

**Supplementary File 4.5: Survey two results**

General protocol and content related suggestions for triaging older adults  $\geq 65$  years of age seeking unplanned care over the telephone.

<u>Item</u>	<u>Relevance</u>										<u>Consensus status</u>
	Not relevant at all		Somewhat relevant		Quite relevant		Extremely relevant		Total		Yes/no (positive/negative)
	n	(%)	n	(%)	n	(%)	n	(%)	N	(%)	
<u>General protocol related suggestions</u>											
1. Use of identical protocols for triaging younger- (65-74 years), mid- (75-84 years), and older- ( $\geq 85$ years) older adults	3	(30)	3	(30)	3	(30)	1	(10)	10	(100)	No
2. Development of new protocols for triaging adults (18-64 years) versus older adults ( $\geq 65$ years) (as an alternative to the existing ones for that now already exist for triaging all ages)	2	(20)	3	(30)	5	(50)	0	(0)	10	(100)	No
3. New modules in protocols for geriatric older adults	1	(10)	2	(20)	5	(50)	2	(20)	10	(100)	Yes (negative)
4. New specific protocols for geriatric older adults	0	(0)	4	(40)	4	(40)	2	(20)	10	(100)	No
5. New general protocols for only older adults ( $\geq 65$ years)	2	(20)	5	(50)	2	(20)	1	(10)	10	(100)	Yes (positive)
<u>General content related suggestions</u>											

1. Functional decline (i.e. ADL)	2	(20)	3	(30)	2	(20)	3	(30)	10	(100)	No
2. Cognitive decline	0	(0)	3	(30)	3	(30)	4	(40)	10	(100)	Yes (positive)
3. Relevant patient history	0	(0)	3	(30)	3	(30)	4	(40)	10	(100)	Yes (positive)
4. Medication intake and recent changes related to medication intake	1	(10)	3	(30)	3	(30)	3	(30)	10	(100)	No
5. Residence and living situation (living in homecare, with partner, family, etc)	1	(10)	2	(20)	4	(40)	3	(30)	10	(100)	No
6. Level of support from informal caregivers (i.e. if living alone, with partner, with informal caregiver)	1	(10)	3	(30)	4	(40)	2	(20)	10	(100)	No

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Note: *ADL*= Activities of daily living

Protocol on “Breathing Difficulties”

<u>Item</u>	<u>Relevance</u>										<u>Consensus status</u>
	Not relevant at all		Somewhat relevant		Quite relevant		Extremely relevant		Total		Yes/no (positive/negative)
	n	(%)	n	(%)	n	(%)	n	(%)	N	(%)	
1. Symptoms specific for older adults/geriatric patients	1	(10)	1	(10)	6	(60)	2	(20)	10	(100)	Yes (positive)
2. Coughing	1	(10)	4	(40)	4	(40)	1	(10)	10	(100)	No
3. Coloured sputa	1	(10)	3	(30)	4	(40)	2	(20)	10	(100)	No
4. Fever	0	(0)	4	(40)	3	(30)	3	(30)	10	(100)	No
5. Symptoms related to heart failure	0	(0)	1	(10)	4	(40)	5	(50)	10	(100)	Yes (positive)

Protocol on “Non-Traumatic Abdominal Pain”

<u>Item</u>	<u>Relevance</u>										<u>Consensus status</u>
	Not relevant at all		Somewhat relevant		Quite relevant		Extremely relevant		Total		Yes/no (positive/negative)
	n	(%)	n	(%)	n	(%)	n	(%)	N	(%)	
1. History about previous aneurysm	0	(0)	4	(40)	4	(40)	2	(20)	10	(100)	No
2. Abnormal aorta aneurism (need to exclude this)	0	(0)	5	(55.6)	2	(22.2)	2	(22.2)	9	(100)	No
3. Alertness	0	(0)	4	(40)	3	(30)	3	(30)	10	(100)	No
4. Hydration level	1	(10)	2	(20)	6	(60)	1	(10)	10	(100)	Yes (positive)
5. Diarrhea	0	(0)	4	(40)	5	(50)	1	(10)	10	(100)	No
6. Pain severity	0	(0)	4	(40)	3	(30)	3	(30)	10	(100)	No

Protocol on “Unwell for no apparent reason”

<u>Item</u>	<u>Relevance</u>										<u>Consensus status</u>
	Not relevant at all		Somewhat relevant		Quite relevant		Extremely relevant		Total		Yes/no (positive/negative)
	n	(%)	n	(%)	n	(%)	n	(%)	N	(%)	
1. Unwellness (for no apparent reason) in older adults ≥ 65	2	(20)	3	(30)	3	(30)	2	(20)	10	(100)	No
2. Fever without focus in older adults ≥ 65 (i.e high temperature as the only presenting feature)	0	(0)	5	(50)	1	(10)	4	(40)	10	(100)	No
3. Acute confusion in older adults ≥ 65	0	(0)	1	(10)	6	(60)	3	(30)	10	(100)	Yes (positive)
4. Pain and mobility in older adults ≥ 65	1	(10)	3	(30)	4	(40)	2	(20)	10	(100)	No
5. Atypical symptoms in older adults ≥ 65	2	(20)	3	(30)	2	(20)	3	(30)	10	(100)	No
6. Fever and length of fever	1	(10)	3	(30)	4	(40)	2	(20)	10	(100)	No
7. Voluntary stopping of eating and drinking	0	(0)	4	(40)	5	(50)	1	(10)	10	(100)	No
8. Dysregulated blood pressure	1	(1)	4	(40)	5	(50)	0	(0)	10	(100)	No
9. Temperature and urinary retention (related to confusion)	0	(0)	3	(33.3)	1	(11.1)	5	(55.6)	9	(100)	No

Protocol on "Trauma"

<u>Item</u>	<u>Relevance</u>								<u>Consensus status</u>		
	Not relevant at all		Somewhat relevant		Quite relevant		Extremely relevant		Total	Yes/no (positive/negative)	
	n	(%)	n	(%)	n	(%)	n	(%)	N	(%)	
1. Fall in older adults $\geq$ 65	0	(0)	1	(10)	5	(50)	4	(40)	10	(100)	Yes (positive)
2. Location of injury	0	(0)	3	(30)	5	(50)	2	(20)	10	(100)	Yes (positive)
3. Reason for fall	0	(0)	1	(10)	5	(50)	4	(40)	10	(100)	Yes (positive)
4. Determining level of urgency and if for a low urgency case there is a possibility to dispatch GP for home visit (rather than immediate hospital visit) following fall in older adults	0	(0)	3	(30)	3	(30)	4	(40)	10	(100)	Yes (positive)

Note: GP= General Practitioner

Protocol on “Cardiac arrest – deceased”

<u>Item</u>	<u>Relevance</u>										<u>Consensus status</u>
	Not relevant at all		Somewhat relevant		Quite relevant		Extremely relevant		Total		Yes/no (positive/negative)
	n	(%)	n	(%)	n	(%)	n	(%)	N	(%)	
1. Nature of death (patient in a palliative setting, expected vs unexpected death, do not resuscitate, etc)	0	(0)	2	(20)	1	(10)	7	(70)	10	(100)	Yes (positive)
2. Practical questions to better evaluate whether to dispatch MUG or GP (i.e. If the patient is in a palliative care setting or DNR code, should there be an option to send GP (rather than MUG)?)	0	(0)	0	(0)	3	(30)	7	(70)	10	(100)	Yes (positive)

Note: *GP*= General Practitioner; *DNR*= Do Not Resuscitate; *MUG* = Mobile Emergency Group

Protocol on "Urogenital problems"

<u>Item</u>	<u>Relevance</u>										<u>Consensus status</u>
	Not relevant at all		Somewhat relevant		Quite relevant		Extremely relevant		Total		Yes/no (positive/negative)
	n	(%)	n	(%)	n	(%)	n	(%)	N	(%)	
1. Problems with use of other medical devices in older adults ≥ 65 (i.e. use of urinary catheter, stomach catheter, etc).	0	(0)	4	(40)	5	(50)	1	(10)	10	(100)	No
2. Urinary incontinence (i.e. is it the first time, how long since start of problem, blood in urine)	0	(0)	3	(30)	6	(60)	1	(10)	10	(100)	Yes (positive)
3. Urinary overflow	1	(10)	2	(20)	3	(30)	4	(40)	10	(100)	Yes (positive)
4. Possibility to send patient a GP for home visit (rather than only immediate hospital visit) following urinary retention for 6hrs and more	2	(20)	1	(10)	3	(30)	4	(40)	10	(100)	Yes (positive)
5. Removal of questions related to temperature and urinary retention from this protocol and added to "confusion" protocol instead	6	(60)	1	(10)	2	(20)	1	(10)	10	(100)	Yes (negative)

Note: GP= General Practitioner



Protocol on “Cardiac problem other than thoracic pain”

<u>Item</u>	<u>Relevance</u>										<u>Consensus status</u>
	Not relevant at all		Somewhat relevant		Quite relevant		Extremely relevant		Total		Yes/no (positive/negative)
	n	(%)	n	(%)	n	(%)	n	(%)	N	(%)	
1. Swollen leg in older adults ≥ 65	3	(30)	4	(40)	1	(10)	2	(20)	10	(100)	Yes (negative)
2. Shortness of breath in older adults ≥ 65	2	(20)	3	(30)	2	(20)	3	(30)	10	(100)	No
3. Irregular heart palpitations in older adults ≥ 65	2	(20)	6	(60)	1	(10)	1	(10)	10	(100)	Yes (negative)
4. Respiratory problems in older adults ≥ 65	2	(20)	5	(50)	1	(10)	2	(20)	10	(100)	Yes (negative)
5. Possibility to push dimple into swollen leg (possibly indicating heart failure)	2	(20)	4	(40)	3	(30)	1	(10)	10	(100)	No
6. Possibility to push dimple into leg given shortness of breath	1	(10)	3	(30)	6	(60)	0	(0)	10	(100)	No
7. Orthostatic hypotension	1	(10)	6	(60)	3	(30)	0	(0)	10	(100)	Yes (negative)
8. Addition of swollen legs complaint to protocol for hot/cold limbs	1	(11.1)	3	(33.3)	2	(22.2)	3	(33.3)	9	(100)	No
9. Adapting current 1733 protocol for "syncope" to broader guidelines for “transit loss of consciousness” (as recently adapted by the	2	(22.2)	4	(44.4)	3	(33.3)	0	(0)	9	(100)	No



Protocol on "Nose-throat-ear-tooth"

<u>Item</u>	<u>Relevance</u>										<u>Consensus status</u>
	Not relevant at all		Somewhat relevant		Quite relevant		Extremely relevant		Total		Yes/no (positive/negative)
	n	(%)	n	(%)	n	(%)	n	(%)	N	(%)	
1. Tooth problems for all ages (separate from nose-throat-ear protocol)	5	(50)	1	(10)	3	(30)	1	(10)	10	(100)	No
2. Location of pain	1	(10)	4	(40)	3	(30)	2	(20)	10	(100)	No
3. Problems related to swallowing foods	1	(11.1)	1	(11.1)	5	(55.6)	2	(22.2)	9	(100)	Yes (positive)
4. Clarification of GP's role for patients with tooth problems (whether there should be a possibility to dispatch patient to an on-call dentist)	0	(0)	1	(11.1)	2	(22.2)	6	(66.7)	9	(100)	Yes (positive)

Note: GP= General Practitioner

Protocol on “Hot or cold limb”

<u>Item</u>	<u>Relevance</u>										<u>Consensus status</u>
	Not relevant at all		Somewhat relevant		Quite relevant		Extremely relevant		Total		Yes/no (positive/negative)
	n	(%)	n	(%)	n	(%)	n	(%)	N	(%)	
1. Swollen legs joints for all ages	2	(20)	3	(30)	3	(30)	2	(20)	10	(100)	No
2. Pain severity and changes in pain severity when lifting leg up and down (in the case of painful leg)	0	(0)	6	(60)	2	(20)	2	(20)	10	(100)	No
3. Integration of swollen legs or joints complaint into current protocol for hot or cold limb	1	(10)	4	(40)	3	(30)	2	(20)	10	(100)	No

Protocol on “Non-traumatic back pain”

<u>Item</u>	<u>Relevance</u>								<u>Consensus status</u>		
	Not relevant at all		Somewhat relevant		Quite relevant		Extremely relevant		Total		Yes/no (positive/negative)
	n	(%)	n	(%)	n	(%)	n	(%)	N	(%)	
1. Location and severity of pain (to exclude potential diagnosis of a rupturing aneurysm)	1	(10)	3	(30)	3	(30)	3	(30)	10	(100)	No
2. Back problems	1	(11.2)	4	(44.4)	4	(44.4)	0	(0)	9	(100)	No

General suggestions related to inclusion of other first-line healthcare professionals within the 1733 unplanned care process

<u>Item</u>	<u>Relevance</u>								<u>Total</u>		<u>Consensus status</u>
	Not relevant at all		Somewhat relevant		Quite relevant		Extremely relevant		Total		Yes/no (positive/negative)
	n	(%)	n	(%)	n	(%)	n	(%)	N	(%)	
1. Added value for 1733 telephone operators to triage calls to a GP for further consultation (when necessary)	1	(10)	2	(20)	6	(60)	1	(10)	10	(100)	Yes (positive)
2. Inclusion of first-line healthcare professionals within the unplanned care process such as dentists	0	(0)	3	(30)	2	(20)	5	(50)	10	(100)	Yes (positive)
3. Inclusion of first-line healthcare professionals within the unplanned care process such as home care nurses	0	(0)	4	(40)	3	(30)	3	(30)	10	(100)	No
4. Inclusion of first-line healthcare professionals within the unplanned care process such as psychologists	1	(10)	3	(30)	3	(30)	3	(30)	10	(100)	No

Note: GP= General Practitioner