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| Policy Name   | <b>Clinical Triage Policy</b>                  |
| Section   | Section 15                                     |
| Subject   | Assessment of Prisoners                        |
| Policy Number   | 15.3   |
| Issue Number  | 2  |
| Issue Date:   | August 2014                                    |
| External References:  |  |
| <ul style="list-style-type: none"> <li>▪ Towards a demand management framework for community health services. Primary Health Branch.</li> <li>▪ Guidelines on the implementation of the Australasian Triage Scale in Emergency Departments. Australasian College of Emergency Medicine. 2005.</li> <li>▪ Justice Health Quality Framework. 2011.</li> </ul> |  |
| Internal references:  |  |
| <ul style="list-style-type: none"> <li>• Correct Care Australasia Emergency Guidelines 2011.</li> </ul>   |  |
| Related Policies:   |  |
| <ul style="list-style-type: none"> <li>• 15.4 At Risk Prisoners Identification, Assessment, Management and Documentation.</li> <li>• Operating Procedures Section 17 Chronic Health Care Planning.</li> </ul>   |  |
| Implementation Date   | Initial Implementation Date: August 2012,      |
| Revision Date   | August 2014                                    |
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| Policy Endorsed & Adopted by:<br>Date   | Health Services Managers Meeting<br>17/09/2014 |
| Approved By   |  |
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## 1 POLICY STATEMENT

- 1.1 Triage and prioritisation ensures that prisoners with high clinical needs are provided a timely assessment and access to services. Doing this effectively, appropriately and based on evidence is a critical part of best practice clinical care and addressing prisoner needs.
- 1.2 Chronological waitlists that do not consider prisoner need and urgency for services should not be utilized.
- 1.3 Objectives of Triage:
- To improve consistency of practices in measuring and managing demand.
  - Support fair and equitable access to services.
  - Provide improved access to services.

## 2 DEFINITIONS

**TRIAGE:** is the process for determining the priority of patient's treatment based on the severity of their condition.

**DEMAND:** in health, demand refers to the number of patients/clients with health concerns who present for services and the amount of services they require.

**DEMAND MANAGEMENT:** requires medical centre staff to:

- Continue to address the broader health needs of prisoners through health promotion and early intervention activities that take a preventative approach to health.
- Review internal practices to ensure that services are efficient, of high quality and targeted to the needs of patients/clients.

### 3 SCOPE

This procedure is relevant to triaging:

- prisoners that request a medical centre appointment,
- prisoners presenting for review at 'sick parade',
- managing/prioritizing clinic and specific wait-lists.

### 4 EXEMPTIONS

4.1 This clinical triage procedure does not include emergency care and 'At Risk' Assessments.

4.2 **Emergency care:** In an emergency situation Correct Care Australasia Pty Ltd staff should refer to the '*Correct Care Australasia Pty Ltd Emergency Guidelines*' 2011. These allow nursing staff, following assessment of a prisoner, to initiate a prescribed treatment without being required to contact a medical practitioner first.

4.3 **At Risk Assessments:** In the event of a prisoner being deemed 'At Risk' Correct Care Australasia Pty Ltd staff should refer to Correct Care Australasia Pty Ltd Procedure 15.4 '*At Risk Prisoners Identification, Assessment, Management and Documentation*'.

### 5 PROCEDURE

#### 5.1 Initial Triage

5.1.1 Requests and referrals for nursing, medical or allied health treatment may be initiated by the prisoner, medical centre staff, or Corrections Victoria staff.

5.1.2 Nursing staff are responsible for reviewing requests, triaging priority and referring to appropriate health professionals in a timely manner.

5.1.3 If a patient's condition changes while waiting for treatment or referral, or additional relevant information becomes available that impacts on the prisoner's urgency, the prisoner should be re-triaged.

#### 5.2 Initial Needs Identification

5.2.1 This is a screening process that explores the presenting and underlying issues of a prisoner and assists with determining the need for immediate care, treatment, and referral to other services. It is not a diagnostic process or detailed assessment. It aims to identify the client's needs and determines the level of risk and priority for service.

5.2.2 This initial screening should be based on the Medical Request Form, any verbal referrals, prisoner presentation at the medical centre, or face-to-face screening as deemed appropriate.

#### 5.3 Triage Indicators

5.3.1 A range of clinical and other indicators should be utilized by staff to triage and prioritise prisoners requesting a medical centre appointment, presenting at "sick parade", or being added to a waiting list. These indicators include, but are not limited to:

- General appearance
- Clinical presentation
- Chief presenting problems/symptoms
- Limited relevant history
- Physiological observations and vital signs

- Pain levels
- Relevant assessment findings
- Investigations results
- Initial request or ongoing problem
- Worsening condition
- Waiting time
- Expert and clinical judgement
- Referral source

#### 5.4 **Priority Levels**

5.4.1 Based on the indicators above, the prisoner should be categorized to one of the following:

- High priority
- Medium priority
- Low priority

#### 5.5 **Priority Timing**

5.5.1 As an internal guide, considering the prison environment, level of acuity and available resources, the following timelines are guides for acceptable waiting times:

- High Priority to be reviewed within one week of triage.
- Medium Priority to be reviewed within one month of triage.
- Low Priority to be reviewed at the next available appointment.

5.5.2 As noted above in 4.2 and 4.3, emergency care and At Risk assessments have separate procedures in place to ensure timely and appropriate care is delivered.

#### 5.6 **Assessments**

5.6.1 Assessment is a decision-making methodology that collects, weighs and interprets relevant information about the patient. Assessment is not an end in itself but part of a process of delivering care and treatment. It is an investigative process using professional and interpersonal skills to uncover relevant issues to develop a care plan.

5.6.2 Comprehensive clinical assessment should be a face-to-face interaction with the prisoner, involving a high level of inquiry, and an advanced dimension of history taking, examination, observation and measurement/testing. It facilitates a more extensive process of enquiry that requires analysis and interpretation of the assessment information and a clinical judgement, diagnosis and differential diagnosis.

5.6.3 Once a prisoner receives an assessment, the interventions should be tailored to their needs, regardless of their level of priority when they entered the service.

#### 5.7 **Care Planning**

5.7.1 A process of deliberation that incorporates a range of existing activities such as care coordination, case management, referral, feedback, review, reassessment and monitoring.

5.7.2 Care planning is the outcome of the assessment that documents the services to be provided. It specifies service type, levels of service required, and frequency of service provision.

## **5.8 Service Delivery**

- 5.8.1 All prisoner's receiving care are seen by a health professional at intervals appropriate to the diagnosis, treatment and prognosis in each case, according to current professional standards.
- 5.8.2 Treatment should be evidence based, goal focused, client centred, and encourage patient self-management where possible within the confines of the prison environment.
- 5.8.3 Treatment may include individual intervention, ongoing review, group sessions, and information/education sessions.

## **5.9 Appointment System**

- 5.9.1 GEO CHIP (Correct Care Australasia Pty Ltd Health Information Portal) will be used to manage, record and track appointments of prisoners, and waitlists for clinics and specific care.
- 5.9.2 Appointments are allocated in a way that reflects the level of service available, and the demand for services.
- 5.9.3 The number of appointments made are based on the times available for each discipline or clinic type, and the length of time required for the review/treatment.
- 5.9.4 Timely access for high priority clients should be the primary objective for allocation of appointments; however provision of service to other patients needs to be considered.
- 5.9.5 Apart from booked appointments, all clinics should have some capacity or a proportion of appointments available for emergencies or high priority patients.
- 5.9.6 Triage and appointment scheduling should ensure that appointments meet the Justice Health Quality Framework and Key Results Areas to ensure that patients are seen within acceptable and established timeframes. These include time taken to access medical, nursing and allied health care, time taken to receive results and tracking of external referrals and appointments.

## **5.10 Chronic Health Care Management**

- 5.10.1 Prisoners with chronic health conditions are reviewed and managed in a planned way according to Correct Care Australasia Pty Ltd Policy Procedure Manual, Section 17 'Chronic Health Care Planning'. This supports long term planning and aims to reduce exacerbations in symptoms that may result in crisis intervention.

## **5.11 Failure to Attend**

- 5.11.1 Service delivery is disrupted when prisoners fail to attend appointments. Prisoners who fail to attend should be informed that if they require an appointment at a later time, they are required to complete another Medical Request Form. All failures to attend or declining treatment should be documented in the prisoner's medical record.

## **5.12 Waiting List Management**

- 5.12.1 Active waiting list management should be undertaken to ensure that the waiting list reflects current demand.
- 5.12.2 Prisoners should be encouraged to notify the medical centre regarding any changes in their condition as this allows for reassessment/reprioritisation.
- 5.12.3 Where there is a long waiting list, a review of the prisoners should be undertaken at pre-determined time intervals to review current needs. The HSM should ensure that prisoners on the list are still located on that particular prison site. The time period for review will depend on the length of the waiting list and the clinical needs of the patients on the list.

5.12.4 Where waiting times are extending to unacceptable timeframes, the HSM should review the list in consultation with the health provider / specialist, to fast track appointments or determine the need for added resources.

5.12.5 All prisoners placed on a waiting list should receive a service.

5.12.6 Prisoners should be removed from waiting lists, once their appointment/treatment is complete, or if they no longer require review, or fail to confirm their attendance.

### **5.13 Documentation**

5.13.1 Information provided by clients and/or referral sources during Initial Needs Identification, including priority level should be documented to provide clinical staff with baseline patient information to inform their assessment and intervention.

5.13.2 Triaging of forms, level of priority and plans for appointments should be documented on the Correct Care Australasia Pty Ltd 4.5A Medical Request Form.

## **6 MONITORING**

6.1 This procedure is reviewed and updated as per the Operating Manual review schedule.

6.2 Data and statistics are analysed and plans developed to improve outcomes as appropriate.

## **7 KPI COMPLIANCE**

7.1 Monthly statistics regarding waiting times

7.2 Review of wait-lists to determine accessibility

7.3 Monitoring of complaints regarding prisoner access to treatment and reviews

7.4 Monitoring of GEO CHIP appointments, usage and reports