

# Triage in General Practice- Snapshot

This webinar will start soon.



# **Triage in General Practice- Snapshot**

**Zoom webinar – 27 May 2026 1:00pm**

# Acknowledgement of traditional owners

We acknowledge the Tasmanian Aboriginal people as the traditional owners and ongoing custodians of the land on which we are meeting today. We pay our respects to Elders past and present.

We would also like to acknowledge Aboriginal people who are joining us today.

# Learning outcomes

After this session, I will be able to:

- Describe how triage supports patient safety and prioritisation of care
- Recognise common indicators of urgency and determine appropriate actions
- Understand the purpose of appropriate triage tools to guide the decision making.

# Some housekeeping

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# Presenter



Wendy has a long history in general practice spanning 27 years. She currently works as a Practice Manager in a large, 24 GP practice in Gisborne Victoria.

She is passionate about General Practice and has a thorough understanding of all facets, with a special interest in MBS, Chronic Disease management, Accreditation and mentoring of new practice managers.

While working full-time, she still takes any opportunities to meet and work with new practices, guiding them through the complexities of General Practice.

She has been working as an education consultant since 2017.

# Triage Skills for Non-Clinical Staff in General Practice



Presented by :  
Wendy O'Meara

# Learning Objectives



At the completion of this module, you should be able to:

1. Describe how Triage supports patient safety and prioritisation of care.
2. Recognise common indicators of urgency and determine appropriate action
3. Understand the purpose of appropriate practice specific Triage tools to guide decision making.

# Why do we need to Triage?

- General practice routinely operates with demand that **exceeds capacity**, with appointment books often being full before the day begins.
- By performing skilled Triage, it will ensure appointments will go first to those patients with **clinical need**, not just those who called early.
- Failure to appropriately Triage leaves us double booking, “squeezing” patient in, which results on added burden to our clinical team, and can cause long delays in existing bookings.

# What is Triage?

Triage is the process of determining:

- Level of urgency
- Risk- delayed diagnosis or harm to patient.
- Most appropriate pathway of care

Triage most commonly occurs over the phone, or at the front desk, *before* the clinician has assessed the patient.

# When does Triage Occur?

Occurs daily in interactions with all patients

- May be performed multiple times
  - When booking
  - Upon arrival
  - While waiting
  - After seeing the GP/Nurse
- It can be complicated by varying degree of skill amongst reception staff and lack of a consistent approach.

# Roles of the non-clinical team in Triage

Reception and administrative staff:

- **Gather Information** using structured, consistent questions such as:
- “Can you please tell me what the appointment is regarding?”
- “Are you experiencing any pain or symptoms now?”
- “When did this start?”

# Handing over to clinical staff

Obtain as much information as you can: age, problem, how long, any treatment, severity?

Consider these handover statements:

- I have someone on the phone with a stomach-ache
  - **Versus**
- I have a 25-year-old woman on the phone who says she's had abdominal pain for three days, some diarrhoea and has been vomiting.  
**OR**
- I have a patient on the phone who has burnt himself
  - **Versus**
- I have an 18-year-old who burnt himself all over his legs with boiling water 2 hours ago **OR**
- An 18-year-old who burnt himself on a motorcycle exhaust pipe 2 weeks ago.

# What do the standards say?



# Accreditation Requirements

- If your practice is accredited, you are required to have a triage policy
- Staff must be trained in practice process and have access to the triage policy of the practice.

Policy should include:

- Process of determining urgency:
  - When and how to seek medical treatment?
  - How the practice manages people with urgent needs?
  - What to do when clinical staff are not available?

# RACGP Standards for General Practice (5<sup>th</sup>)

Criterion GP1.1B Our practice has a triage system.

You must prioritise patients according to urgency of need and **retain evidence of this**. You could:

- Have triage guidelines at the reception area
- Have a triage flowchart available
- Display a sign in the waiting area
- Show evidence that administrative staff members update the patient waiting list if there has been an emergency



# Policy Content

- Responsibilities
  - Define the responsibilities of each discipline involved
  - GP
  - Practice Manager
  - Nurse
  - Reception
- Procedure
  - Document the procedure from beginning to end
- Review date
  - Policy should be reviewed yearly

# Key Points

A triage policy should be simple, practice specific and easy to read

- involve input from all staff.
- Regularly reviewed, particularly if an incident occurs as a result of the Triage process
- Include a series of specific questions to ask to determine urgency
- Provided to all staff and included in induction process

**How does your appointment system influence access to care?**



# What does a good appointment system look like?

- A good appointment system is essential to minimize the need to triage
- Adequate allocation of emergency or on the day appointments to ensure access
- Ability to offer different types of appointments to meet demand
- Flexible
- Protects the clinicians from burn out, ensuring adequate breaks and minimal double bookings

# Triage – where do you begin?



**Does this patient need to be seen  
urgently?**

# Roles that performs Triage

Team Member	Role in Triage
Reception / Non-Clinical Staff	Gather information, identify red flags, prioritise and route, follow protocols.
Practice Nurses	Provide clinical triage, assessment, urgent care support, and escalation.
General Practitioners	Make final decisions regarding clinical urgency, treatment pathways, and follow-up.
Practice Manager	Oversees systems, training, and risk protocols.

# Key Safety rules for Reception Staff

Rule	Explanation
You are not diagnosing	You are <i>identifying risk</i> and routing safely
If in doubt → escalate	Never guess.
Always use clear documentation	Protects patient & practice.
Use calm, confident tone	Helps patient feel safe and heard.

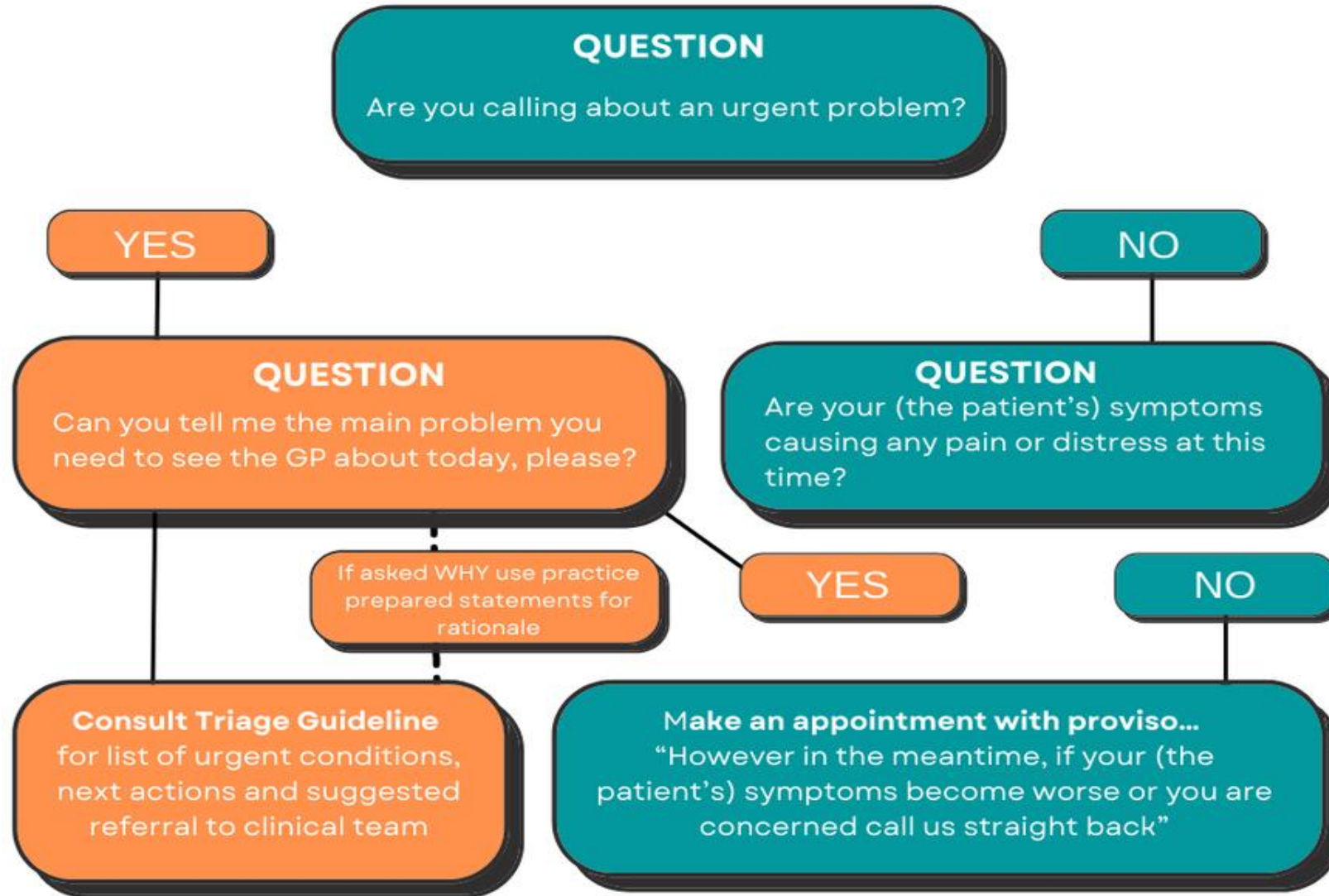
# Roles of the non- clinical team in Triage

## Identify Red Flags

Training is essential to recognise key symptoms that require **immediate escalation**, such as:

- Chest pain
- Difficulty breathing
- Sudden weakness or slurred speech
- Heavy bleeding
- Suicidal thoughts
- Severe abdominal pain
- High fever in infants

# Triage principles



# The process of Triage



# Recognise and Prioritise

## Ask questions:

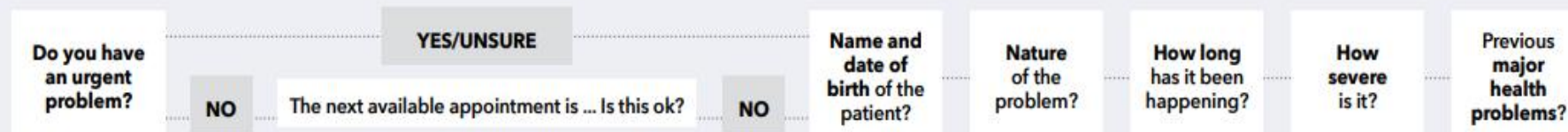
- Is this an urgent matter? OR Can you give me an indication of what the problem is?
- Demographic details?
  - Is the patient at home or elsewhere?
- Ascertain the nature and severity of the problem
  - How long have you had this problem for? Has it/ Is it getting worse?
- Act and advise according to practice protocol
- Are they alone or is anyone with them at home?
- Close the discussion with an agreement on how to proceed
- Document triage decisions in the patient's clinical notes

# Triage Tools



# POPGUNS triage process

Prioritisation of patients: A guide to urgency for non-clinical staff



A	B	C	D	E	F
<ul style="list-style-type: none"> <li>Chest pain</li> <li>Difficulty breathing/trouble talking</li> <li>Facial swelling and rash</li> <li>Facial/limb weakness</li> <li>Collapse/altered level of consciousness</li> <li>Extensive burns</li> </ul>	<ul style="list-style-type: none"> <li>Fitting</li> <li>Spinal or head injury/trauma</li> <li>Severe allergic reaction</li> <li>Persistent or heavy bleeding</li> <li>Snake bite</li> <li>Heart palpitations</li> <li>In labour/ruptured membranes</li> <li>Neck stiffness/altered consciousness</li> </ul>	<ul style="list-style-type: none"> <li>Injured limb/possible fracture</li> <li>Poisoning/overdose</li> <li>Unable to urinate</li> <li>Eye injuries/chemical in the eye</li> <li>Acute neurological changes including behavioural changes</li> <li>Child with lethargy</li> <li>Unwell, 'floppy' infant</li> <li>Pain (severe)</li> </ul>	<ul style="list-style-type: none"> <li>Unwell child/elderly patient with:                             <ul style="list-style-type: none"> <li>- fever</li> <li>- vomiting</li> <li>- diarrhoea</li> <li>- pain for more than 24 hours</li> </ul> </li> <li>Pregnancy:                             <ul style="list-style-type: none"> <li>- pain or bleeding</li> <li>- reduced movement</li> </ul> </li> <li>Abuse or assault</li> <li>Visual disturbances</li> <li>Patient or carer with extreme concern</li> <li>Psychological distress</li> </ul>	<ul style="list-style-type: none"> <li>Unwell child with persistent:                             <ul style="list-style-type: none"> <li>- fever</li> <li>- vomiting</li> <li>- diarrhoea</li> <li>- pain for less than 24 hours</li> </ul> </li> <li>Rash (severe)</li> <li>Dehydration risk</li> <li>Bleeding</li> <li>Cut/laceration</li> <li>Eye infections</li> <li>Severe flu-like symptoms</li> </ul>	<ul style="list-style-type: none"> <li>Adult with persistent fever, but otherwise well</li> <li>Post-operation problems</li> <li>Eye or ear infections/pain</li> <li>Adult with continuous vomiting and/or diarrhoea for more than 24 hours</li> </ul>
<p><b>"Call 000"</b> Call GP/nurse for help immediately</p> <ul style="list-style-type: none"> <li>Retrieve patient file</li> <li>Inform emergency department</li> <li>Provide information to emergency department</li> <li>Document activity</li> </ul>	<p><b>"Go to emergency department now"</b> Interrupt GP/nurse immediately</p> <ul style="list-style-type: none"> <li>Retrieve patient file</li> <li>Inform emergency department</li> <li>Provide information to emergency department</li> <li>Document activity</li> </ul>	<p><b>Put call through to GP or nurse</b> Advise GP/nurse now</p> <ul style="list-style-type: none"> <li>Retrieve patient file</li> <li>Document activity</li> </ul>	<p><b>"Come to the surgery now"</b> Discuss call with GP/nurse</p> <ul style="list-style-type: none"> <li>Retrieve patient file</li> <li>Consider enacting COVID-19 policy/plan if needed</li> <li>Document activity</li> </ul>	<p><b>"Come to the surgery today and call back if it gets worse"</b> Inform GP/nurse within 30 minutes</p> <ul style="list-style-type: none"> <li>Retrieve patient file</li> <li>Consider enacting COVID-19 policy/plan if needed</li> <li>Document activity</li> </ul>	<p><b>Make an appointment within 24 hours and "Call back if it gets worse"</b> Inform GP/nurse</p> <ul style="list-style-type: none"> <li>Retrieve patient file</li> <li>Consider enacting COVID-19 policy/plan if needed</li> <li>Document activity</li> </ul>

# Front desk triage

How to manage common scenarios faced by reception staff

## IS THIS AN EMERGENCY?

- When answering the telephone, all callers should be asked if the matter is an emergency prior to being placed on hold. Ask the patient, "Is this an emergency or can I place you on hold for a moment?"
- Consider the TRIAGE STEPS and CATEGORIES listed on the reverse of this document to assess the patient's status.

## ASK THE PATIENT - TRIAGE STEPS

1. Confirm the patient's name and phone number.
2. Does the patient attend the surgery (i.e. does the practice have previous medical records on hand)?
3. Location (Are you at home? Are you alone?).
4. Nature of their problem (patient may prefer to speak to the practice nurse or on-call doctor).
5. Duration of their symptoms (How long have you felt like this?).
6. Severity of their problem (On a scale of 1 to 10, how severe is the pain? [if applicable]).
7. Any previous major health problems (Are you on any medication? Do you have any allergies?).

## ON-THE-DAY EMERGENCIES IN THE CLINIC

- A** Patients should immediately be seen by the on-call doctor or other medical professional on duty.
- B** Patients should be directed to the emergency department of their nearest hospital.
- C** Patients or patients with worsening symptoms should be referred to the practice nurse or on-call doctor.
- D** Patients should be advised to attend the clinic immediately and triaged by the practice nurse (may then be slotted in between appointments or at the end of the session).
- E** Patients should make an appointment for the day and be advised to call back if symptoms worsen.
- F** Patients should make an appointment within 24 hours and call back if symptoms worsen.

All emergency cases dealt with by reception are to be recorded in the patient health records by the staff member concerned in addition to the clinical notes recorded by the practice nurse or doctor(s) treating the patient.

## SCHEDULING CARE

- Reception staff should reserve a number of unbooked appointment times each day for 'on-the-day' urgent appointments such as unwell children and the elderly, lacerations and suspected fractures.
- If your practice does not operate on an appointment system, patients should be triaged on walk in and advised of the expected waiting time to see the doctor, nurse or Aboriginal health worker.
- Where a patient is assessed as in need of urgent medical attention over the telephone, advise the caller to hang up and call 000 immediately for an ambulance.
- Where a receptionist is unable to determine the urgency of a telephone call, the patient should be transferred to the practice nurse or on-call doctor for triage.
- If a patient presents in person and requires urgent medical assistance after the doctor has left - call 000 for ambulance.

## PATIENTS PRESENTING WITH SYMPTOMS OF POTENTIAL COMMUNICABLE DISEASES

- Patients with symptoms of diseases such as flu/influenza, measles, chicken pox should be isolated to a secluded area of the medical practice such as the nurses' office. Where possible, a notice of isolation is to be fixed to the door to limit access to this area.
- Follow practice guidelines for patients presenting with COVID-19 like symptoms.
- Clinical staff treating the patient should wear (as a minimum) a surgical mask, gloves, and - when collecting nose and/or throat swabs - protective eyewear.
- If the patient is bleeding or vomiting, put gloves on before you assist them.

## EMERGENCY ACTION PLAN

- Remain calm and don't panic
- Be aware of, and respond to, safety needs of the emergency
- Assess which patient needs to take priority
- Deal with any injury or illness in order of severity

**Call 000 for ambulance, police or fire service**

1300 653 169

[providersupport@primaryhealthtas.com.au](mailto:providersupport@primaryhealthtas.com.au)

[www.primaryhealthtas.com.au](http://www.primaryhealthtas.com.au)

# Customising the Triage Tool

When customising the triage tool, a practice needs to determine:

- What presenting symptoms are to be included on tool
- A timeframe for the person to be seen according to the urgency
- The recommended action, and the service that the person need to be referred to
- It is essential that the clinical staff have input into the tool.
- If not confident or unsure of your decision, always defer to your clinical team in your practice.

# Recommended actions



- Calling an ambulance
- Directing a patient to the Emergency Department
- Discussing the problem with a GP or nurse immediately
- Discussion with the GP and/or nurse within 30 minutes
- Advising the patient to come to the practice now and informing the clinical staff when the patient arrives
- Making an appointment for the patient today
- Making an appointment for the patient within 24 hours.

# Red Flags



# Red Flag Recognition

Symptom/Concern	Why It's Serious	Action
Chest pain, tightness, heaviness	Possible cardiac event	Escalate to nurse/GP immediately or call 000
Difficulty breathing	Possible asthma attack, PE, anaphylaxis	Escalate urgently
Sudden weakness, slurred speech	Possible stroke	Call 000
Severe abdominal pain or bleeding	Possible internal injury or miscarriage	Escalate urgently
Suicidal thoughts or threats	Acute mental health crisis	Immediate clinical review or crisis services

# Other 'red flags'

- Fever-
- Unwell and recent overseas travel
- Age - elderly or very young
- Allergy
- Abdominal pain
- Mental illness
- Burns
- Eye injury/pain
- Rash
- ? Infectious disease - flu/ measles/COVID-19
- At risk patients - immunocompromised, pregnant



These red flags should be agreed upon by your clinical team and documented in your practice policy and procedures

# Triage best practice involves...

- Policies and procedures that clearly outline steps in the triage process and the roles and responsibilities of those involved

Should be

- included in practice induction/orientation
  - included as risk management to meet accreditation and quality standards
- 
- Adequate appointment system to accommodate urgent appointments

# Triage best practice involves...

- An algorithm/flow chart to guide non-clinical decision making - identification of 'red flags' to prompt responses by reception staff
- A team-based approach that allows non-clinical staff to default to a clinical team member when needed
- Protocols for patients presenting with potential communicable conditions
- Appropriate Triage training

# Finally...

- Triage training is an essential skill for all practice staff.
- Following your practice policy and Triage guidelines will ensure your decisions are made with the best possible outcome for your patients.
- This will ensure patients receive access to the appropriate level of care in a timely manner.
- *Triage ensures everyone is seen in the right place, at the right time, but the right clinician.*

# Resources and references

- <https://www.racgp.org.au/getmedia/7dd7a8c1-2fd7-434a-8381-7bab2008e1cc/RACGP-Improving-general-practice-workflows-in-your-practice-resource.pdf.aspx>
- <https://www.gptriage.info/>
- <https://c2coast.org.au/wp-content/uploads/Triage-chart.pdf>
- <https://www.racgp.org.au/running-a-practice/practice-standards/standards-5th-edition/standards-for-general-practices-5th-ed/general-practice-standards/gp-standard-1/gp-standard-1>
- [https://assets.contentstack.io/v3/assets/blt8a393bb3b76c0ede/bltebb05bc80f6a48a7/66cbde04d97a0cefe954ee8a/0824\\_Warning\\_signs\\_-\\_update\\_CTA\\_digital\\_23082024.pdf](https://assets.contentstack.io/v3/assets/blt8a393bb3b76c0ede/bltebb05bc80f6a48a7/66cbde04d97a0cefe954ee8a/0824_Warning_signs_-_update_CTA_digital_23082024.pdf)
- <https://strokefoundation.org.au/about-stroke/learn/signs-of-stroke#:~:text=Other%20signs%20of%20stroke,to%20prevent%20this%20from%20happening.>



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# Upcoming Practice Managers Education

## Digital Health Roadshow- AI in General Practice:

### Risks, Benefits and Readiness

Join digital health expert Chris Boyd-Skinner for a practical session exploring the evolving role of artificial intelligence in primary care.

This session will cover:

- Emerging uses of AI-enabled technologies in general practice
- Impacts of patient and clinician use of AI in consultations
- Key safety, governance and medico-legal considerations

An update on national digital health priorities will also be provided by Andy Ley, Digital Health Manager, Primary Health Tasmania.

### Event Dates & Locations

- **Devonport:** Tuesday 23 June 2026 | 6:00pm – 8:30pm  
Paranaple Convention Centre
- **Launceston:** Wednesday 24 June 2026 | 6:00pm – 8:30pm  
The Sebel Launceston
- **Hobart:** Thursday 25 June 2026 | 6:00pm – 8:30pm  
RACV Hobart Hotel



# Pathways to Safety – family violence workshops



## Workshop for clinicians

Wednesday 10 June, 6pm to 9pm

Devonport



## Workshop for practice staff

Thursday 11 June, 6pm to 8pm

Devonport



# Some final words

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**Thank you**



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