

 BAY OF PLENTY DISTRICT HEALTH BOARD HAUORA A TOI CLINICAL PRACTICE MANUAL	TELEPHONE TRIAGE	Protocol CPM.M5.29
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PURPOSE

This procedure provides guidance for the management of telephone triage contacts in Mental Health & Addiction Services (MH&AS) by ensuring that all calls are appropriately responded to by staff qualified to undertake the activity and documented in a timely manner.

STANDARDS

1. MH&AS will employ suitably qualified and experienced clinical staff to undertake telephone triage activities.
2. Staff employed to undertake telephone triage activities will abide by the [Professional Standards for Telenursing Practice \(2000\)](#)
3. Staff will ensure that the advice given is knowledge based and given in a legal, ethical and culturally safe manner by working within their relevant professional guidelines .e.g. Nursing Council and NZNO guidelines. The Privacy Act 1993 and the Code of Health & Disability Consumers Rights 1994 must be observed at all times
4. Telephone triage activity augments, not replaces, existing health care services by enhancing optimum access and, where appropriate and necessary, provides immediate access to health care services.

STANDARDS TO BE MET

1. During incoming and outgoing triage calls, a preliminary assessment is to be undertaken. This will include:
 - Identification of the caller and relationship to a person of concern.
 - Specific concerns of the person phoning, safety and risk information.
 - Exploration of the current situation and what has led to this situation developing.
 - An assessment as to the acuity / urgency of response required.
 - The person's willingness to engage with MHAS, and their current location.
 - Exploration of previous history, contact with MHAS.
 - General advice regarding Mental Health Act processes if applicable.
 - Brief / supportive intervention focused on resolution of immediate concerns.
2. Referrals / callers are prioritised for urgency/risk, (refer to [MHAS.A1.53 Triage Scale](#)). Referrals deemed to be crisis / acute will be phone triaged and or followed up by Crisis Workers allocated to the relevant MH&AS service.
3. The required level of response is facilitated including identification of the appropriate services / staff to facilitate further assessment and treatment if necessary.
4. If the urgency remains high the referral will be discussed in a timely fashion with the Crisis service and / or team clinicians and allocated to the most appropriate and available clinician(s) for further assessment
5. Documentation
 - 5.1. Complete documentation of calls and telephone triage activities in accordance with BOPDHB policy 2.5.2 Health Records protocol 1 Health Records Standards.

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Protocol Steward: Quality & Patient Safety Coordinator, MH&AS	Authorised by: Medical Director	

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REFERENCES

- Health & Disability Services Standard, NZS 8134:2008
- Nationwide Service Specification – Mental Health Services: General Requirements. Ministry of Health, 2001
- Privacy Act 1993
- Code of Health & Disability Consumers Rights 1994
- Wheeler S.D & Siebelt B (1997). Calling all Nurses: How to Perform Telephone Triage. Nursing 97, 27(7) 37-41
- Guidelines for Telenursing Practice Registered Nurses' Association of Nova Scotia. Canada. 2000
- [Professional Standards for TeleNursing Practice, Nursing Council of New Zealand 2000.](#)

ASSOCIATED DOCUMENTS

- [Bay of Plenty District Health Board policy 2.5.2 protocol 1 Health Records Standards](#)
- [Bay of Plenty District Health Board Clinical Practice Manual protocol CPM.M5.25 Referrals](#)
- [Bay of Plenty District Health Board Clinical Practice Manual protocol CPM.M5.10 Assessment](#)
- [Bay of Plenty District Health Board Clinical Practice Manual protocol CPM.M7.3 Adult Community Mental Health - Intake](#)
- [Bay of Plenty District Health Board Clinical Practice Manual protocol CPM.M8.1 Access and Referral to Mental Health for Older People Service](#)

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