

Standard Work: Triage

Triage: Triage staff will ask specific questions to understand what the client has presented for, quickly determine what services the client should receive, and schedule an appointment in Epic.

Determine clinic capacity each day. Count alternating 30 and 45 minute appointments for each clinician working that day. Inform front desk staff of number of clients to accept.

Clients will be called individually by number, ensuring they come back alone. Numbers will be called three times total, if a number isn't in the lobby or does not hear the number being called, triage will call the next number. If previous number returns triage will determine if they need a new number or if they will be called next.

Triage patients with green or orange numbers from the registration waiting area. Green numbers will be pre-scheduled appointments /treatments /EC/ PEP/HCG Tests, and orange numbers are appointments with MaShawn which will include CTRS appointments and testing together couples.

Triage will **monitor** EPIC Schedule for No Shows. Patients are instructed to arrive 30 minutes prior to their appointment time (check in time) to allow for registration and phlebotomy. Patient will be allowed 10 minute grace period before they are marked as a No Show. If patient arrives after the 10 min grace period they will be rescheduled either for the same day at a later time (upon availability) or a different day. On some special occasions triage will need to check with the nurse to see if they still want to see the patient.

Triage, communicates with Front Desk Clerk and Back Office Staff regarding patient status, change of schedule, late patients, etc. Triage and the patients nurse make the final decision to No Show or see a patient. In regards to late patients, Triage should always consult with the nurse who the patient is scheduled to see.

It is important that Triage & Front Staff to attend daily huddle for updates, changes, communication.

Attempt to rotate scheduling of male/female, high/low complexity patients on clinician schedule. Unless a nurse has a student/resident and they request certain appointment types.

If Triage is complete, see express visits, complete individual work assignments, and/or assist others with Front Office duties, or phlebotomy if backed-up. Rule of thumb, during down time, if **you** triage a express visit, **you** should see the express visit as long as there is another person in triage and you don't have anymore patients to triage.

SCHEDULED APPTS AND WALK IN APPTS

1. Call numbers in order of appointment time or if no appointments at that time call white numbers in order into triage room.
2. Write date and log number at top of registration form and sign the "witness" section.
3. Inform patient that this is the number that they will be called by. For example, "You are number 38 today; listen for this number to be called."

4. Verify insurance or payment type using the 2013 Federal Poverty form in the binder that is on the desk in both triage rooms. If a patient is refusing to use their insurance make sure that the declined insurance section at the bottom of the registration form is signed.
5. Go to **Epic**
6. Ask the patients if they have ever been to any Denver Health clinic this will help you to triple check that they are in the system before creating a record for them. Depending on the time frame most patients who are seen will show up on the apt tab.
7. Go to the Appt tab at the top menu, always search for patient by full name and DOB to avoid creating a duplicate record. If this does not work sometime patients can be located with their SSN.
8. Once you have located the correct patient, verify patient identity by last four of SSN; if unavailable, verify address/phone number these may be old and let them know that registration will update all demographic information.
9. Once patient verified highlight patient record and click select.
10. If patient is a new patient, enter “SSN info”, and “gender”, then click “New” a comment for verification will pop-up find a reason as to why all other patients did not meet criteria.
11. Click on “make appt” on Left hand side. Then click “Finish” on bottom right hand side.
12. On “appt notes”(hard stop) enter the reason as to why the patient is here this is what the provider will read in the back before calling back the patient try to add as much information as you can regarding symptoms and reason for visit.
13. On “Visit type” determine length of appt.
14. On provider tab, click on “Department Search” locate “ DH PAV H STD”
15.
 - a. Verify the following:
 - i. Is the patient having sex with men, women, or both?
 - ii. Is their partner with them today?
 - iii. Is the patient having any symptoms today? If so, what are the symptoms?
 - 1) O – Onset
 - 2) L – Location
 - 3) D – Duration
 - 4) C – Characteristics
 - 5) A – Aggravating factors
 - 6) R – Relieving factors
 - 7) T – Treatment?
 - iv. If patient is female, is she on BC and what type, if not does she want to discuss BC, If YES ask LMP and UPIC.
 - v. Determine needed labs according to criteria (SEE LAB CRITERIA)
 - vi. Order labs needed for the visit per criteria.
16. Perform vital signs (Blood pressure, pulse, respirations, height, weight, pain scale and location, and temp on all patients). . Repeat BP if: $\geq 180/120$, P: ≥ 120 /minute, &/or R: ≥ 30 /minute; inform nurse and document. If patient is having HTN symptoms get a nurse if to asses the patient’s sx’s (SEE VITALS SIGN PROCEDURE), call attending if the nurse determines its necessary. If patient has fever of 38C or 100.4F, CONSULT WITH NURSE PRIOR TO SCHEDULING!
17. Ask traveling questions to all patients. If patient has traveled outside the US in the past month, ask patient if they had IC in that country and consult with lead nurse whether

person needs extra labs ordered or not (ie RPR for patients who have travelled to Asia). In addition, ask patients if they have ever been told they have or have had MRSA or VRE in the past. If the answer is 'yes', ask patient the MRSA/VRE questionnaire to decide if patient needs to be placed in isolation room. If triage decides a person needs to be in isolated then patient CANNOT sit with the rest of the patients and needs to be isolated ASAP in room 1 or the room they are currently in. The triage room needs to be cleaned after patient contact.

18. If HIV test declined or does not meet criteria, **have patient sign "Decline HIV test"** section on registration form
19. Assure patient signed Consent for Services
20. Write on registration form:
 - a. In upper right hand corner write- sexual preference (MSM, WSM, etc.), & partner # (if partner testing in clinic)
 - b. Circle lab tests ordered, (this is very important, this will let the clerk know that this patient cannot leave and that they need to move on to phlebotomy.)
21. Have patient sit in registration waiting area
22. Place on communication board-by registration:
 - a. Patient number
 - b. Time of appointment
 - c. "B" if blood will be needed after registration.

If patient is a CTS Appointment:

1. The front desk clerk identifies patient as CTS.
 - a. Give patient orange/green 200 range number
 - b. The registration clerk will page MaShawn after the patient has been registered.
 - c. Some patients will only have an orange number with no registration form this means that they are here for an anonymous HIV test.
2. Triage calls patient by number in order of appointment time into Triage room.
 - a. If anonymous – give patient anonymous form and review with them.
 - i. See "Anonymous HIV Scheduling" document
(G:\APPS\STD\COMMON\Standard of Work Front
Office\SCHEDULING\Anonymous appointments)
 - b. If not anonymous – Continue following above process for scheduled or same day appointments.

Lab Criteria:

1. HIV* – heterosexual: 1x per year (4 week grace period); MSM/MSMW: every 3 months (2 week grace period).
2. HCV** – Born 1945 – 1965, injection drug use, MSM, received blood, blood products, or tissue transplant prior to 1992; received a blood transfusion outside the United States(PART OF THE 1992 CRITERIA); sexual partner of someone infected with HCV; intranasal drug use with shared supplies; other percutaneous exposure, incarceration, born to a Hepatitis C infected mother, long-term hemodialysis.
3. RPR – On patients who are not presenting to the clinic with symptoms that could indicate syphilis. ALL MSM, MSMW’S, previous history of syphilis, Females who have had gay or bisexual male partners and all patients that are HIV+. Patients who have traveled to other counties and southern states.
4. RPR, STAT RPR– All contacts to syphilis, complaints of rash/sores (verify with Team Lead if needed) all pregnant women.
5. Urine Hcg - LMP is > 30 days ago (“missed period”), needs EC/BC, IUD or Nexplanon is scheduled for that day, pelvic pain (even if they’ve had a tubal), concerns with pregnancy regardless of BC method. (DO NOT ORDER HCG TEST FOR PARTIAL OR FULL HYSTERECTOMIES)
6. Urine Dip (clean catch***) – patient c/o dysuria, urinary urgency, OR urinary frequency.
7. PEP: HIV, Creatinine, ALT, AST, Hep B Antigen, HCV (per risk factors), RPR (per risk factors), and HCG (if applicable).

*If the patient insists on having an HIV test early, they have the option of paying \$50.

**If returning to clinic with prior negative HCV test, risk was > 6mo and no continued risk, no further testing recommended. If client returning within same year and new risk behavior occurred in the past 6 months, encourage client to re-test 6 months after the last exposure (no fee).

***Instruct patient on clean catch: With towelette, wipe from front to back, separate labia, use 2nd towelette to wipe from front to back again, urinate in toilet first, then collected the rest of urine in the cup (mid-stream).

If patients have had a positive GC/CT test in the last 3 months, they may be given a yellow number and treated. If a positive GC/CT result is longer than 3 months ago, the patient will need to be retested and return to the clinic for treatment. When giving results over the phone, ensure that patients with a positive GC/CT in the last 3 months return to the clinic for treatment and those that have not been tested within three months, return for testing. **NOTIFY PATIENTS ABOUT EATING A MEAL BEFORE COMING IN FOR TX. ALSO IF PT IS HETEROSEXUAL AND/OR BISEXUAL ASK IF EPT NEEDED FOR ANY PARTNERS OF THE OPPOSITE SEX.**

Appointment Times:

See “Appointment times” (G:\APPS\STD\COMMON\Standard of Work_Front Office\SCHEDULING)

Fee Codes:

See “Fee Codes” (G:\APPS\STD\COMMON\Standard of Work_Front Office\REGISTRATION)

