# fishing

# What is fishing?

Fishing occurs on an ongoing basis. Fishing involves a nurse or doctor reviewing the schedule of booked appointments a few days in advance to identify those appointments that can potentially be done by phone or email (see the Te Awakairangi Health Network virtual medicine guidelines), identify any pre-visit work that is needed, and highlight the pre-consult work that will need to be completed upon the patient’s arrival at the health centre, before their appointment. Fishing is a key way that the general practice team can manage demand for health care services. It creates more time in team members’ schedules, and more capacity for the practice as a whole, by making sure that patients’ health needs are met in the most efficient way.

One main way it does this is by identifying those patients who are booked for a face-to-face visit, but in fact could be dealt with just as well through virtual medicine (virtual consultation or virtual contact). This frees up time for those who do need a face-to-face consultation to have longer appointments. It also tends to create a more even work load. Currently, general practices tend to have around 13 to 15 patients booked per session, where one patient may take 5 minutes and another 20 minutes. Fishing will not remove this disparity all the time, but it will mean that simpler more-straightforward patient needs can be addressed through virtual medicine, leaving time for the more complex ones.

Fishing enables us to contact patients before their visits to arrange for any necessary work or investigations to be done before, or at the same time as, their appointment, e.g., a patient may request an appointment regarding ear ache, fishing can identify other screening matters and health needs that need addressing, and deal with them at the same time (currently, practices tend to either squeeze those extra matters in, or ask the patient to return at a later time to address them).. This aspect of fishing also applies to virtual consultations, as it is equally important that doctors have the up-front information they need for these visits, as it is for face-to-face ones. We recommend that fishing should be completed 2 to 5 days out from a given day of appointments, and then again on the actual day to capture any appointments that have been made in the interim.

# How to fish

Effective fishing relies on the chief complaint or reason for the appointment being captured when the appointment is made. Regardless of who makes the appointment (be it a receptionist, an administration person in a patient access centre or a clinical staff member), it is crucial that they ask the patient the reason for their appointment and record this in the schedule. (It is important to note though, that when the question is being asked by a non-clinical or administrative person, the patient must not feel obliged to give this information.)

The process of sorting through the appointments is generally completed by a nurse (although a general practitioner could also do it). The nurse will review the patient notes and identify those patients that could potentially have a virtual consultation or contact (for example follow-up visits, results visits) and those that must be face-to-face. They will then look for any outstanding recalls and investigations and, depending on the reason given for the visit, identify any work that can be completed before the appointment. They will also identify the pre-consult work that needs completing when the patient arrives for their appointment. (Note that there may be a particular need for pre-work for new patients and existing patients that have not been seen or had their health profile completed in past year.)

Any tasks identified from this process that can be completed without the need for clinical assessment or discussion can be handed to the medical centre assistant or the patient access centre to complete. Where there is any need to clarify clinical issues before the pre-work is arranged, or where a patient is being asked to change an appointment from a face-to-face to a virtual one (or vice versa), this must be done by a doctor or nurse.