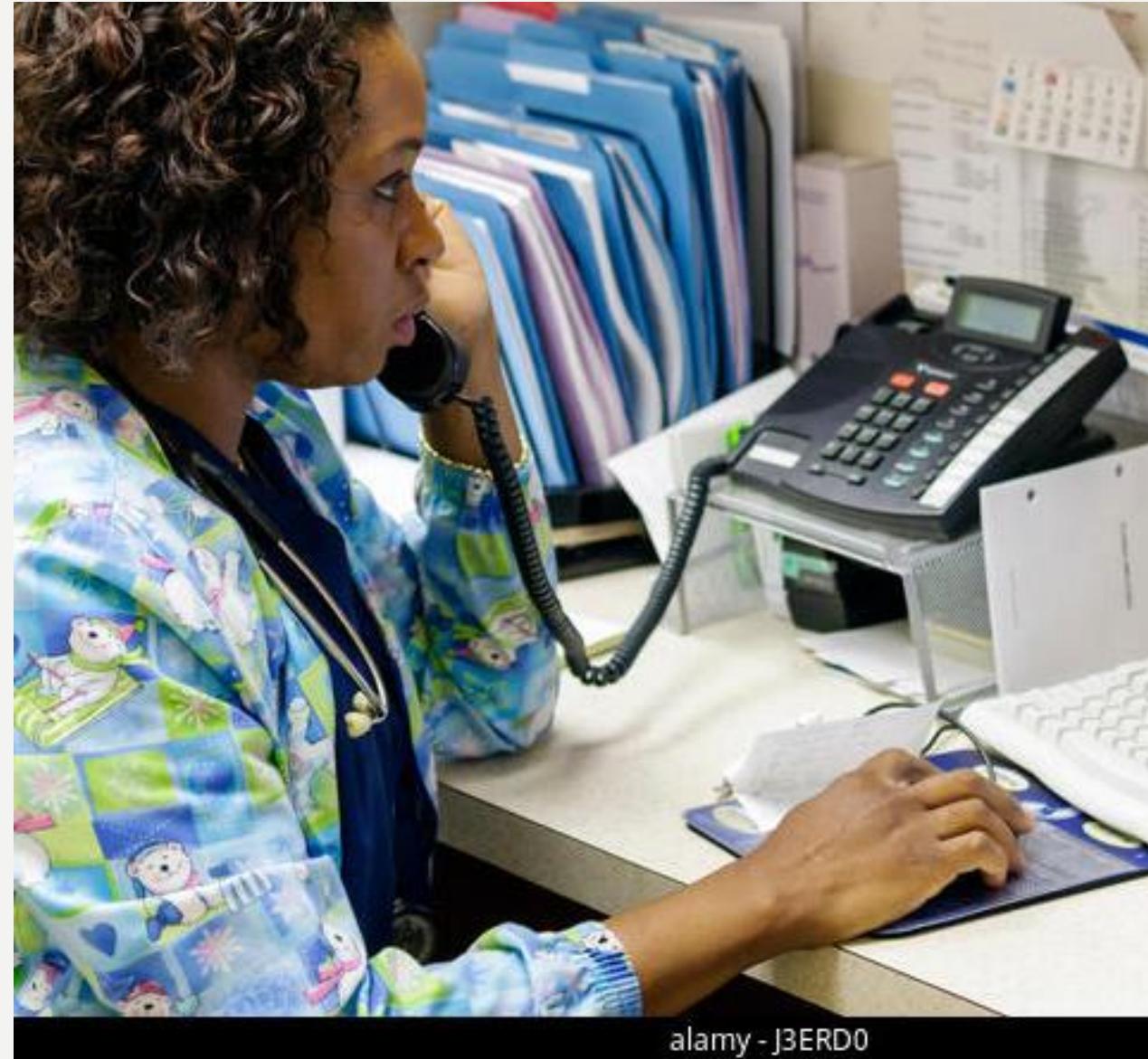
“You seem very upset / angry / cross / insert appropriate term and I’m not entirely clear why?”



HANDY INTERRUPTERS – WHAT WORKS FOR YOU?

*“Before you go any further,
can I just remind you that
you’re talking to a Health
Adviser. I’m not the person
who makes the policy and I
can’t change it (I wish I
could).*

I’m just trying to help you.”



alamy - J3ERDO

Sending virtual Hug



Loading...



Hug Sent.

**QUANTUM
TELEPHONE
HEALTHCARE**

**EMPATHIZE AND
ESTABLISH A RAPPORT**

What's the
problem?



What's the main problem?



WHAT DOES THIS PICTURE TELL YOU?



It might not be what you think it is!

Quantum
Telephone
Healthcare

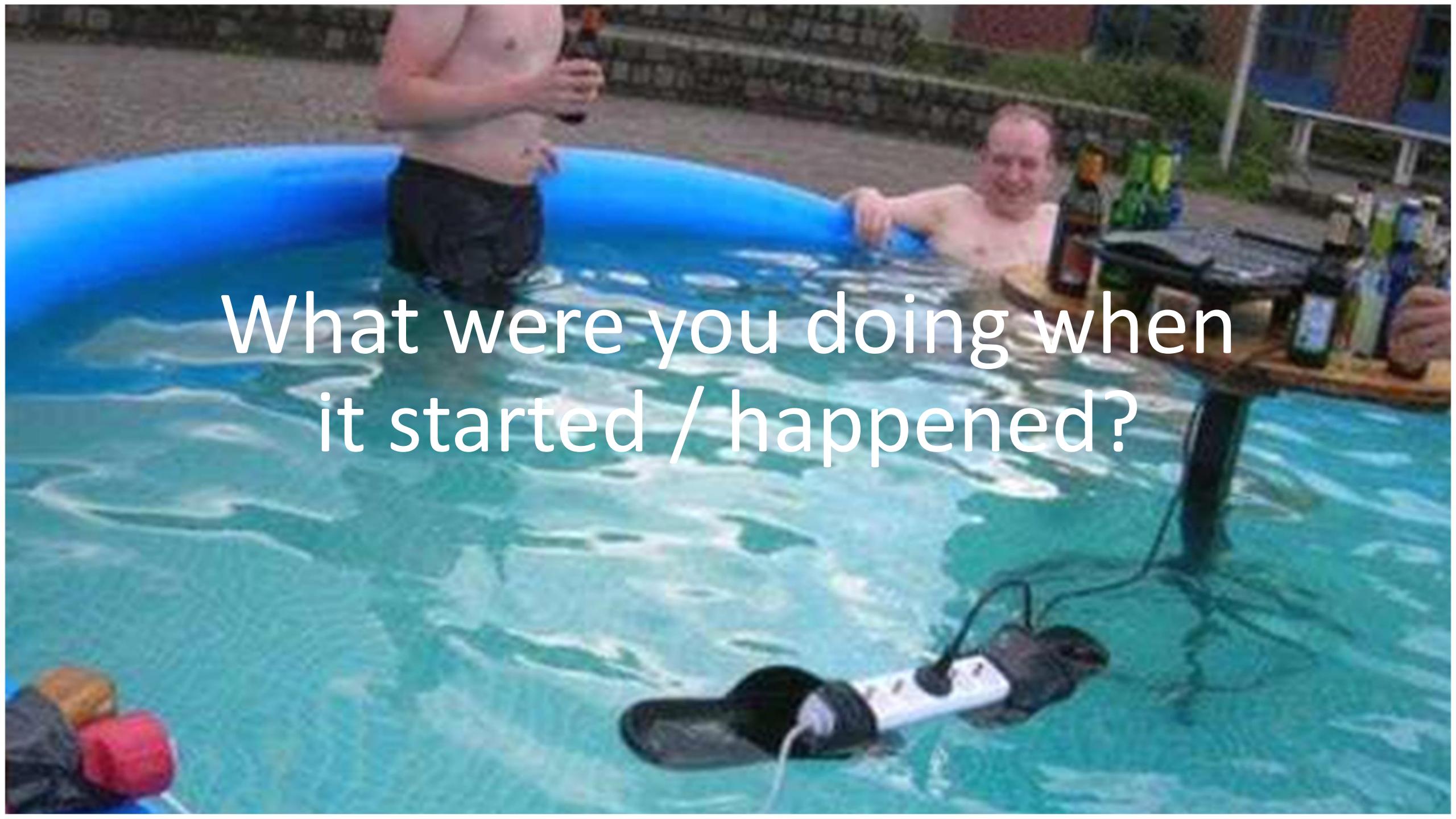
I've burnt my foot...

Your mind's eye



The reality!



A photograph of a man sitting in a hot tub, smiling and holding a dark beer bottle. He is wearing dark swim trunks. The hot tub has blue and white stripes. In the foreground, a black and white dog is lying in the water, connected by a cord to a white device, possibly a pump or heater. Several other beer bottles are visible on the edge of the hot tub.

What were you doing when
it started / happened?



DO NOT PASS GO



DO NOT COLLECT \$200

outpatients
cancer Screening Se
ay Stay

Accident & Emergency

entrance & Way Ou

Quantum telephone healthcare

- Always remember the patient's perspective, particularly social and cultural context.
- Who is in the room with them.....



Presenting complaint – swollen hand

Telephone consultation

Patient: My wrist is swollen.

You: How did you do it?

Patient: I knocked it the chair earlier.

What you see in your head.....



A photograph of an elderly man with grey hair lying on his back on a carpeted floor. He is wearing a dark grey zip-up hoodie over a light blue button-down shirt and tan trousers. A woman's hands are visible, holding his right wrist and forearm as she helps him sit up. In the foreground, a wooden cane lies on the floor. The background shows a white wall and the legs of a chair.

**24 hours earlier:
illness masquerading
as injury**

Confabulation

- A type of memory error in which gaps in a person's memory are unconsciously filled with fabricated, misinterpreted, or distorted information
- When someone's mind confabulates, it is attempting to cover up for a memory that has been lost. This happens without the person being aware of it.

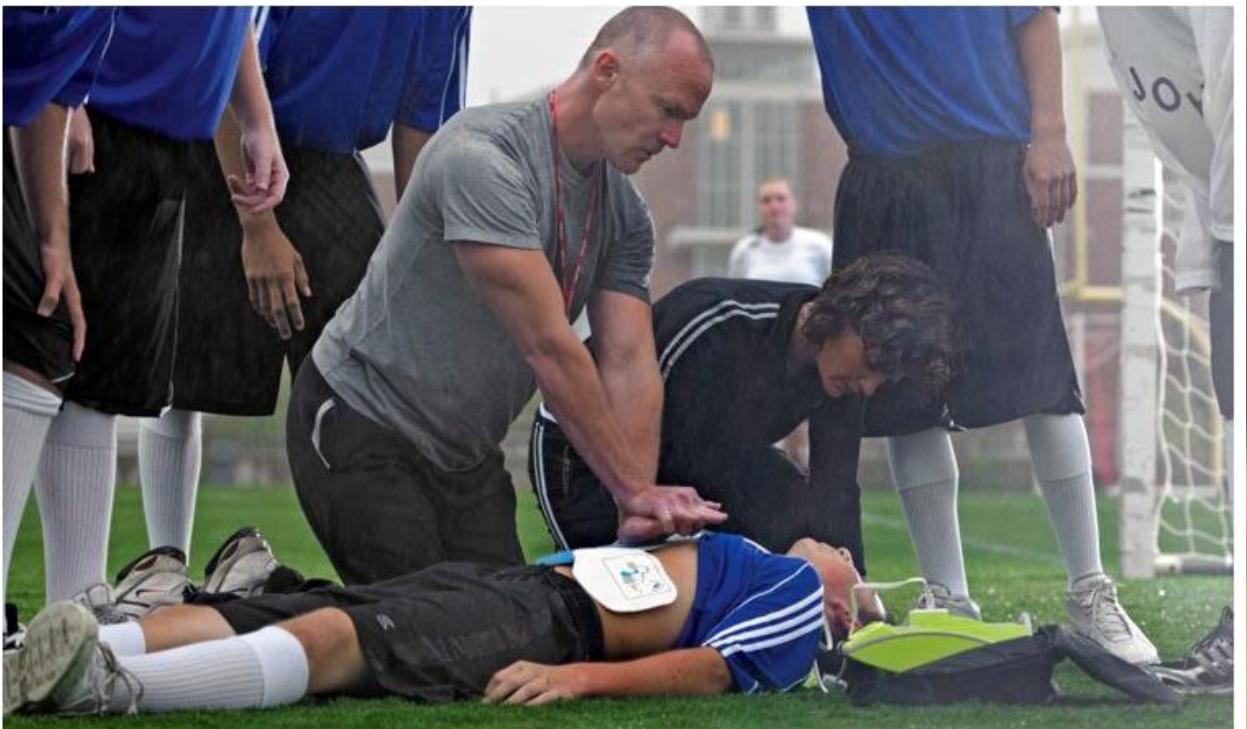
"I must've tripped over the rug!"





Did you feel unwell before it happened?

Age is no barrier to sudden cardiac arrest



that struck home following Danish footballer Christian Eriksen's recent mid-match



Did you feel unwell before it happened?



Be professionally curious.....

Presenting complaint – swollen wrist

Telephone consultation

Patient: My wrist is swollen.

You: How did you do it?

Patient: I knocked it against
the table a few hours
ago and now it's a bit
swollen.

What you see in your head.....



Something else altogether masquerading as injury.



Other traps to fall into

Accepting the patient's
diagnosis!



Quantum Telephone Healthcare Consultations

- **Be curious.**
- What can't you see?
- What's wrong with the picture?
- What's missing?



Some real calls... Fire is on...



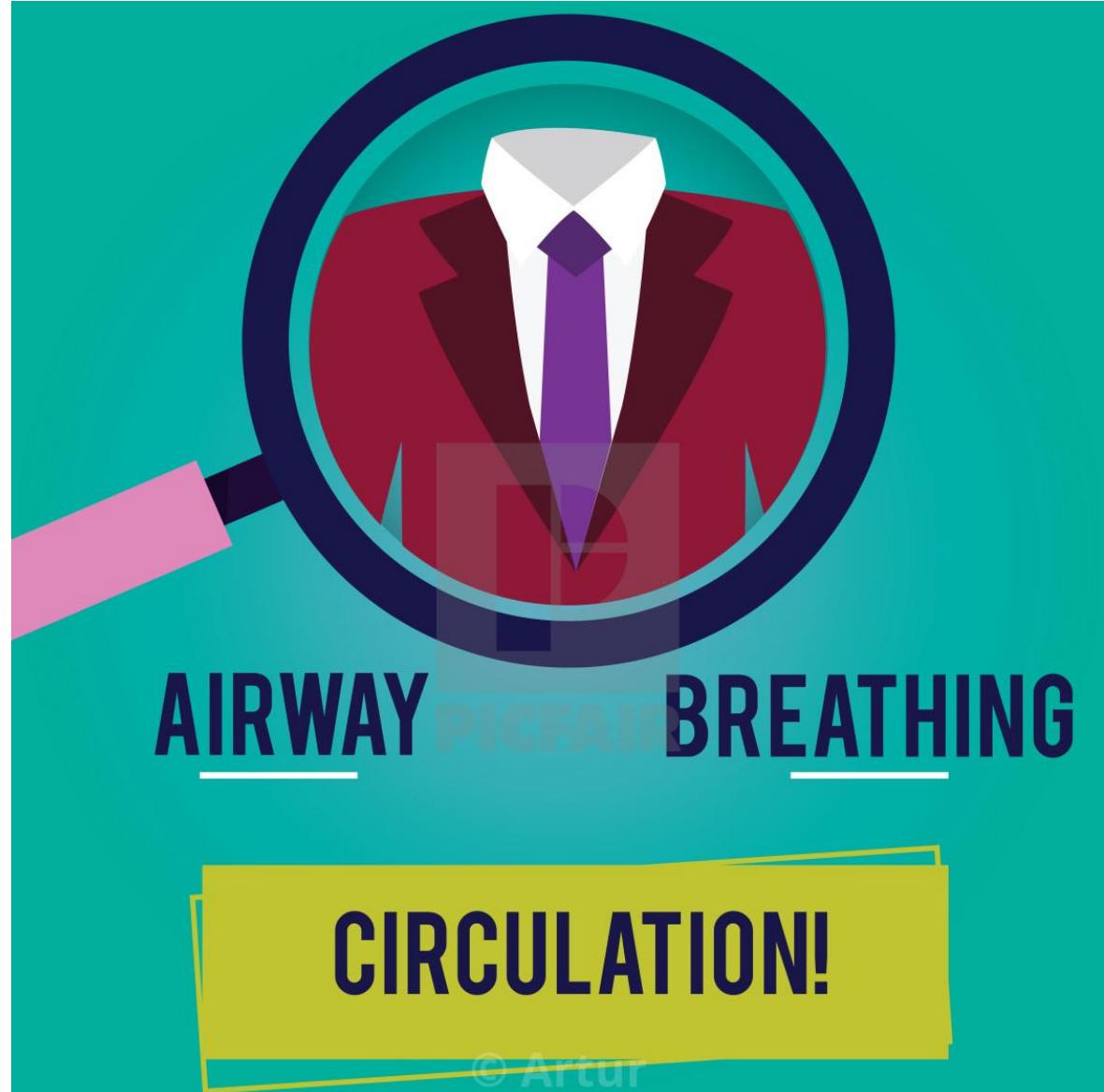


"I'm sorry, but the doctor can't see
you right now."

Quantum Telephone healthcare

- Listen to everything.....
- What you can hear.....what you
can't see.....

BREATHING



Breathing – use of language

- Can they speak in complete sentences?
- Are they so breathless that speaking more than a few words is impossible?

Most patients will be able to, and this immediately tells you they don't have severe respiratory distress.

If they can't, this is a life threatening situation requiring an emergency response.

- They're gasping for breath.
- They're unable to speak properly.
- They're wheezing really badly.
- They're making a croaking noise.
- They're breathing really quickly.
- They sound like they're panting.
- They're making a funny noise when they're breathing.

Quantum virtual and telephone healthcare

- What did you hear?
- What can't you see?
- What questions does Pathways ask?
- Probe, probe and probe again



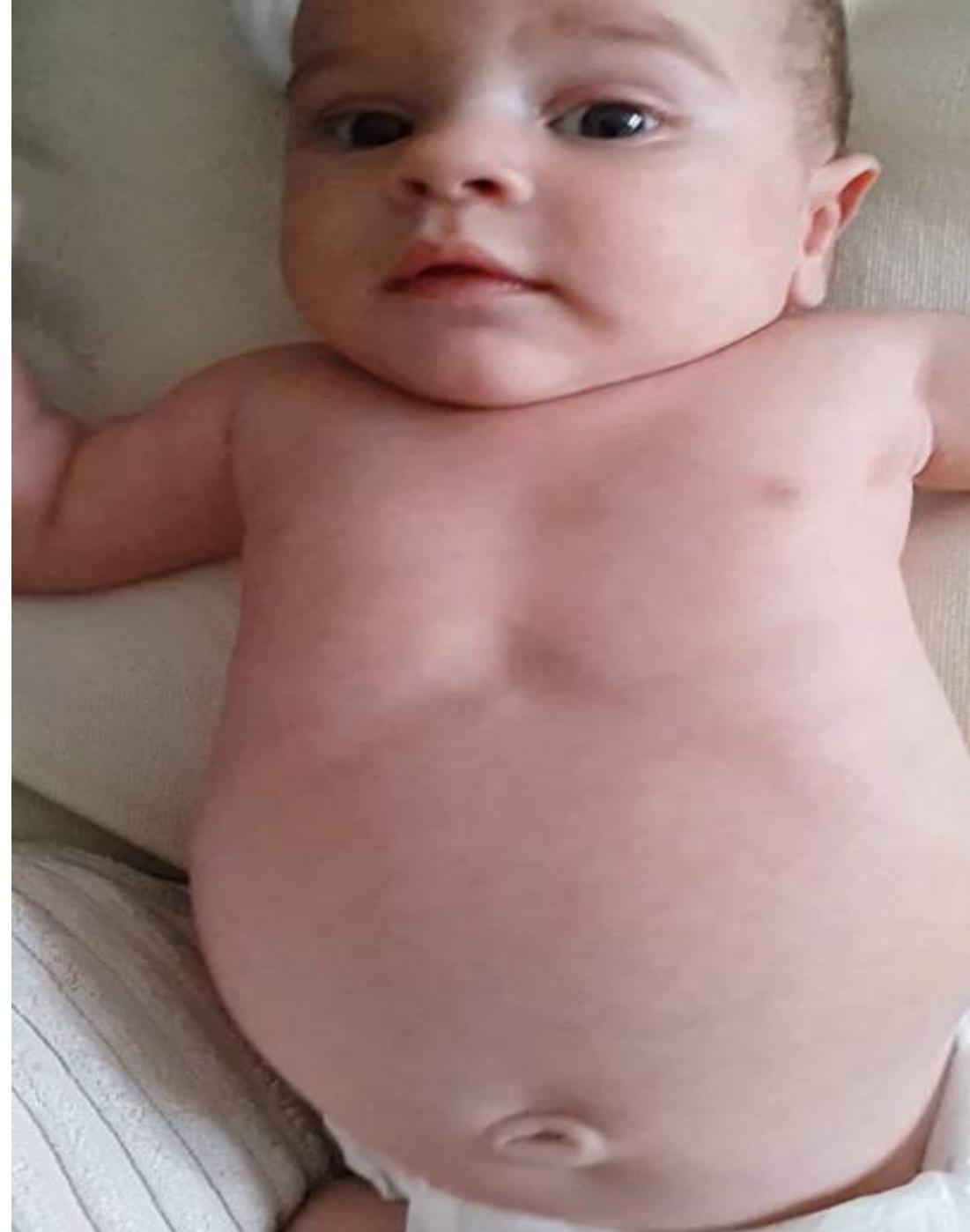
My baby's breathing sounds a bit funny.

- Close your eyes



My baby's breathing sounds a bit funny.

- Close your eyes
- What did you hear?
- What can't you see?
- What questions does pathways ask?
- Careful probing is essential?



A bit out of breath?

- This language can mean anything from being a little breathless after coughing to life threatening respiratory failure.

CHECK



Traumatic Injury

Catastrophic Haemorrhage



Circulatory Compromise



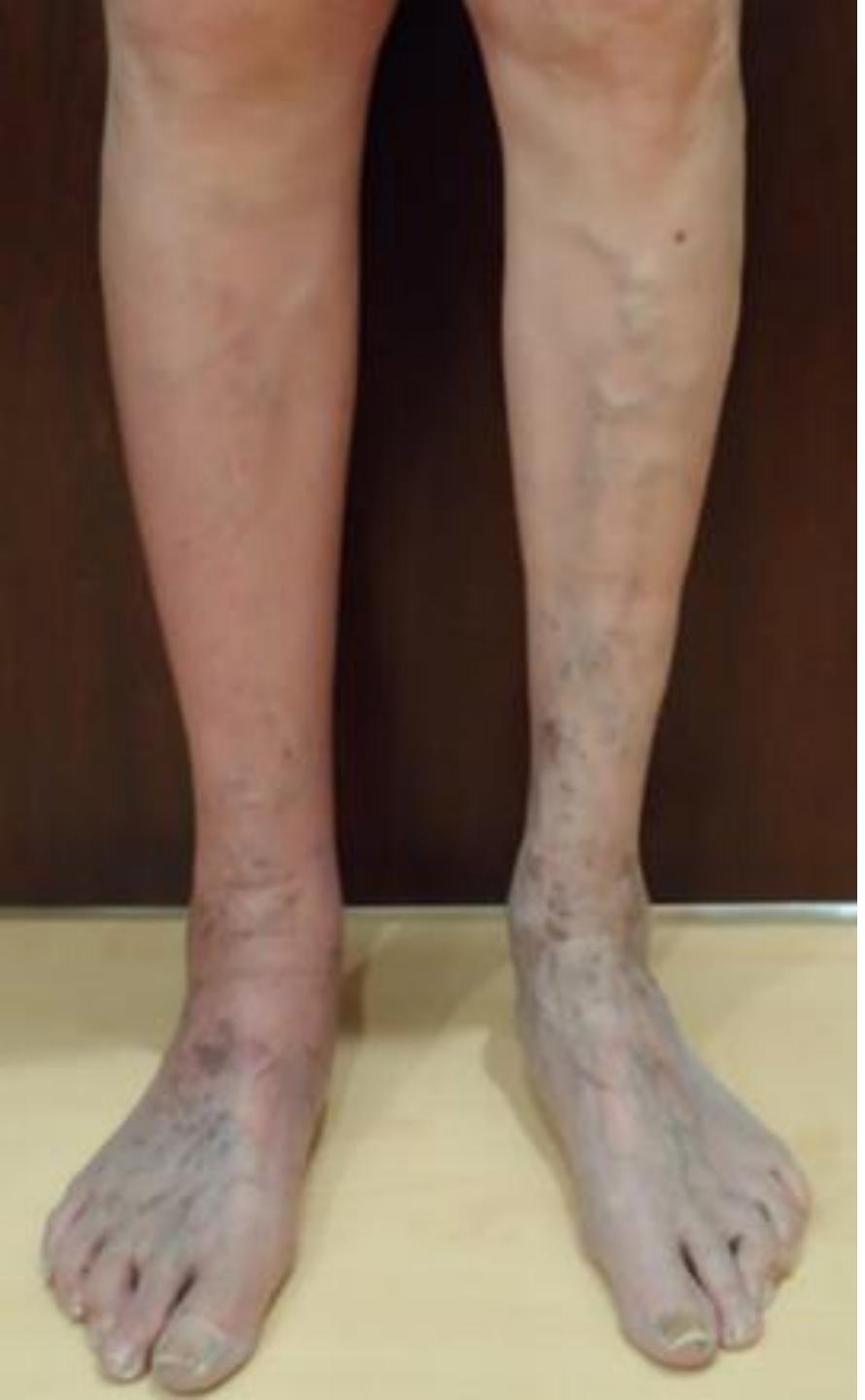
Have they checked properly?

How do you know?

Deep vein thrombosis.

Has one leg suddenly become very pale..or swollen.....





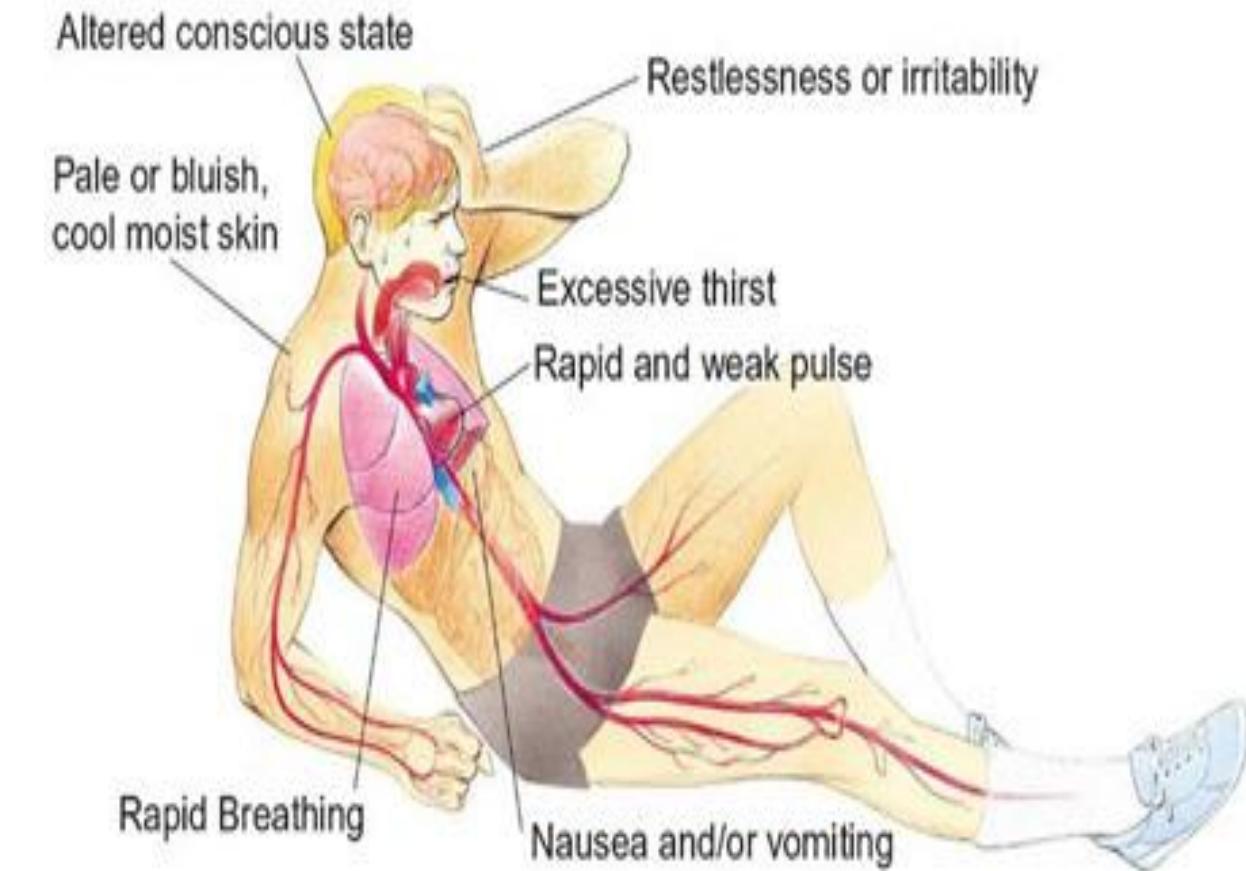
Deep Vein Thrombosis – sometime is isn't so obvious.

- How can you be sure they've checked properly?
- How could you probe?

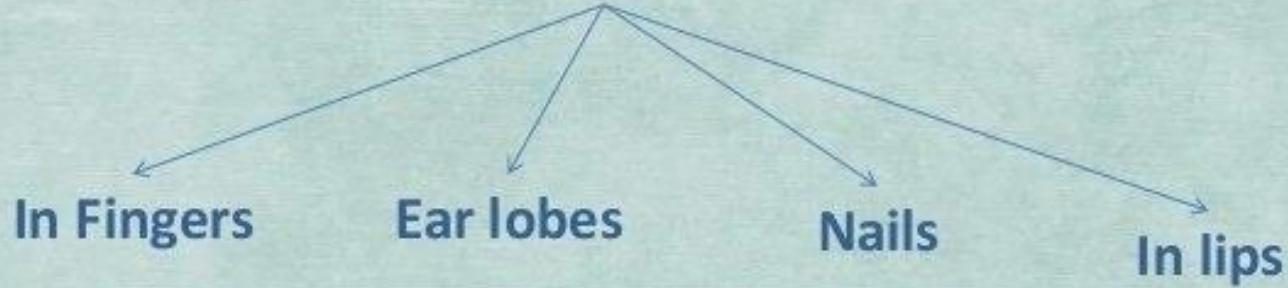
CLINICAL SHOCK

- An inadequate supply of oxygenated blood to the tissues of the body.

SHOCK KILLS



Cyanosis can be seen in:

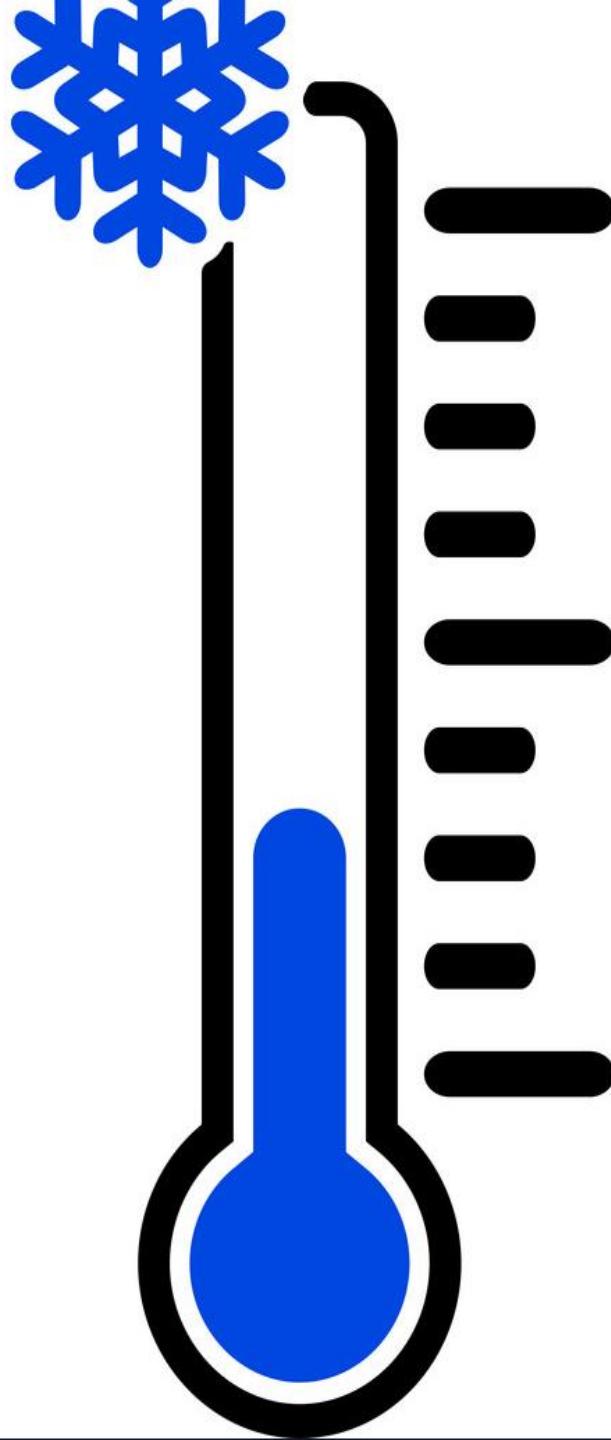


Low oxygen levels in the blood cause the tips, fingers, and toes to look blue (cyanotic)



What signs of shock do we ask about in pathways?





Shock – Illness or injury

- Ask the patient to put their hand on their upper chest or upper back.
- Does it feel a normal temperature?
- Does it feel clammy?

If it is cold or clammy this may be an indicator of life threatening shock, or an indicator of Sepsis.



CYANOSIS

Circulation in Dark Skinned Populations

Assess areas where skin tone is lightest and pallor and cyanosis is easiest to detect

- Lips
- Mucous membranes
- Nail beds
- Palms/soles





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New marks
like bruising
or bleeding
under the
skin.(1)



New marks like
bruising or
bleeding under
the skin(2)

New marks like
bruising or
bleeding under
the skin(3)



New marks like
bruising or
bleeding under
the skin(4)



skinatlas.com 29/07/2009

My daughter's
skin looks a
bit funny.....



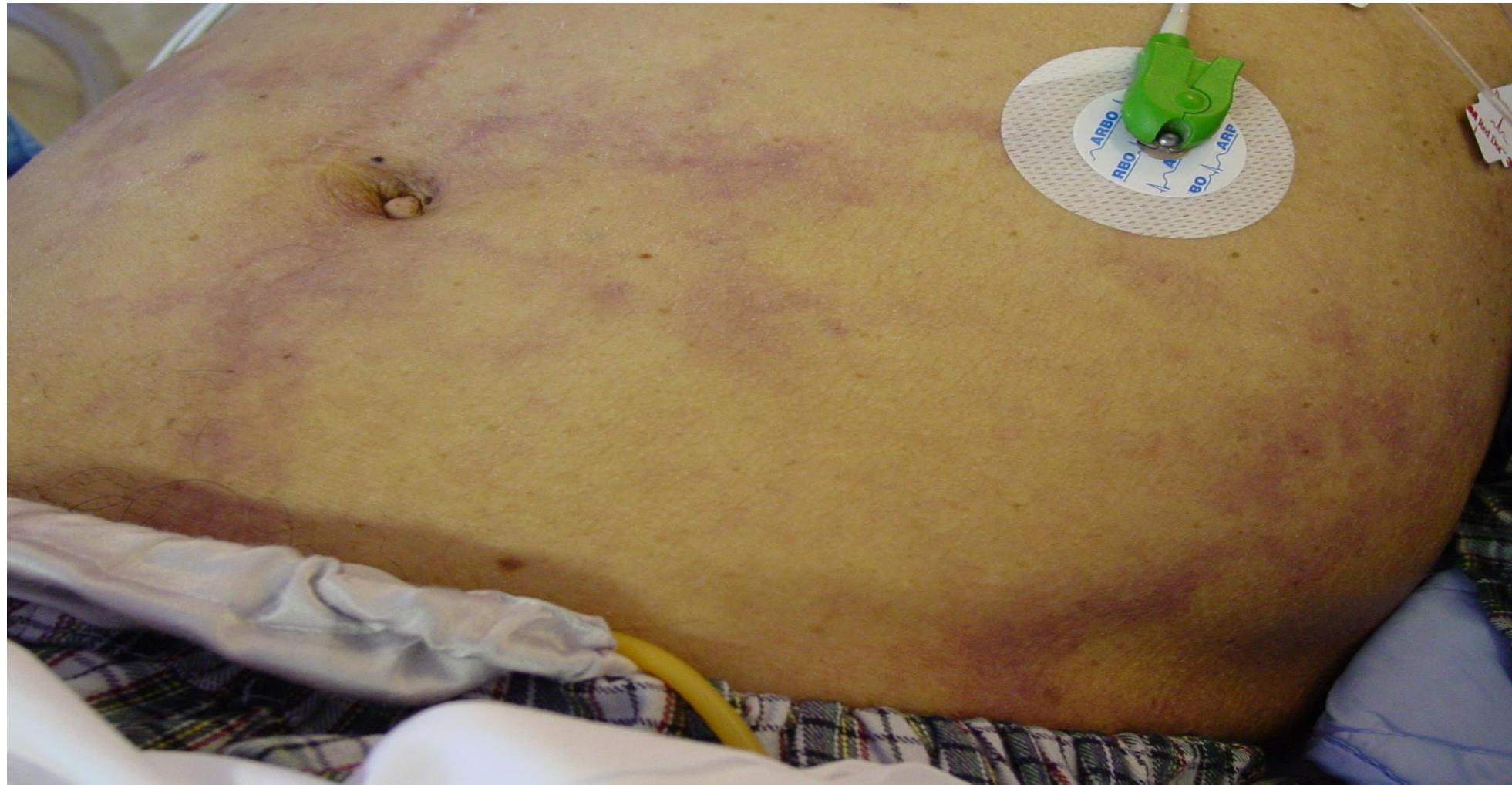


SKIN MOTTLING

Mottled skin (2)



Mottled skin (3)



Is there
anything
immediately
life
threatening?



TELEPHONE HEALTHCARE AND SEPSIS

**JUST ASK
COULD IT BE
SEPSIS?"**

Epidemiology

18 Million worldwide cases each year

100,000 admission each year in the UK

37000 – 42000 deaths each year in the UK

£20,000 per case

30 Bed Days

Incidence is rising



Red Flag Sepsis

Who's at risk?



Everyone!!!



Red Flag Sepsis – They sounded too well.

Don't
assume
anything.





MENTAL HEALTH AND ABUSIVE CALLERS

Facing the challenges with compassion....



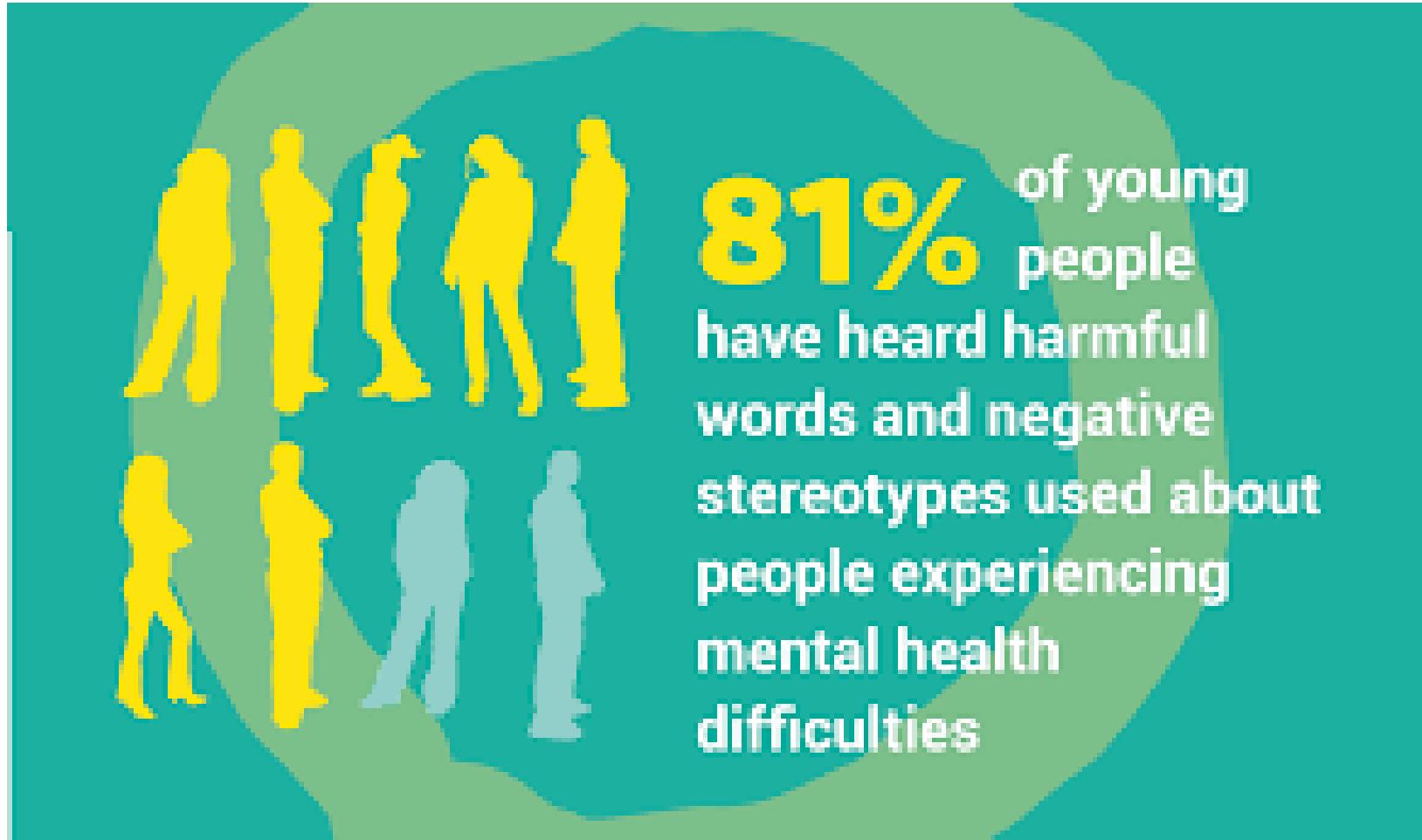
Mental Health Myths & Misconceptions



- People with mental illnesses are crazy
- Mental illnesses & health disorders are extremely rare
- People with mental illness can't function in society
- You can't get better if you have a mental illness
- Mental illnesses make people violent



The truth is, most people diagnosed with any mental health issue do not commit violent acts. In fact, only about **4% of violence in America** can be traced to mental health problems.



81% of young
people
have heard harmful
words and negative
stereotypes used about
people experiencing
mental health
difficulties

PEOPLE WITH MENTAL ILLNESS

- | | |
|--|---|
| <ul style="list-style-type: none">✓ deserve support✓ deserve empathy✓ go through different symptoms✓ use all types of coping mechanisms | <ul style="list-style-type: none">✗ are lazy✗ are attention seeking✗ experience the same exact things✗ are all on medication |
|--|---|

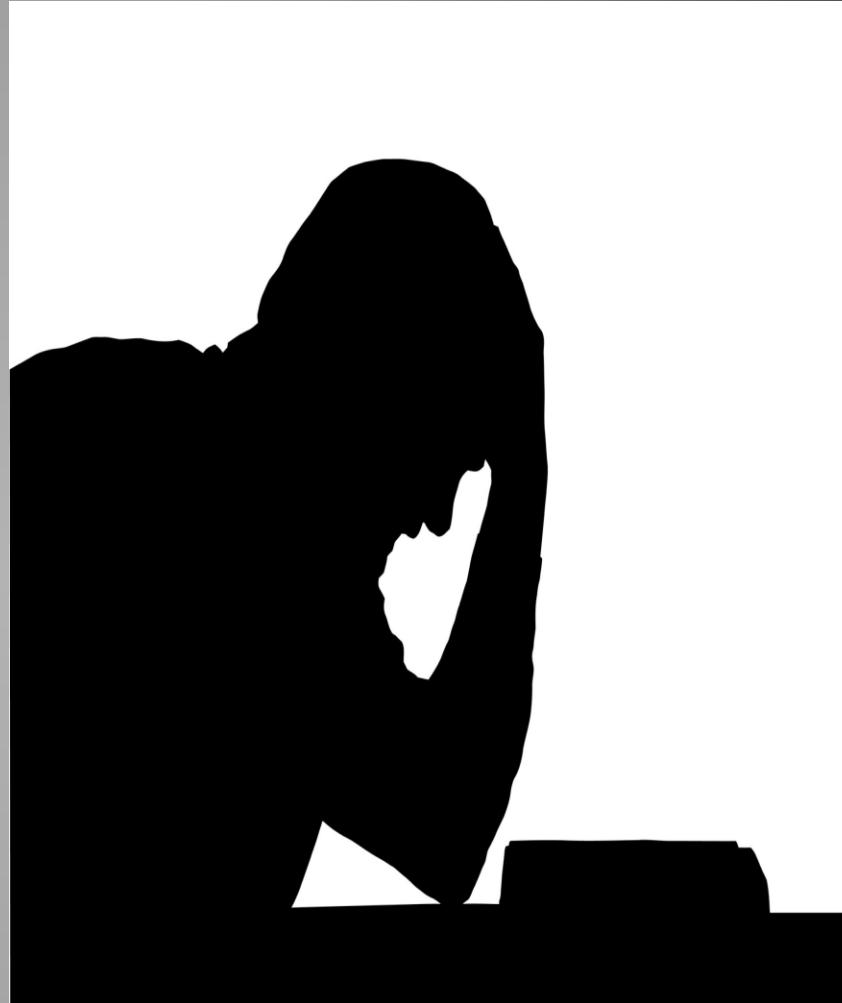
"I started self-harming age 9; I'm now 70 and still do it. It's how I cope. It doesn't bother me any more, but upsets other people. Some smoke and hurt their lungs, or drink alcohol and hurt their liver, I cut and get a few scars that hurt no one.



"I wish people realised it's how we cope. I'm a product of an abused childhood and it would have been nice to have help to stop very many years ago. Now we are just looked upon as attention seekers, even though many self harmers do it in private."



*"I want folk to
respect my right to
cope in the only way
I know how. Mental
health staff just
become hysterical
and don't know how
to cope with us. A
little understanding
is all that we ask for!"*



"We need support not ridicule, we need a kind word not harsh judgment, we need to talk, but who will listen?"





The only friend I have is my self-harm. It's there when I need it and comforts me when no one else will!

»»

Hearing voices (1)



Hearing Voices (2)



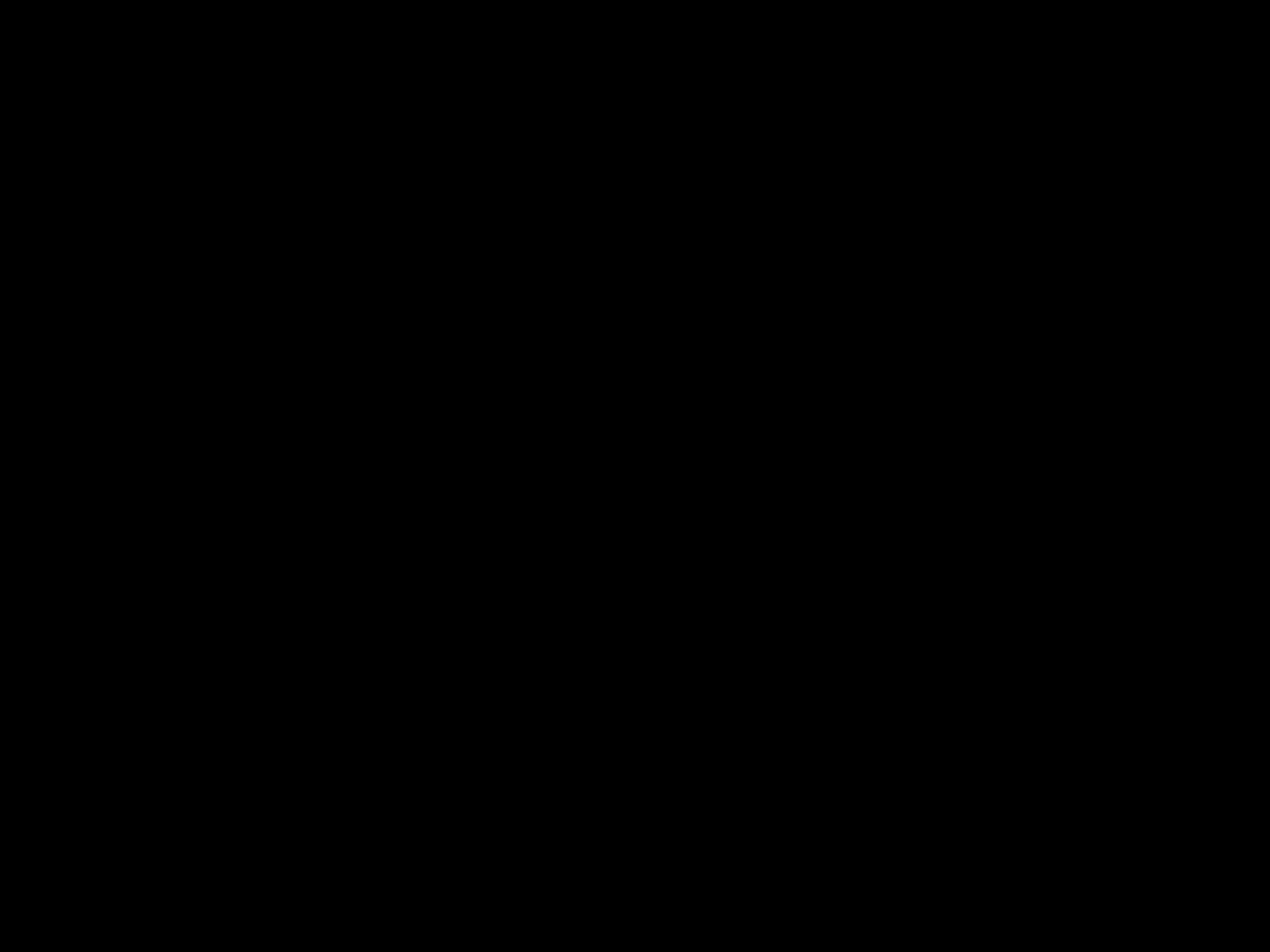
BE GENTLE!!!!!!



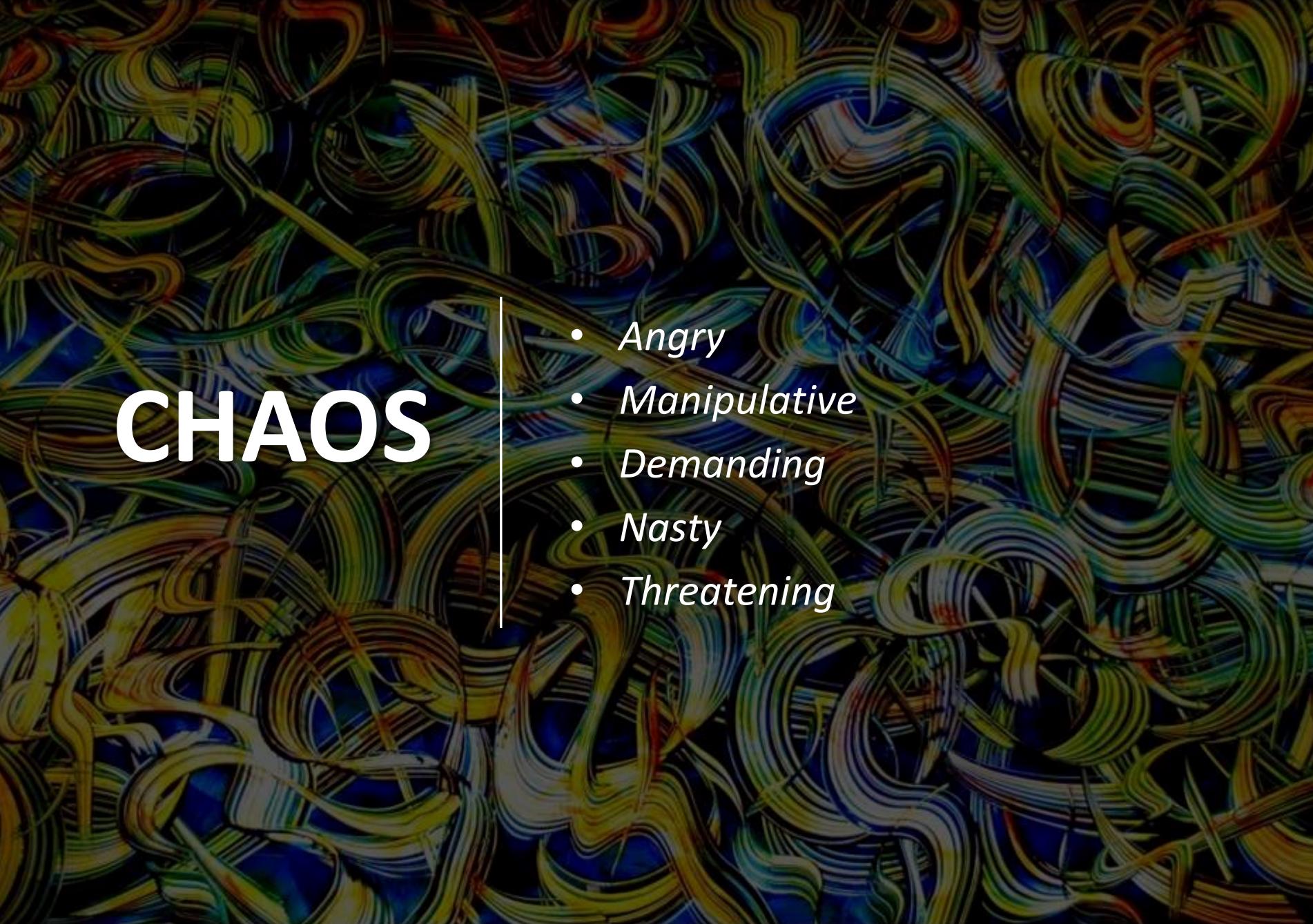
Mental Health Triage

A brief mental health assessment to determine:

- if the person has a mental health related problem,
- the nature and urgency of the problem
- the most appropriate service response
- May also involve the provision of brief support and/or advice
- Exclude physical cause

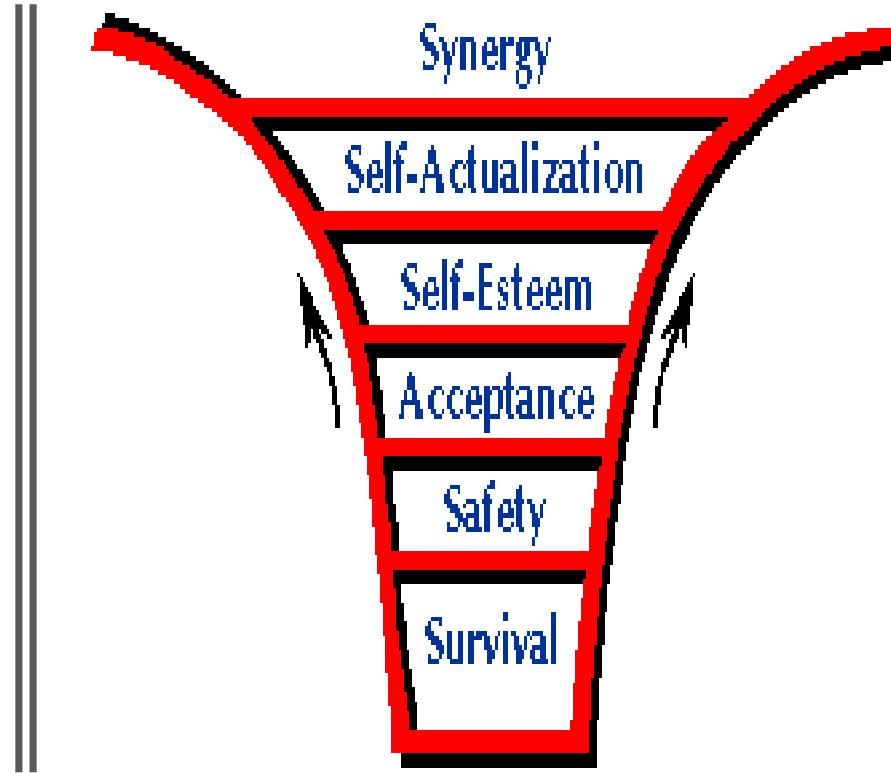
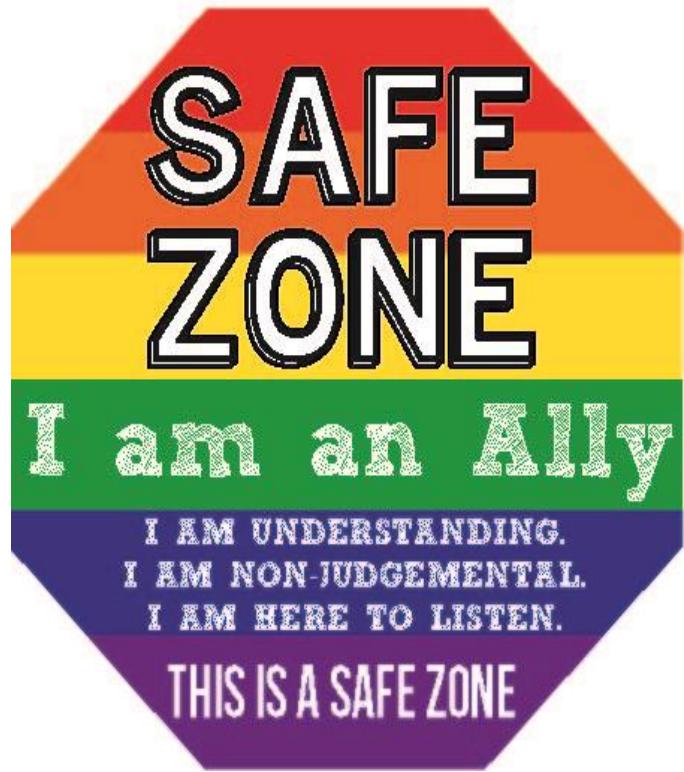






CHAOS

- *Angry*
- *Manipulative*
- *Demanding*
- *Nasty*
- *Threatening*



Crisis management

A shiny silver service bell with a dark base sits on a light-colored wooden desk. In the background, there's a white mug, a small green plant, and some papers. The scene is softly lit.

Non emergency situations and self
care advice

Quantum Telephone Healthcare

- Is the patient happy with the plan?
- Does the patient even understand the plan?

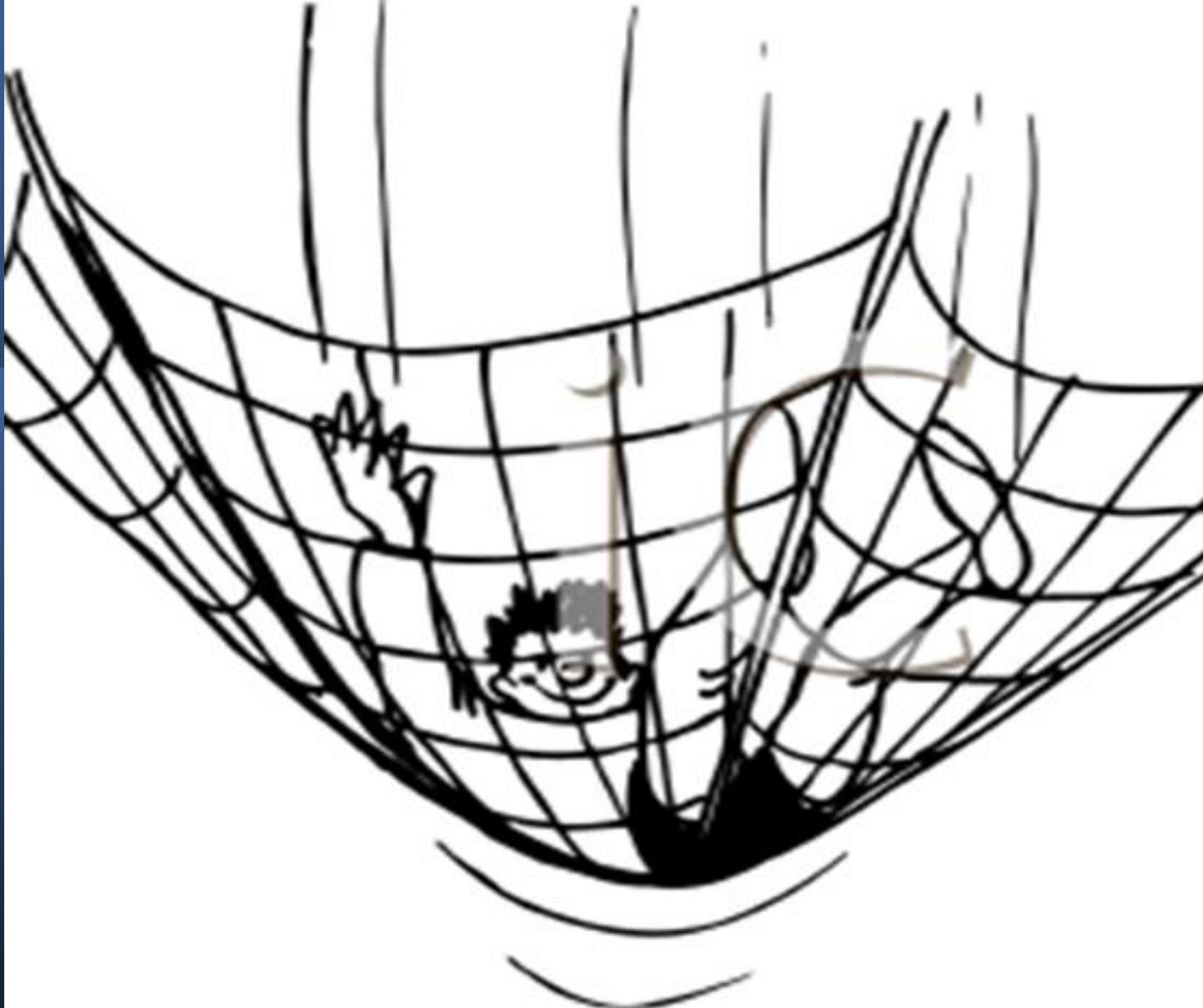


**"I already diagnosed myself on the Internet.
I'm only here for a second opinion."**

Negotiation: what do you do?



Quantum Telephone Healthcare





Safety Netting

- Does the patient understand?
- Can the patient access the disposition?

A black and white cartoon illustration of a safety net made of a diamond-shaped mesh. The net is attached to a vertical wooden post on the left and hangs down towards the right. A large brown bear is standing on the ground at the base of the post, looking up at the net. The net is depicted as being torn or broken, with jagged edges and a large tear on the right side. A speech bubble above the tear contains the word "SNAP" in capital letters. The ground is shown with some scattered debris and a small red object, possibly a can, on the right.

Safety first



A FINAL WORD.....





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Take GOOD CARE

The expectation of being immersed in the pain, sadness and suffering of people on a daily basis and not being affected is as unrealistic as being immersed in water and not getting wet.

Remember...
Nothing is as important
as you are...

Take care
of yourself!

