

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	<input type="checkbox"/> Prospectively registered <input type="checkbox"/> Protocol
Registration date 22/08/2016	Overall study status Completed	<input type="checkbox"/> Statistical analysis plan <input type="checkbox"/> Results
Last Edited 26/08/2016	Condition category Other	<input type="checkbox"/> Individual participant data <input type="checkbox"/> Record updated in last year

Plain English Summary

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?

1. Dr Christine Philips (public)
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Type(s)

Public

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Additional identifiers

EudraCT/CTIS number

IRAS number

ClinicalTrials.gov number

Secondary identifying numbers

N/A

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 hypothesis

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 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

Study design

Unblinded multi-centre pragmatic cluster-randomised trial

Primary study design

Interventional

Secondary study design

Cluster randomised trial

Study setting(s)

GP practice

Study type(s)

Other

Participant information sheet

See additional files

Condition

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 measure

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.

Secondary outcome measures

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

Overall study start date

30/06/2009

Overall study end date

30/11/2015

Eligibility

Participant 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

Age group

Adult

Sex

Both

Target number of participants

12 practices with at least two receptionists.

Participant exclusion criteria

General practice receptionists who have had clinical training.

Recruitment start date

01/04/2011

Recruitment end date

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

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Sponsor information

Organisation

Rural Clinical School, Medical School, Australian National University

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Sponsor type

University/education

Website

<http://medicalschooll.anu.edu.au/>

ROR

<https://ror.org/019wvm592>

Funder(s)

Funder type

Charity

Funder Name

Australian Rotary Health

Results and Publications

Publication and dissemination plan

Planned publication in a high-impact peer reviewed journal late 2016.

Intention to publish date

31/12/2016

Individual participant data (IPD) sharing plan

IPD sharing plan summary

Available on request

Study outputs

Output type

[Participant information sheet](#)

Details

Date created

19/08/2016

Date added

22/08/2016

Peer reviewed?

No

Patient-facing?

Yes