

Supplementary Table 4.6: Consensus meeting results

General protocol and content related suggestions for triaging older adults ≥ 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- (≥ 85 years) older adults	0	(0)	0	(0)	3	(38)	5	(63)	8	(100)	Yes (negative)
2. Development of new protocols for triaging adults (18-64 years) versus older adults (≥ 65 years) (as an alternative to the existing ones for that now already exist for triaging all ages)	6	(75)	2	(25)	0	(0)	0	(0)	8	(100)	Yes (negative)
3. New modules in protocols for geriatric older adults	Consensus obtained during survey two										Yes (negative)
4. New specific protocols for geriatric older adults	0	(0)	0	(0)	3	(38)	5	(63)	8	(100)	Yes (positive)
5. New general protocols for only older adults (≥ 65 years)	Consensus obtained during survey two										Yes (positive)
<u>General content related suggestions</u>											
1. Functional decline (i.e. ADL)	3	(38)	5	(63)	0	(0)	0	(0)	8	(100)	Yes (negative)

2. Cognitive decline			Consensus obtained during survey two								Yes (positive)
3. Relevant patient history			Consensus obtained during survey two								Yes (positive)
4. Medication intake and recent changes related to medication intake	0	(0)	1	(13)	6	(75)	1	(13)	8	(100)	No
5. Residence and living situation (living in homecare, with partner, family, etc)	0	(0)	0	(0)	2	(25)	6	(75)	8	(100)	Yes (positive)
6. Level of support from informal caregivers (i.e. if living alone, with partner, with informal caregiver)	0	(0)	0	(0)	2	(25)	6	(75)	8	(100)	Yes (positive)

Note: See Supplementary Table 4.5 for items with consensus obtained during survey two; *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	Consensus obtained during survey two									Yes (positive)	
2. Coughing	0	(0)	1	(13)	2	(25)	5	(63)	8	(100)	Yes (positive)
3. Coloured sputa	0	(0)	0	(0)	1	(13)	7	(88)	8	(100)	Yes (positive)
4. Fever	Excluded from final round table discussion ¹									N/A	
5. Symptoms related to heart failure	Consensus obtained during survey two / Excluded from final round table discussion ¹									Yes (positive)	

Note: See Supplementary Table 4.5 for items with consensus obtained during survey two; ¹suggestions included in new 1733 protocols; N/A: not applicable

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	2	(25)	5	(63)	0	(0)	2	(25)	8	(100)	Yes (negative)
2. Abnormal aorta aneurism (need to exclude this)			Excluded from final round table discussion ¹								N/A
3. Alertness			Excluded from final round table discussion ¹								N/A
4. Hydration level			Consensus obtained during survey two								Yes (positive)
5. Diarrhea			Excluded from final round table discussion ¹								N/A
6. Pain severity			Excluded from final round table discussion ¹								N/A

Note: See Supplementary Table 4.5 for items with consensus obtained during survey two; ¹suggestions included in new 1733 protocols; N/A: not applicable

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	5	(63)	3	(38)	0	(0)	0	(0)	8	(100)	Yes (positive)
2. Fever without focus in older adults ≥ 65 (i.e high temperature as the only presenting feature)	0	(0)	0	(0)	0	(0)	8	(100)	8	(100)	Yes (positive)
3. Acute confusion in older adults ≥ 65	Consensus obtained during survey two									Yes (positive)	
4. Pain and mobility in older adults ≥ 65	0	(0)	0	(0)	1	(12.5)	7	(87.5)	8	(100)	Yes (positive)
5. Atypical symptoms in older adults ≥ 65	8	(100)	0	(0)	0	(0)	0	(0)	8	(100)	Yes (negative)
6. Voluntary stopping of eating and drinking	0	(0)	4	(50)	4	(50)	0	(0)	8	(100)	No
7. Dysregulated blood pressure	1	(12.5)	7	(87.5)	0	(0)	0	(0)	8	(100)	Yes (negative)
8. Temperature and urinary retention (related to confusion)	0	(0)	0	(0)	0	(0)	8	(100)	8	(100)	Yes (positive)

Note: See Supplementary Table 4.5 for items with consensus obtained during survey two; ¹voting dismissed due to similarity with item 2.

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 ≥ 65	Consensus obtained during survey two								Yes (positive)		
2. Location of injury	Consensus obtained during survey two								Yes (positive)		
3. Reason for fall	Consensus obtained during survey two								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	Consensus obtained during survey two								Yes (positive)		

Note: See Supplementary Table 4.5 for items with consensus obtained during survey two.

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)											Consensus obtained during survey two	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)?)											Consensus obtained during survey two	Yes (positive)

Note: See Supplementary Table 4.5 for items with consensus obtained during survey two; *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)	0	(0)	1	(12.5)	7	(87.5)	8	(100)	Yes (positive)
2. Urinary incontinence (i.e. is it the first time, how long since start of problem, blood in urine)	Consensus obtained during survey two										Yes (positive)
3. Urinary overflow	Consensus obtained during survey two										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	Consensus obtained during survey two										Yes (positive)
5. Removal of questions related to temperature and urinary retention from this protocol and added to "confusion" protocol instead	Consensus obtained during survey two										Yes (negative)

Note: See Supplementary Table 4.5 for items with consensus obtained during survey two.

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											Consensus obtained during survey two	Yes (negative)
2. Shortness of breath in older adults ≥ 65	2	(25)	3	(37.5)	3	(37.5)	0	(0)	8	(100)		Yes (negative)
3. Irregular heart palpitations in older adults ≥ 65											Consensus obtained during survey two	Yes (negative)
4. Respiratory problems in older adults ≥ 65											Consensus obtained during survey two	Yes (negative)
5. Possibility to push dimple into swollen leg (possibly indicating heart failure)											Excluded from final round table discussion ¹	N/A
6. Possibility to push dimple into leg given shortness of breath	0	(0)	0	(0)	8	(100)	0	(0)	8	(100)		Yes (positive)
7. Orthostatic hypotension											Consensus obtained during survey two	Yes (negative)
8. Addition of swollen legs complaint to protocol for hot/cold limbs											Excluded from final round table discussion ¹	N/A
9. Adapting current 1733 protocol for "syncope" to broader guidelines for “transit loss of consciousness” (as recently adapted by the	0	(0)	0	(0)	5	(62.5)	3	(37.5)	9	(100)		Yes (positive)

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Note: See Supplementary Table 4.5 for items with consensus obtained during survey two; ¹suggestions included in new 1733 protocols; N/A: not applicable

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)	2	(25)	4	(50)	2	(25)	0	(0)	8	(100)	Yes (negative)
2. Location of pain	3	(37.5)	4	(50)	1	(12.5)	0	(0)	8	(100)	Yes (negative)
3. Problems related to swallowing foods	Consensus obtained during survey two										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)	Consensus obtained during survey two										Yes (positive)

Note: See Supplementary Table 4.5 for items with consensus obtained during survey two; *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	Excluded from final round table discussion ¹								N/A		
2. Pain severity and changes in pain severity when lifting leg up and down (in the case of painful leg)	2	(25)	6	(75)	0	(0)	0	(0)	8	(100)	Yes (positive)
3. Integration of swollen legs or joints complaint into current protocol for hot or cold limb	Excluded from final round table discussion ¹								N/A		

Note: See Supplementary Table 4.5 for items with consensus obtained during survey two; ¹suggestions included in new 1733 protocols; N/A: not applicable

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)	Excluded from final round table discussion ¹								N/A		
2. Back problems	Excluded from final round table discussion ¹								N/A		

Note: See Supplementary Table 4.5 for items with consensus obtained during survey two; ¹protocol excluded from final round table discussion due to panelist feedback that aneurysm is sufficiently highlighted in the survey within the scope of other protocols; N/A: not applicable

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

<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. Added value for 1733 telephone operators to triage calls to a GP for further consultation (when necessary)	Consensus obtained during survey two										Yes (positive)
2. Inclusion of first-line healthcare professionals within the unplanned care process such as dentists	Consensus obtained during survey two										Yes (positive)
3. Inclusion of first-line healthcare professionals within the unplanned care process such as home care nurses	0	(0)	0	(0)	0	(0)	8	(100)	8	(100)	Yes (positive)
4. Inclusion of first-line healthcare professionals within the unplanned care process such as psychologists	0	(0)	0	(0)	0	(0)	8	(100)	8	(100)	Yes (positive)

Note: See Supplementary Table 4.5 for items with consensus obtained during survey two; GP= General Practitioner