



SymptomScreen

by ClearTriage

Priorities - Implementation Details

Note: This document is intended to serve as a supplement to the SymptomScreen Implementation Guide.

The Default SymptomScreen Priorities

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

Priority Now: These are the most urgent 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, but this can 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.

Priority 15 Minutes: These calls are also 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.

Priority 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.

Priority 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 timeframe to fill midday appointments that may otherwise have gone unused. The agent could tell the caller that the patient should be seen within 4 hours, that they can't wait for an appointment after work or after school.)*

Priority 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.

Priority 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.

Priority 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.

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.

Map Your Outcomes to the Default Priorities

This is where the two previous steps come together. Start with Priority Now – 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.

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”.

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 someone else that might be reading the 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 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.

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.

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:** For each priority, it is critical to decide where in the overall priority list it belongs. For example, would your "Transfer to OB/GYN" priority belong below Priority Now, below Priority 15 Minutes, or below a different priority. This is critical because while an individual guide might not use the "Transfer to OB/GYN" priority and the "Priority 15 Minutes", the caller might have multiple symptoms that would result in questions that would result in both priorities. You have to decide which questions should be asked first and the implications for how that call would be routed. After that, email 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.
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.