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Evaluation of POPGUNS: a tool to improve quality and safety of triage decisions by general practice receptionists

Submission date
26/07/2016

Recruitment status
No longer recruiting

Registration date
22/08/2016

Overall study status
Completed

Last Edited
26/08/2016

Condition category
Other

[ ] Prospectively registered
[ ] Protocol
[ ] Statistical analysis plan
[ ] Results
[ ] Individual participant data
[ ] Record updated in last year

Plain English summary of protocol

Background and study aims
Receptionists in general practice frequently need to prioritise different patients according to their clinical needs; but there are few tools to assist receptionists with no clinical training to do this. This study aims to assess whether or not a quality improvement tool (POPGUNS - Prioritisation of Patients: A Guide for Non-Clinicians) improves the quality of receptionists' prioritisation decisions. The tool is a graphic aid and protocol to prioritising the types of conditions which should be met with actions ranging from immediate (transfer to hospital or see at once) to non-urgent (see in a few days). The protocol includes a set of questions for the receptionist to ask, and a training manual for the practice.

Who can participate?
Receptionists who haven’t been clinically trained working in general practices in rural and urban New South Wales and Australian Capital Territory.

What does the study involve?
Practices are randomly allocated to one of two groups. Those in group 1 (intervention) are provided with the POPGUNS decision protocol and explanatory booklet. They are also visited by a member of the research team and attend a education session which outlines how to use the protocol before they start implementing it. Those in group 2 (control) are given information on how to prioritise patients according to usual practice. Receptionists in participating practices will be asked to undertake a questionnaire at the start of the study giving their responses to eight clinical scenarios, discussing their prioritisation decisions. After four months, receptionists are asked to complete a follow-up questionnaire on their responses to a further eight clinical scenarios, which have been matched for acuity to the cases in the first questionnaire.

What are the possible benefits and risks of participating?
This study may benefit participants by helping them prioritize decisions easier and more consistently within a practice. It may also improve the safety of patient care, and patients' satisfaction with the service. There are few risks associated with this study, as the results of receptionists' questionnaires will be kept confidential by the study team.

Where is the study run from?
The data is collected and analysed at Rural Clinical School, Medical School, Australian National University.

When is the study starting and how long is it expected to run for?
June 2009 to November 2015

Who is funding the study?
Australian Rotary Research

Who is the main contact?
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Study information

Scientific Title
Cluster randomised trial of POPGUNS (Prioritisation of Patients: A Guide for Non-Clinical Staff) in general practice, assessing effect on safety and quality of triage decisions by general practice receptionists

Acronym
POPGUNS

Study objectives
The safety and quality of prioritisation decisions made by general practice receptionists in response to patients requesting appointments can be improved by using a tool designed to assist non-clinicians to differentiate responses according to to levels of clinical urgency.

Ethics approval required
Old ethics approval format

Ethics approval(s)
1. Australian National University Human Research Ethics Committee, 06/02/2008, ref: 2008/005
2. Royal Australian College of General Practitioners Human Research Ethics Committee

Primary study design
Interventional

Study design
Unblinded multi-centre pragmatic cluster-randomised trial

Study type(s)
Other

Health condition(s) or problem(s) studied
Prioritisation decisions by general practice receptionists

Interventions
Practices are randomly allocated to one of two groups.

Intervention group: Practices are provided with the POPGUNS decision protocol and the explanatory booklet. All intervention practices are visited by a member of the research team and provided with an education session outlining use of the protocol as recommended by the development team. This meeting targets all staff in the practice who might have input or reflections on the appointment process, or clinical responsibility. The protocol supports decisions about timely access to medical assessment and care, based on a description of the presenting problem. It does not propose that reception staff will make clinical decisions about diagnosis, care or treatment, but rather how quickly the patient needs to see someone who can do this.
The intervention consists of the use of POPGUNS by receptionists in response to requests for appointments. The tool guides them through a series of questions and then allocates them to a priority category.
There are four components to the POPGUNS decision support process:

1. A series of basic questions to ascertain the nature of the problem and any specific circumstances relating to the patient
2. Categorization of the urgency or seriousness of the problem, which determines the action to be taken
3. Follow up actions including documentation and communication
4. First aid advice which can be given in certain instances, at the discretion of the employing GPs

Control group: Practices are provided with a copy of the RACGP accreditation standard (RACGP 2007) for 'scheduling care in opening hours', which describes minimum arrangements practices should institute to accommodate requests for access to care, if they wish to achieve accreditation. As most practices in Australia are accredited [at least 66%, based on Practice Incentives Program statistics (Medicare Australia 2010)] this was viewed as a universally available outline of acceptable 'usual practice'.

Participants are followed up after 4 months, at which time their triaging skills are assessed by their responses to hypothetical but representative patient scenarios.

Intervention Type
Behavioural

Primary outcome(s)
Triaging practice by receptionists is assessed by self-reported response to hypothetical but representative patient scenarios, reflecting a range of matched acuity (or urgency) levels measured at baseline and at 4 months.

Key secondary outcome(s)
1. Patient satisfaction is measured using the Patient Satisfaction Questionnaire (Access and General Satisfaction subscales) at 4 months
2. Intra-practice consistency in rating between receptionists within a practice is measured by comparing variation between ratings of urgency accorded to a scenario between receptionists at baseline and at 4 months
3. Confidence of reception staff in decision-making is measured using self-report on a Likert scale at baseline and 4 months

Completion date
30/11/2015

Eligibility

Key inclusion criteria
Receptionist inclusion criteria:
1. General practice receptionists
2. Have not had any clinical training

Practice inclusion criteria:
must have more than 2 receptionists.

Participant type(s)
Mixed

Healthy volunteers allowed

No

Age group
Adult

Sex
All

Key exclusion criteria
General practice receptionists who have had clinical training.

Date of first enrolment
01/04/2011

Date of final enrolment
12/12/2012

Locations

Countries of recruitment
Australia

Study participating centre
Rural Clinical School, Medical School, Australian National University
Rural Clinical School
54 Mills St
Australian National University
Canberra
Australia
2601

Sponsor information

Organisation
Rural Clinical School, Medical School, Australian National University

ROR
https://ror.org/019wvm592

Funder(s)

Funder type
Charity

Funder Name
Australian Rotary Health

Results and Publications

Individual participant data (IPD) sharing plan

IPD sharing plan summary
Available on request

Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
Participant information sheet		19/08/2016	22/08/2016	No	Yes