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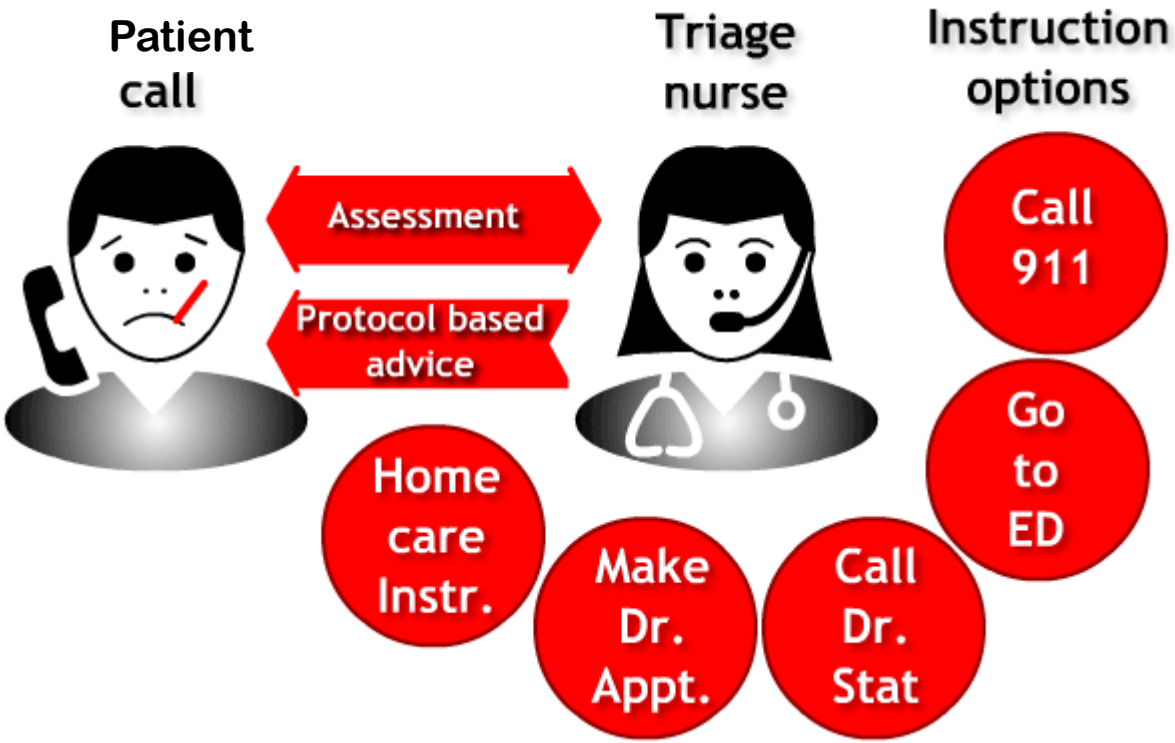
Telephone Triage – Urgency or Emergency?



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Definition of Triage

- The sorting of patient and allocation of care or treatment according to the urgency of their need.

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OPTICAL VS. OCULAR EMERGENCY

- Ask yourself, is the problem with their eye or eyeglasses or contact lenses?

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What Must Be Done To Prepare

- Establish an Office Policy
  - Get your doctor's input.
  - Hold a staff meeting to ask questions & discuss procedures.
  - Write down the guidelines and procedures.
  - Regular review and update your procedures.
    - What is working well?
    - How can you improve?

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Who Handles the Calls?

- Receptionist? Technician? Doctor? All?
  - How will they be trained?
  - How long is the training?
  - Your behavior.
  - Practice and role-play.

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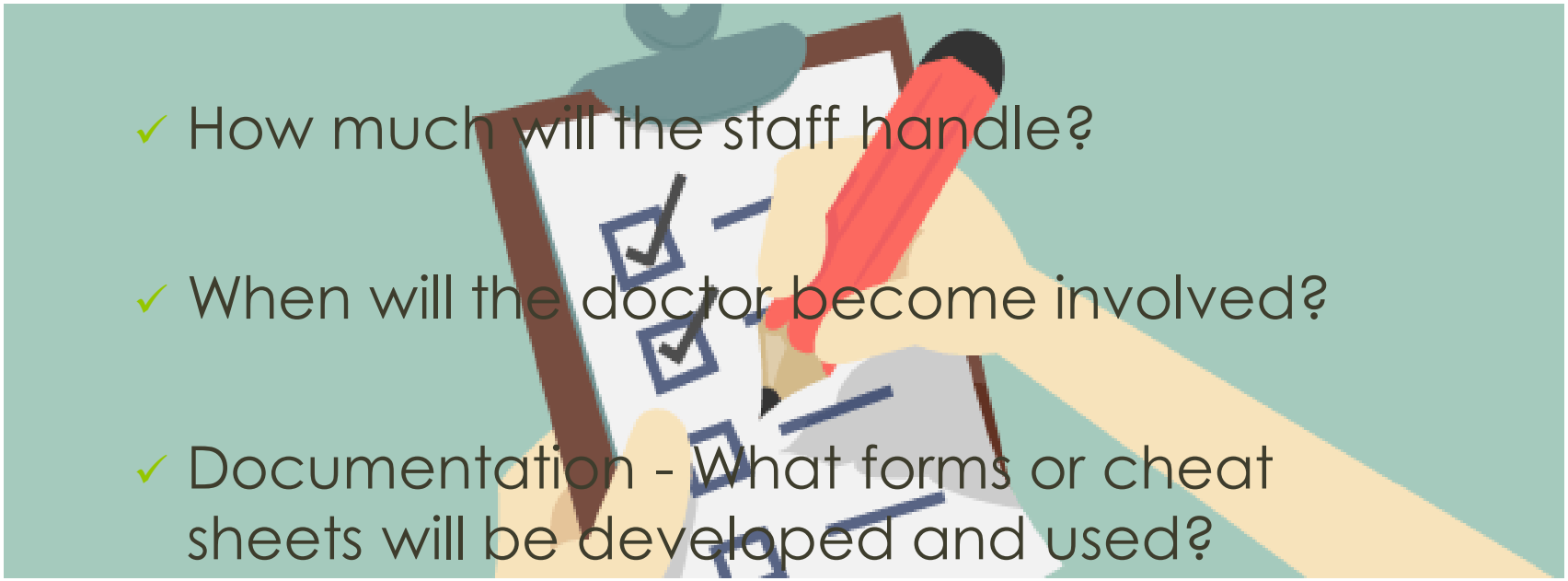
What Procedures Will be Followed?

- ✓ No one is put on hold until the nature of the problem is determined.



- ✓ How much will the staff handle?
- ✓ When will the doctor become involved?
- ✓ Documentation - What forms or cheat sheets will be developed and used?
- ✓ Attach pads & pencils to all phone sites.

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Emergency vs Urgency

- THE MOST COMMON CALLS:
  - CORNEAL ABRASIONS – injury, contact lens wear, other?
  - SUBCONJUNCTIVAL HEMORRHAGE – schedule appt. with Dr.
  - FOREIGN BODIES - do not irrigate, rub or use medications. Don't try to remove.
  - CHEMICAL BURNS - Rinse (with what?) up to an hour.
  - CHALAZION/PTERYGIUM/PINGUECULA – Warm compresses

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Emergencies

Conditions requiring patients to be seen immediately, within hours, or on the same day.

Chemicals or other toxins splashed into the eye within the last hour. The patient should be instructed to irrigate immediately and profusely with clean water if saline is not available. They should not put any drops into their eyes until they have been examined and the chemical and any damage to the eye have been clearly determined.

Sudden loss or decrease of vision, or the appearance of a cloudy veil in front of the eye. This could be a central retinal artery occlusion; in which case the patient must be seen within an hour of occurrence. It could also be a sign of retinal detachment.

Penetrating ocular injury. The seriousness must be determined immediately in order to know whether to have the patient come into the office or to send them directly to an emergency service.

Forceful trauma to the eye or adnexa. This may result in a blowout fracture of the orbit (which may cause other problems in the sinuses), a retinal detachment, or hyphema (blood in the anterior chamber)

Sudden onset of halos around lights, especially if associated with a red, painful eye or brow. This could be an acute angle closure attack which should be treated immediately.

Sudden onset of persistent, severe pain in or around the eye, or severe pain on movement of the eye. This could be orbital cellulitis, a severe infection that should be treated quickly to avoid further complications.

Foreign body in the eye, or the suspicion of such. Removing a foreign body soon after its introduction can prevent further damage to the eye.

Sudden onset of flashing lights and/or floaters. This could be a vitreous detachment, a retinal detachment, or a symptom of migraine.

Sudden onset of diplopia (double vision, not blur). This could be the result of a neurological problem or a mass in the brain, and after initial examination, further testing may be ordered.

Sudden onset of drooping eyelid. Again, this could be the result of a neurological problem.

Sudden onset of persistent red eye, with or without pain, visual disturbance, or crusting. This could be a subconjunctival hemorrhage, an infection, or an inflammation. Treatment depends on the cause and can vary from passive (the hemorrhage will resolve with time) to aggressive use of the appropriate pharmaceutical agent.

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Urgencies

Patients who should be seen sooner than usual, as soon as possible without true emergency status.

Blurred vision which has developed over the last several days. This may be considered an emergency depending on symptoms, so careful triage is necessary to determine the appropriate course of action.

Contact lens wearers with sudden problems of vision, discomfort, or eye appearance. The patient should be told to remove the lenses until he or she can be thoroughly examined, and the problem determined.

Lost or broken eyewear or contact lenses. This may seem like a critical emergency to some patients, and appropriate concern and attention must be paid to resolve their problem.

Excerpted from Optometric Economics, A Telephone Triage in a Primary Care Practice,@ Mary Jameson, AS, Opt. T.,R., and Catherine Muhr, AA, Opt. T.,R., Spring 1995.

Your Patient's Perception

- Some think it's an emergency - it's not.

- Some think it is not an emergency - it is.

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The Language You Use

- Avoid big, technical words
- Abnormal vs. Unusual
- Disorder vs. Condition

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Open Ended Conversations

- Walk me through what happened…
- Tell me about the trouble with your eyes?
- When did you first notice the problem?
- When have you experienced this before?
- How has your vision been impacted?
- Tell me about your discomfort…
- What actions have you taken at home?

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OCULAR EMERGENCY CHECK LIST

The following checklist should be used when determining an emergency from urgency.

Patient name_____

Date_____

Eye OD OS OU

Problem_____

1. How long have you been aware of the problem?_____
2. Did the problem develop suddenly or gradually?.....S G
3. Do you wear contact or glasses currently?..... CL GL
   - Is this present when wearing glasses/contacts? Y N
   - Present upon removing glasses/contacts? Y N
4. Since noticing, has this gotten worse? Y N
5. Are symptoms constant or intermittent? C I
6. Has this happened before? Y N
7. Have you recently had an accident or injury? Y N
8. Were you hit in the head or eye recently? Y N
9. Have you gotten anything in your eye recently? Y N
   (if yes, what?_____)

SYMPTOMS

❑	blurred vision	❑	discomfort/pain	mild or	severe
❑	double vision	❑	itching	mild or	severe
❑	"floaters" (sudden increase)	❑	redness	mild or	severe
❑	flashes of light	❑	discharge	mild or	severe
❑	steamy or cloudy vision	❑	headaches	mild or	severe
❑	halos around lights	❑	photophobia	mild or	severe
❑	"missing" areas in vision	❑	other_____		

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S.O.A.P

You must keep & maintain proper records.

Subjective data: WHAT THE PATIENT TELLS YOU

Objective data: RESULTS OF ANY TESTING

Assessment: DIAGNOSIS OF THE PROBLEM

Plan: FOR MANAGEMENT OR TREATMENT OF EACH PROBLEM

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S.O.A.P.

WHY DO YOU HAVE TO DO THIS?

- Lawsuits are based on negligence - somebody didn't do something that should have been done.
- When patients feel they have been mistreated, ignored or deliberately lied to, they sue.
- Patients must be treated in a timely manner.
- You must follow up.

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Your Actions

- WHAT ARE THE POSSIBLE ACTIONS?
- Have the patient:
  - Take immediate action at home.
  - Go to the hospital.
  - Come to the office immediately.
  - Come to the office within a day or so.
  - Refer the patient to another type of specialist.

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Your Actions

- How quickly do you respond?
  - Minutes
  - Hours
  - Days
  - Weeks

What if you're wrong?

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NEVER

- Never draw conclusions too quickly.
- Never divulge patient confidentiality.
- Never diagnose.
- Never give advice or opinions.
- Never promise anything.
- Never compare your doctor's skills to those of others.

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REMEMBER

- Comments.
- Appointments.
- Phone calls.
- Copies of communications.
- Don't throw files away.
- DEALING WITH MISTAKES.
- Omissions
- Changes.

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Conclusion

- Patients call when they are frightened or confused about something that has happened to their eyes or to their vision.
- You play a major role in their care and in their perception of the care they received.
- People don't sue people whom they like.
- More importantly, what you do & how you handle the situation may save the patient's sight.