



## Implementation Guide

Use this Implementation Guide to assist you in setting up and rolling out your new SymptomScreen account. The guide is organized into three main sections: Implementation Checklist, Overview of Implementation Steps, and Details of Customizing Priorities. Start with the checklist, using the other sections of this guide to provide further explanation as needed. If you need more assistance, please reach out to our support team at [support@symptomscreen.com](mailto:support@symptomscreen.com).

### Section 1: Implementation Checklist

This checklist can assist you in setting up your new SymptomScreen account. We recommend completing the steps in the order presented.

- ☐ Identify project team
- ☐ Register for an account and add admin users
- ☐ Review Account Settings and adjust as needed
- ☐ Customize the priorities
  - ☐ Combine or add priorities as needed
  - ☐ Customize summary instructions and add detailed instructions
  - ☐ Edit the nicknames
- ☐ Review the guides and customize as needed
  - ☐ Generate and review a Guide List with your customized priorities
  - ☐ Edit existing guides if needed
  - ☐ Add new guides if needed
- ☐ Training
  - ☐ SymptomScreen training video
  - ☐ SymptomScreen training guide

# Section 2: Overview of Implementation Steps

This section includes an explanation of each step in the Implementation Checklist. Use this in conjunction with the [SymptomScreen Admin Manual](#) for successful implementation.

## 1. Identify Project Team

It's important to identify your project team prior to getting started. For some organizations, the team may consist of just one or two people, while others may need a larger team made up of people representing different departments within the organization. No matter the size of the team, the key to successful implementation is having representation from both the call center (or front desk/scheduling) AND clinical side of operations.

This is helpful because the customization of SymptomScreen will not only impact the agents, but will also impact the calls transferred to nurses and appointments scheduled. Clinical decisions will be made as to how calls are prioritized into your different queues. It is important for your project team to have a thorough understanding of both the agents' workflow and the clinical implications of customizations made.

## 2. Register for an Account

To get started you will need to [register for a SymptomScreen account](#). Remember that all of your users will access this account with the same shared Account ID and Password, so choose something simple to make the credentials easy for your team to remember.

The person who registers for the account will automatically be set up as an admin user. Admin access is important because it allows someone to make changes to your account and to run reports. Admin access is required to complete the steps outlined below. If you need to add additional admin users to your account, please email [support@symptomscreen.com](mailto:support@symptomscreen.com) with the names and email addresses of those individuals.

## 3. Review Account Settings

Account settings can be adjusted in [SymptomScreen Admin](#). There are several settings you might consider changing to make SymptomScreen a more functional tool for your team. These settings include documentation options (the amount of detail in the note copied from SymptomScreen to the patient record), Spanish screening questions (great for bilingual agents!), and the screening introduction text. Additionally, consider using pre-screening questions to identify stable chronic calls and use the post-screening question to collect additional information and data.

For more information about these settings, refer to the [SymptomScreen Admin Manual](#). And please contact [support@symptomscreen.com](mailto:support@symptomscreen.com) if you'd like to add an age filter to your account to

remove guides and questions that don't pertain to your patients (e.g., removing pediatric questions and guides for an adult-only clinic).

## 4. Customize the Priorities

This is the most important step in achieving a successful implementation of SymptomScreen. *It's important you complete this step prior to reviewing or customizing your guides.* Time spent on this step will save time on training your staff, save time on customizing the guides themselves, and it will increase the acceptance of SymptomScreen by your non-clinical users and by your organization's medical staff.

Here are the key steps in customizing your priorities:

- A. Understand the intention behind the eight default SymptomScreen priorities.
- B. Determine the current or desired possible outcomes for a symptom-based call taken by an unlicensed staff member in your organization.
- C. Identify which of your outcomes best map to each of the priorities in SymptomScreen.
- D. Combine any SymptomScreen priorities that map to the same outcome in your organization.
- E. Customize the instructions for each of the priorities.
- F. Edit the nicknames for each of the priorities.
- G. Determine what to do with any of your outcomes that have not yet been mapped to a SymptomScreen priority. You can either add additional priorities or you can handle the additional outcome in the detailed instructions of an existing priority.

To learn more about each of these steps in detail, please see the third section of this guide, Details of Customizing Priorities (pg. 4).

## 5. Review and Optionally Customize the Guides

Once your priorities are customized, generate the "Your Guides and Priorities" Guide List in [SymptomScreen Admin](#). Use this Word document to let your Medical Director(s) or other clinical team members review the questions being asked for each symptom and the resulting priorities.

If (and only if) your team wants to handle some of the calls in a different way, you can customize the guides. This allows you to move questions to different priorities, edit the text of any question, add questions, or remove questions. You can also edit the properties for a guide (the title, alternative titles, and search words) and can even create your own guides if needed. For more information about how to do this, please refer to the [SymptomScreen Admin Manual](#).

## 6. Training

Training materials can be accessed on our [resources page](#) and include a general overview [training video](#) and the [SymptomScreen Training Guide](#). We recommend having your staff review these materials prior to using SymptomScreen on any real calls.

Most organizations find it easiest to train their staff themselves because SymptomScreen is intentionally simple to use and most of the questions brought up during training are about internal processes that SymptomScreen staff can't help with. However, if you decide to proceed with a paid SymptomScreen account, SymptomScreen Support can record a personalized training video for your team using your customized account. This can be helpful for your staff because they are able to view the training with your customized priorities and instructions.

## Section 3: Details of Customizing Priorities

*Note: This section is intended to serve as a supplement to Step 4 of this guide.*

### A. Understand the Default SymptomScreen Priorities

Here is a description of the eight priorities used by the SymptomScreen authors. As you read these descriptions, think of how your organization handles (or wants to handle) calls at each priority level.

**Red STAT:** These are emergency calls. The patient needs to talk to or be seen by a medical professional immediately. The situation could be life-threatening or the patient could be at risk of permanent harm. Some organizations send these calls directly to 911 or the Emergency Department, while others choose to have these calls immediately handed off to a nurse or provider.

**Red Now:** These calls are also very urgent and some organizations may choose to have these patients seek emergency care, but this may result in an overuse of those medical resources and unnecessary expenses for your patients. Because of this, most organizations warm transfer these calls to a registered nurse or provider for immediate triage.

**Red 15 Minutes:** These calls are urgent but not necessarily immediate. For example, if SymptomScreen was being used in a small practice or clinic, these calls could wait until the next nurse or provider came out of a room. In a larger call center with a normal triage queue and a warm transfer triage queue, the handling of this priority would depend on the service time for the normal triage queue. If all of the "normal" calls are picked up within 5 or 10 minutes, this priority could be handled by the normal queue. But if sometimes it takes 30 minutes to pick up or return a "normal" call, this priority would be better handled by the warm transfer queue.

**Yellow 1 Hour:** The authors consider these calls as situations in which the best care is provided by the patient talking to or seeing a medical professional within 1 hour. Depending on the options available in your organization, this could be a telephone triage nurse, an urgent appointment, a walk in or urgent care clinic, etc. *Note: Some organizations simply do not have the staff or the appointments to handle these calls within 1 hour. If this is the case, your medical director will need to decide if these patients need to be referred elsewhere or if they can be*

*seen in a broader time window. SymptomScreen simply prioritizes the calls, your organization decides how to handle each priority within your organization.*

**Yellow 4 Hours:** These are calls in which the best care is provided by the patient seeing a medical professional within 4 hours or talking to a triage professional sooner than that. (You typically wouldn't want to wait 4 hours for a triage nurse because by then the patient might need to see a provider urgently and their options could be more limited.) *Note: Some organizations use this priority to fill midday appointments that may otherwise have gone unused. The agent can tell a morning caller that the patient should be seen within 4 hours, that they can't wait for an appointment after work or after school.*

**Green 8 Hours:** Similar to above, these are calls in which the best care is provided by the patient seeing a medical professional within 8 hours ("same day") or talking to a triage professional sooner than that.

**Green 24 Hours:** These are calls in which the best care is provided by the patient seeing a medical professional within 24 hours ("same day or next day") or talking to a triage professional sooner than that.

**Green As Convenient:** These are calls in which there isn't medical urgency in booking the appointment. Your organization may choose to book these fairly soon to provide better customer service, or they may be scheduled further out if you just don't have appointments available.

## **B. Your Current or Desired Call Outcomes**

What are the options or "queues" to which your non-clinical staff can pass symptom-based calls? Do all calls go to a triage nurse? If so, maybe there's a warm transfer nurse triage queue and a normal nurse triage queue. Or maybe a warm transfer queue, a normal queue, and then a low priority queue for nurse callback later in the day.

Or do your non-clinical staff schedule some calls without passing them to a triage nurse? If so, maybe there is a warm transfer nurse triage queue, a normal nurse triage queue, and then a scheduling option. And maybe that scheduling choice has several permutations: immediate, same day, next few days, etc.

Whatever the case, these are your possible outcomes for a call. If you don't know the possible outcomes for a call in your organization, start talking to people. Build a working group. Find a leader. You need to identify your "queues".

Once you've identified your current outcomes, the easiest way to start with SymptomScreen is to continue to use those outcomes. SymptomScreen will provide more thoughtful and more consistent sorting into those queues. However, some organizations also want to change the possible outcomes at the same time as when they implement SymptomScreen. If so, you should be making a list that includes the new (the "desired") outcomes rather than just the current outcomes.

Once you have identified these outcomes, write down what the non-clinical person needs to do for each outcome. This will help you write instructions for the non-clinical staff to follow.

## C. Map Your Outcomes to the Default Priorities

This is where the two previous steps come together. Start with the Red STAT priority – which of your outcomes should be the way that calls of that priority are handled? You can keep track of this mapping on a separate sheet of paper or you can edit the priority directly in [SymptomScreen Admin](#) and quickly change the Summary Instructions for that priority to reflect the desired outcome.

Now do the same for each of the remaining default priorities.

## D. Combine Priorities If Necessary

You may have two or more adjacent priorities that you have mapped to the same outcome in your organization. That's ok, it will actually make the screening process simpler. What you will want to do is combine the priorities that result in the same outcome. In the Customize Priorities section of [SymptomScreen Admin](#), click on the menu arrow in the lower priority and choose "Combine with the Above".

## E. Customize the Instructions

Now it's time to customize the instructions that your staff will see for each of the priorities. The instructions are made up of two parts:

1. **Summary Instructions:** These should be fairly short. They are meant to quickly tell the user which outcome is appropriate for this call. The summary instructions are also copied into the note that can be pasted into the patient's chart so they should make sense to other people that might be reading the screening note.
2. **Detailed Instructions:** Here is where you can list any details that you want to make sure all of your staff follow. Many organizations use bulleted or numbered lists to cover several steps but make it easy to skim while the agent is talking to the caller. You can include scripts to read or extensions to use for the call transfer. You can include conditional information here, e.g. 1. Schedule a same day appointment if available 2. If not, transfer to the normal nurse triage queue. Or add notes like "If a sports injury, schedule with the Sports Medicine clinic". You can even include a hyperlink to more detailed scheduling guidance as a reference.

## F. Edit the Nicknames

Now that you know what will be happening for each priority, edit the priorities again and change the "nickname" to be something short but meaningful. These nicknames are used in the Microsoft Word version of the guide lists that your medical directors or other team members can

review. A good nickname makes this review much easier. For example, you might change "Priority Now" to "Warm Transfer to Triage". Or change "Priority 1 Hour" to "Walk In Clinic or Triage".

You can also change the color for any of the priorities at this time if that would be helpful to visually separate different urgency levels for your users.

## G. Additional Outcomes

Do you have additional possible outcomes that have not been captured in one of the existing priorities? If so, you have two choices:

1. **Add Additional Priorities:** Contact us to add additional priorities. But first it is critical to decide where in the overall priority list each new priority belongs. For example, if you were to add a "Transfer to OB/GYN" priority, would it be below Priority Now, below Priority 15 Minutes, or below a different priority? This is important because, for example, while an individual guide might not use both the "Transfer to OB/GYN" priority and the "Priority 15 Minutes", the caller might have multiple symptoms that would result in questions that could result in either priority. You have to decide which questions should be asked first and the resulting implications for how that call would be routed. After that, email [support@symptomscreen.com](mailto:support@symptomscreen.com) with the name of the priority and where it should be placed in your priority order, we will create the priority for you and then you can edit its instructions.
2. **Add to Detailed Instructions:** Depending on how many outcomes you have remaining, it may be too complicated to create additional priorities. It may be simpler to add "if/then" or "exception" notes in the detailed instructions of an existing priority. For example, maybe the detailed instructions for Priority 15 Minutes could say "Exception: If patient is pregnant, transfer immediately to OB/GYN."

## Questions

While you don't need to have perfect priorities before piloting or using SymptomScreen (this is definitely an instance where perfection is the enemy of good), things will go more smoothly with a reasonable starting point. We're happy to brainstorm or review your decisions by email or web meeting, just contact us at [support@symptomscreen.com](mailto:support@symptomscreen.com).