Managing Same day appointment requests in general practice: ‘What counts as urgent?’

Meredith Temple-Smith, Malcolm Clark, Marie Pirotta, Belinda Garth, Ruby Biezen, Cathy Hutton on behalf of VicReN, the Victorian Research Network

Department of General Practice, University of Melbourne
Primary care practitioners and academic researchers collaborate to provide an evidence base for primary health care.

- Established in 2007 with 5 foundation practices
- Now has over 150 members in over 100 practices
• Accreditation

• Each practice had a different approach

• How did lack of uniformity impact?
Bullet points raised:

• Appointments how in 2010?
• Medico-legal risk and receptionists
• Continuity of care
• Workplace stress
A recent RACGP survey:

- 75% saw a GP on the day
- 13% next day and 12% waited 2+ days
- Approx 600,000 patients p.a. missed out.
LITERATURE REVIEW

- Nurse telephone triage
- Other general practice research:
  - 10+ years old
  - U.K. based
AIM

• Examine the strategies used
METHOD

Semi-structured interviews:

• 11 Reception staff
• 5 Practice managers
• 1 Practice nurse
• 2 GPs

Our interviewer – Belinda Garth - is an experienced qualitative researcher. 10 practiced (7 metro, 3 regional)
What SYSTEM do they use?

We asked:

• ‘Book on the day only’ appointments?
• Nurse to triage?
• Priority list?
• Flow chart to?
• Patient self assessment…how involved?
• GP- patient contact….how?
Favourite booking systems:

- 7 clinics used types of *Carve-out* systems
- 3 clinics used *Traditional* booking systems = no emergency spots
- **Squeeze-in universal!**
ANALYSIS

Five types of patient-defined urgent need for same day appointments were identified:
1. Medical (including critical incidents)
2. Administrative
3. Therapeutic
4. Logistical
5. Emotional
1. Medical

Emergencies - strokes or heart attacks

Ambulance paramedics and emergency departments are best.

Practices had clear processes
“I...sort of felt that there was a bit of an urgency without panicking the patient. But just passing it on to the sister [as she is] more qualified than me... she's made the call, send them off to the hospital.”
Lower acuity: GP needs to assess

• Unwell baby or

• Exacerbation of a chronic condition
“So any child that's got a fever or diarrhoea and they're quite young, we would always want to see them today.”

“If a patient comes in sweating or if a patient comes in and looking a bit grey... You physically have to stop, look at the person and go, you really don’t look well.”
Requests for:

- Medical certificates
- Prescriptions
- Referrals
- Crises
“Everyone is urgent in their own eyes. Someone who has had a runny nose for four days is urgent. Someone whose child has just sliced their finger with a knife is urgent.”

“But the majority of the same day call ups [are] patients that just want their scripts that they’ve left to the last second’
Over 20 *processes* for managing same day requests were identified.

Solutions can be clustered into:
1. Reception-based processes
2. Nurse-based processes
3. Doctor-based processes
The reception staff managed the process of determining how to resolve the request.

- Duty doctor
- Registrars/new GPs
- Practice nurses to triage
- “I must see my GP”
1. RECEPTION-BASED PROCESSES

How they managed requests for same-day appointments was influenced by 5 factors:

• Ongoing triage training
• Active listening & astute observation
• Supervision
• Experience ("a feeling")
• Personality!
“I also devised what I call a Red List, and they’re VIP patients. The doctors will send me a list of patients’ names that at any time they feel this patient rings or presents to the desk, they are to be notified via email or by phone, if they are working at the current time, because they have on-going chronic conditions.”

“No protocol in the world will get the alarm bells ringing unless you have a lot of experience as a receptionist.”
The nursing staff managed the process of determining how to resolve the request.
“Sometimes, even just putting them across to the nurse and having a chat to the nurse alienates their worries of something that they thought was quite serious. Then, she might say well no, it's not really; you'll be right till Wednesday.”
3. DOCTOR-BASED PROCESSES

- A-List patients
- GP triage for every same-day request
- Just tell them to come down and we’ll squeeze-em all in!!!
“I can ring the doctor, so-and-so’s is on the line, really needs to be seen today and they’re so very obliging. They know the patient. They know look… he doesn’t say if he’s not sick.”

Any really urgent situations…I simply buzz through to the doctor that they see…and they say just put that phone call through…it’s their judgement whether they go to the hospital or whether they just come in.”
CONCLUSION
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- Skilled reception staff: essential.
  - Identify request type – choose appropriate process

- Medical back up: vital.
  - reduce barriers to communication patient to GP
CONCLUSION

• New strategies: required.
  • Multiple logistical and administrative ‘emergencies’
  • Referrals, reports and scripts

• Improving access: important.
  • Better efficiency, reduced medico-legal risk
  • And decrease risk of mis-triage.
• VicReN committee members have all been involved in the design and implementation of this project: Marie Pirotta, Meredith Temple-Smith, Malcolm Clark, Cathy Hutton, Judy Evans, Chris Hogan, Hubert Van Dorn, Lynne Walker, Deb Wilson, Sam Zagarella

• VicReN extends a sincere thanks to all staff in participating practices

• This project was funded by a Family Medical Care Education Research grant by the Royal Australian College of General Practitioners