HotDoc | WEBINAR

Right Care, Right Time: Triage Skills for General Practice Staff

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Australian Association of Practice Management
excellence in healthcare management

AAPM Approved 2025
5 CPD Points

Thur 13th November
12:30pm AEDT

In the spirit of reconciliation, HotDoc acknowledges the Traditional Custodians of country throughout Australia and their connections to land, sea and community.

We pay our respect to their Elders past and present and extend that respect to all Aboriginal and Torres Strait Islander peoples today.

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Housekeeping

- This session is being recorded & will be sent to you 4-6 hours after this session has concluded along with the resources.
- Use the Q&A tool on your screen to submit a questions through the session & we will address at the end.
- In the “related content” you’ll find our further feedback form.
- Your certificate of attendance will be accessible at the 40 min mark, you can access via the  certificate icon on your console.
- Have a play around with the console/ icons on your screen for an interactive experience.
- Please take some time to complete our feedback survey to let us know what you thought of today’s session.

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Learning Objectives

At the completion of this module, you should be able to:

1. Describe the basic principles of Triage and the importance of appropriate appointment management and documentation.
2. Identify the need for robust practice ‘systems’ - policies, procedures and guidelines to support triage strategies for safety and quality.
3. Recall the benefits of practice specific triage tools to assist staff in the appropriate Prioritisation of patients seeking access to care.

Triage

- General practice is the front door of the healthcare system.
- Patients present with a wide range of needs — from minor issues to time-critical emergencies.
- Because appointment availability, clinician workload, and patient clinical needs vary significantly, triage is required to ensure that the *right care is provided, by the right person, at the right time*.
- Triage in general practice is not about refusal of care — it is about prioritisation and risk management.

Triage

- General practice routinely operates with demand that **exceeds capacity,** with appointment books often being full before the day begins.

- By performing skilled Triage, it will ensure appointments will go first to those patients with **clinical need**, not just those who called early.

- Failure to appropriately Triage leaves us double booking, “squeezing” patient in, which results on added burden to our clinical team, and can cause long delays in existing bookings.

What is Triage?

Triage is the process of determining:

- Level of urgency
- Risk- delayed diagnosis or harm to patient.
- Most appropriate pathway of care

Triage most commonly occurs over the phone, or at the front desk, ***before*** the clinician has assessed the patient.

What is the goal of Triage?

We use Triage to ensure our patients with urgent or complex needs receive:

- Safe,
- Timely and
- *Appropriate* care

While others are guided to the right appointment type or alternative service.

Triage at a glance

Reason	Explanation
Clinical safety	Patients may present with symptoms that could indicate serious conditions (e.g., chest pain, stroke). Triage ensures urgent cases are acted on promptly.
Managing high demand	Demand often exceeds available appointments. Triage allows fair and clinically prioritised allocation of appointments.
Ensuring the right clinician	Some issues require GP, NP, nurse, mental health GP, telehealth, or referral elsewhere.
Meeting regulatory and accreditation standards	The RACGP Standards require practices to have a method for identifying emergencies and urgent care needs.
Supporting continuity of care	Triage helps match patients with their regular GP or care team when appropriate.
Efficient workflow	Prevents unnecessary double bookings and reduces wait times.

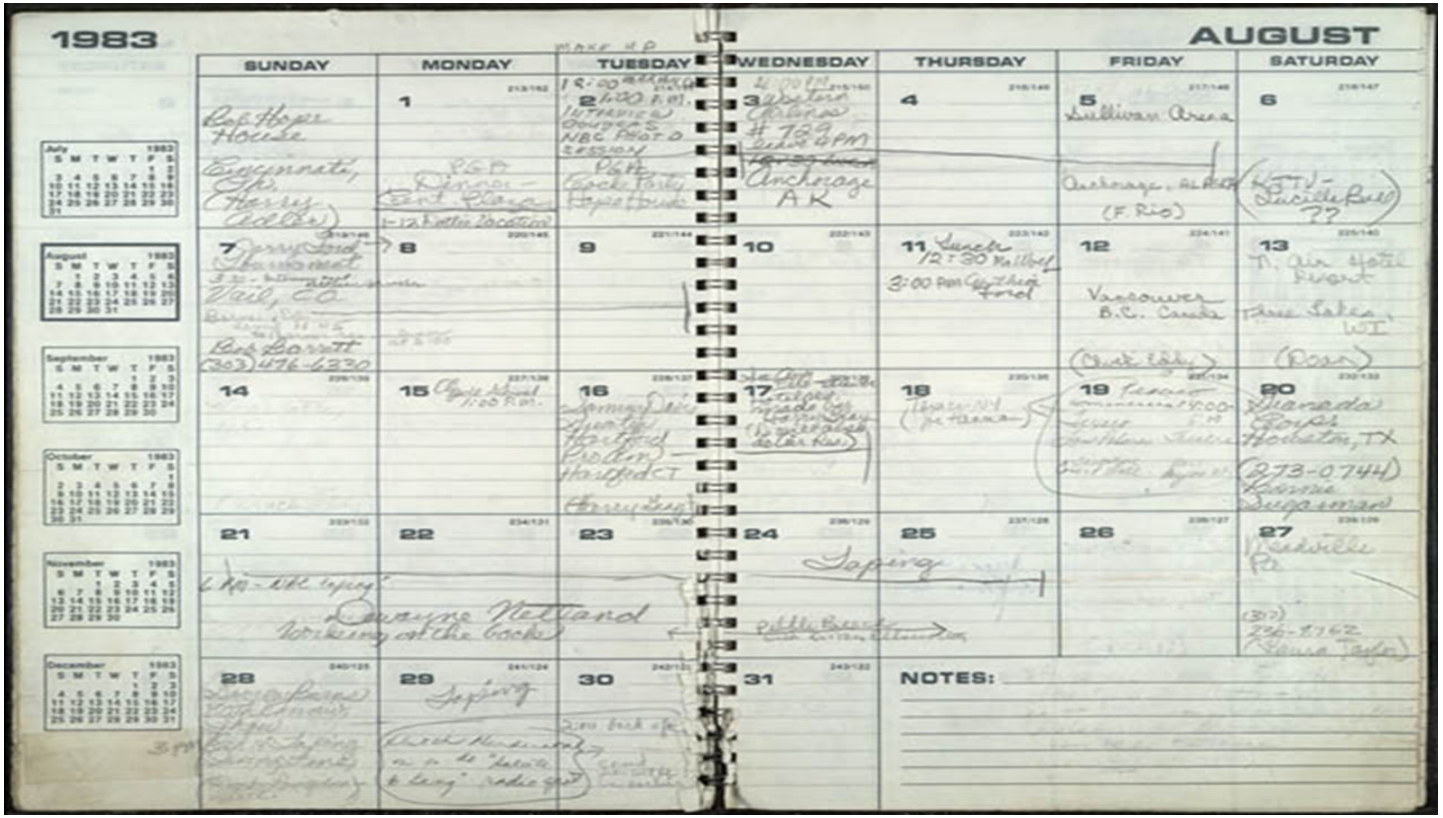
When does Triage Occur?

Occurs daily in interactions with all patients

- May be performed multiple times
  - When booking
  - Upon arrival
  - While waiting
  - After seeing the GP/Nurse

- It can be complicated by varying degree of skill amongst reception staff and lack of a consistent approach.

Why do we need to Triage?



What’s changed?

- Early discharge from hospital
- Chronic disease prevalence
- Pandemic or outbreaks
- Primary care now forefront of healthcare
- Accessible - emergency rooms long wait
- Ageing population
- Workforce shortage

Consider the following:

A mother rings at 10am Monday morning

"My son has a high temperature and a rash on his arms, and I need to see the doctor today"

- **What would happen in your clinic?**
- **Would you have an appointment available?**
- **What questions might you ask?**

Patient Perception of “Urgent”

Patient perception of urgency has a significant impact on how we triage

- What a patient feels is urgent does not always match the clinical urgency.

- Patients' urgency is usually based on:

    - Symptoms they find scary or unusual (chest pain)
    - Previous medical experiences- (past bad outcomes=hypervigilance)
    - Anxiety or health literacy (vague symptoms, difficulty describing)

Patient Perception of “Urgent”

Patients' perception influences:

- Tone and demand level when requesting appointment
  - Pressure to provide immediate appointments
  - Risk of over-triage (booking urgently when not required)
  - Risk of under-triage (missing something serious because patient downplays it)
- This is why clear triage scripts and decision-supportive frameworks are essential

What are the barriers to accessing care?

Shortage of GP's

- Not enough Doctors and long waits for appointments

Clinical Risks

- Varying levels of experience
  - Little or no Triage training
- No clearly documented processes

Litigation concerns

- Increasing pressure to identify presentations which may be urgent to avoid medico-legal action

Roles of the non- clinical team in Triage

Reception and administrative staff are **not diagnosing**, but they do:

- **Gather Information** using structured, consistent questions such as:
- “Can you please tell me what the appointment is regarding?”
- “Are you experiencing any pain or symptoms now?”
- “When did this start?”

The importance of asking questions

- When performing Triage, rehearsed scripts protect staff and maintain consistency.

- “So that we can make sure you get the right type of care as safely and quickly as possible, I need to ask what the appointment is regarding”.

- Some symptoms require urgent assessment, and our clinicians ask that we gather this information when booking.”

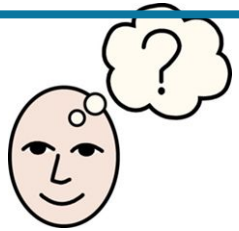
The importance of asking questions

If patient still refuses:

“That’s okay — I don’t need private details, just a general idea so I can make sure we schedule you correctly and safely.”

If still refusing:

“Without knowing the reason, I can only offer the next routine appointment. If your concern becomes urgent, please let us know immediately so we can reassess.”



How does triage work in your practice?

What guides decision making in relation to scheduling appointments?

Are there agreed policies, procedures or protocols in place?

What do the standards say?

Importance of documentation

- Accreditation standards require this
- Record details of discussions with patient and outcomes
- Reduces risk of medico-legal action
- Always finish with a disclaimer

Accreditation Requirements

- If your practice is accredited, you are required to have a triage policy

- Staff must be trained in practice process and have access to the triage policy of the practice.

Policy should include:

- Process of determining urgency:
  - When and how to seek medical treatment?
  - How the practice manages people with urgent needs?
  - What to do when clinical staff are not available?

RACGP Standards for General Practice (5th)

Criterion GP1.1B Our practice has a triage system.

You must prioritise patients according to urgency of need and **retain evidence of this**. You could:

- Have triage guidelines at the reception area
- Have a triage flowchart available
- Display a sign in the waiting area
- Show evidence that administrative staff members update the patient waiting list if there has been an emergency

RACGP Standards for General Practice (5th)

Criterion GP1.1C Our recorded phone message advises patients to call 000 in case of an emergency.

- Always ask patient if it is an emergency before putting them on hold and allow time for them to answer
- The practice team needs to be able to identify patients' needs and provide appropriate care
- Patients need to be referred to the right clinician to receive the right level of care within an appropriate period.
- Patients with urgent needs must be seen quickly.

RACGP Standards for General Practice (5th)

Criterion 8.1 – Education and training of non-clinical staff

- Our non-clinical staff complete training appropriate to their role and our patient population.
- Our administrative staff can provide evidence of training
- Administrative staff have a vital role in the provision of safe and quality care and therefore require training appropriate to their role.
- A practice that supports education and training of non-clinical staff fosters continuous improvement and risk management.'

Date of contact:	Time:	Staff Member:
Patient Name	Patient DOB:	
Patient Phone Number:	Regular patient: YES/NO	
Patient Address:	Emergency Contact:	
Patient: Telephoned □ Presented □		
Symptoms Described:		
Triage Category assigned: Emergency / Urgent / Interrupt / Today / 24 hours		
Action Recommended:		
Further Notes:		


Policy

Getting the team together

Triage policy should involve input from all staff

- Schedule a staff meeting with the purpose of creating your policy
- Ask practice team to list examples of different triage presentations and bring along to your meeting
- Discuss and develop accepted list
- Discuss appropriate management of most common presentations and document
- Develop series of questions for to guide reception staff.

Policy Content

- **Responsibilities**
  - Define the responsibilities of each discipline involved
  - GP
  - Practice Manager
  - Nurse
  - Reception

- **Procedure**
  - Document the procedure from beginning to end

- **Review date**
  - Policy should be reviewed yearly

Write the Policy

- Policy should be initially written in draft format for review
- Keep your goal in mind
- Use simple language
- Distribute to key staff for input and feedback

Once complete:

- Make available for all staff to read and sign off on
- Copies to be accessible for all staff and included in induction
- Set date for review

Key Points

A triage policy should be simple, practice specific and easy to read

- involve input from all staff.
- Regularly reviewed, particularly if an incident occurs as a result of the Triage process
- Include a series of specific questions to ask to determine urgency
- Provided to all staff and included in induction process

How does your appointment system influence access to care?

The Process of Triage

Does your practice:

- Book without hesitation until full booked?
- Triage all calls to determine urgency?

- Importance of asking the right questions to direct the appointment making process regardless of whether you do or don't have any available appointments.

The Process of Triage

If you are fully booked what is your procedure?

- Do you:

A) Apologise and tell the caller you are unable to assist them as you are booked out?

B) Double book or “squeeze them in”?

C) Ask them “ do you need to see someone today, or could I offer you something tomorrow”?

D) Direct them to a more relevant service provider?

- Asking questions puts the onus on the patient to identify the urgency

What does a good appointment system look like?

- A good appointment system is essential to minimize the need to triage
- Adequate allocation of emergency or on the day appointments to ensure access
- Ability to offer different types of appointments to meet demand
- Flexible
- Protects the clinicians from burn out, ensuring adequate breaks and minimal double bookings

Appointments- not enough!

Workforce shortage-

- not enough GPs
- Increasing unexpected absence due to isolating or caring for families

Pandemics or outbreak

- Impact on appointments
- Vaccinations
- Booking routine reviews in advance

Failure to/ lack of appropriate Triage resulting in full appointment books.

What can we do?

- Reduce routine appointment allocation on your busiest days or when you have least staff
    - Cervical Screening
    - Chronic Disease/Care Planning
    - Ear Syringes
    - Childhood immunisations
- Rostering one GP each day to manage phone calls and urgent cases
    - Can be done through treatment room
- 70% of appointment book should be advanced bookings
- 30% left for on the day

Triage – where do you begin?

Does this patient need to be seen urgently?

Roles of the non- clinical team in Triage

Prioritise/Route of access. Based on protocols, you can decide if the patient needs:

- Same-day appointment
- Nurse assessment first?
- GP, NP, telehealth or in-person?
- Urgent escalation to ambulance or ED?

Roles that performs Triage

Team Member	Role in Triage
Reception / Non-Clinical Staff	Gather information, identify red flags, prioritise and route, follow protocols.
Practice Nurses	Provide clinical triage, assessment, urgent care support, and escalation.
General Practitioners	Make final decisions regarding clinical urgency, treatment pathways, and follow-up.
Practice Manager	Oversees systems, training, and risk protocols.

Key Safety rules for Reception Staff

Rule	Explanation
You are not diagnosing	You are *identifying risk* and routing safely
If in doubt → escalate	Never guess.
Always use clear documentation	Protects patient & practice.
Use calm, confident tone	Helps patient feel safe and heard.

Roles of the non- clinical team in Triage

Communicate Clearly

This includes:

- Explaining why you are asking questions
- Setting transparent expectations about wait times
- Providing reassurance and respectful language

Document and record

- Accurate note-taking protects patients and the practice e.g.
- “Patient reports chest tightness since 9am; feeling dizzy; advised immediate ED — 000 called.”

Non Clinical Triage- Step-by-Step

Initial Contact:

- Patient phones or arrives at reception

  - **Information gathering**: Staff ask series of structured questions using *approved* scripts or triage tools

  - **Red Flag Screening**: Staff compare patient information/symptoms against *red flag checklist*

Non Clinical Triage- Step-by-Step

Decision pathway:

No red flags:

- Proceed with standard appointment allocation based on need

Possible Red Flag:

- Immediately transfer to nurse/GP for clinical triage

Clear Emergency:

Instruct to call 000 (or call on patients' behalf if on site)

Documentation

- Detailed notes added to record or appointment booking
- Handover/Communication: If escalated, staff ensure sufficient handover to clinician

Roles of the non- clinical team in Triage

Identify Red Flags

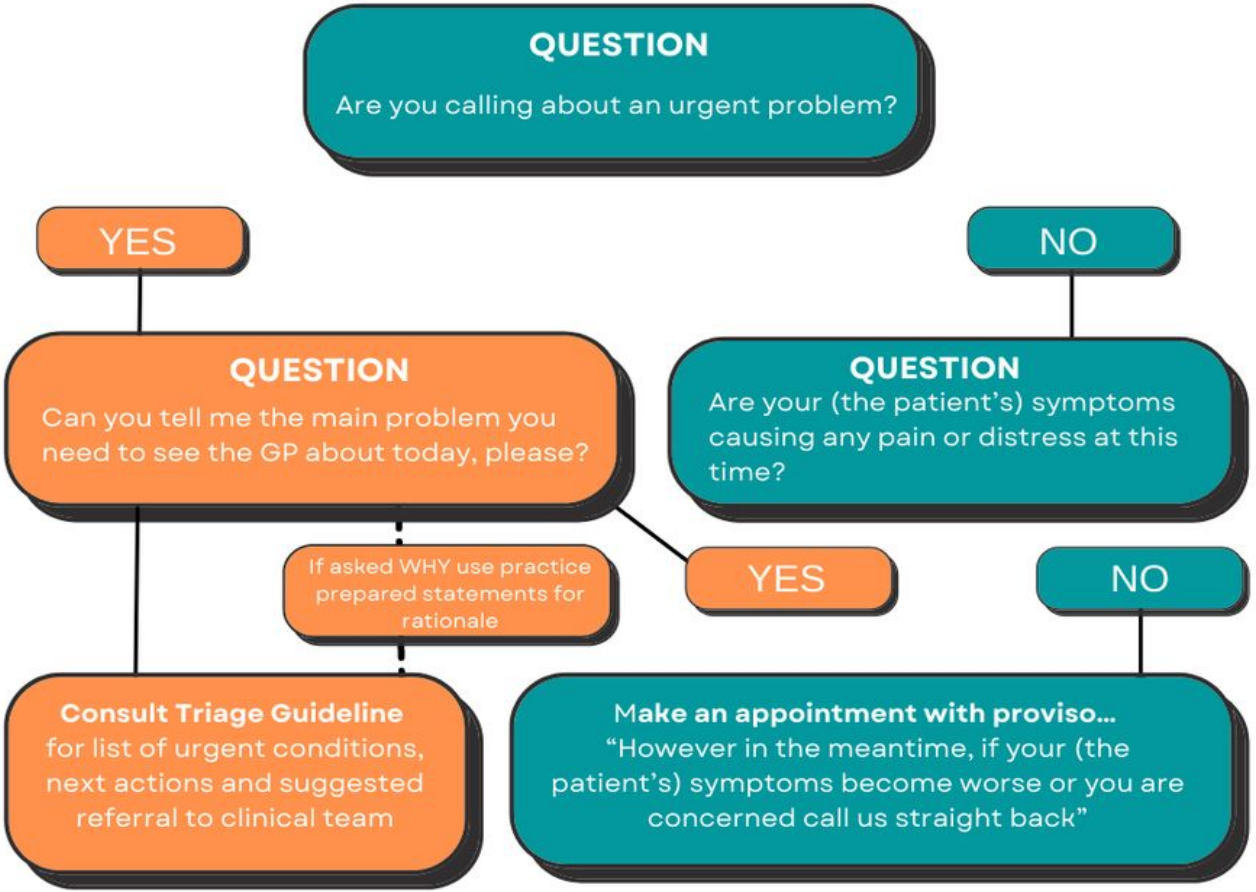
Training is essential to recognise key symptoms that require **immediate escalation**, such as:

- Chest pain
- Difficulty breathing
- Sudden weakness or slurred speech
- Heavy bleeding
- Suicidal thoughts
- Severe abdominal pain
- High fever in infants

Red Flag Recognition

Symptom/Concern	Why It's Serious	Action
Chest pain, tightness, heaviness	Possible cardiac event	Escalate to nurse/GP immediately or call 000
Difficulty breathing	Possible asthma attack, PE, anaphylaxis	Escalate urgently
Sudden weakness, slurred speech	Possible stroke	Call 000
Severe abdominal pain or bleeding	Possible internal injury or miscarriage	Escalate urgently
Suicidal thoughts or threats	Acute mental health crisis	Immediate clinical review or crisis services

Triage principles



The process of Triage

Recognise and Prioritise

Ask questions:

- Is this an urgent matter? OR Can you give me an indication of what the problem is?
- Demographic details?
  - Is the patient at home or elsewhere?
- Ascertain the nature and severity of the problem
  - How long have you had this problem for? Has it/ Is it getting worse?
- Act and advise according to practice protocol
- Are they alone or is anyone with them at home?
- Close the discussion with an agreement on how to proceed
- Document triage decisions in the patient's clinical notes

Recognising and Prioritising care using Triage tools and practice specific guidelines

The Process of Triage

- **Non urgent appointment required**
    - Book according to level of urgency
        - 24 hours/48 hours
    - Offer cancellation list appointment?
- **Urgent appointment required**
    - Follow Triage tool to determine appropriate time for access
    - Book appointment
    - End with disclaimer

Recommended actions

- Calling an ambulance
- Directing a patient to the Emergency Department
- Discussing the problem with a GP or nurse immediately
- Discussion with the GP and/or nurse within 30 minutes
- Advising the patient to come to the practice now and informing the clinical staff when the patient arrives
- Making an appointment for the patient today
- Making an appointment for the patient within 24 hours.

Handing over to clinical staff

Obtain as much information as you can: age, problem, how long, any treatment, severity?

Consider these handover statements:

- I have someone on the phone with a stomach-ache
- **Versus**
- I have a 25-year-old woman on the phone who says she's had abdominal pain for three days, some diarrhoea and has been vomiting.

OR

- I have a patient on the phone who has burnt himself
- **Versus**
- I have an 18-year-old who burnt himself all over his legs with boiling water 2 hours ago **OR**
- An 18-year-old who burnt himself on a motorcycle exhaust pipe 2 weeks ago.

Triage Tools

Prioritisation of Patients

A guide to urgency for non-clinical staff in general practice for telephone or patient presentations

Do you have an urgent problem? → **YES**

No / Don't know

The next available appt is … is this ok? → **NO**

- Record patient's ***phone number***
- What is the ***name*** / ***age*** of the patient?
- What is the ***nature*** of the problem?
- What is the ***duration*** of the problem?
- What is the ***severity*** of the problem?
- Has patient had ***previous major health*** problems?

⇩ Select a category below and follow instructions.

EMERGENCY ACTION PLAN

- Remain calm and don't panic
- Be aware and respond to the needs of the emergency
- Assess which patient needs to take priority
- Deal with any injury or illness in order of severity

CALL 000 for ambulance, police or fire

1

- Chest pain
- Breathing difficulties/ trouble talking
- Facial swelling & rash
- Collapse / altered consciousness
- Facial / limb weakness
- Extensive burns
- Sick patient you have concerns about

Call 000

Call GP / Nurse for help immediately

- Retrieve patient file
- *Document*

2

- Fitting
- Bleeding (persistent or heavy)
- Spinal or head injury/trauma
- Snake bite
- Heart palpitations
- In labour / ruptured membranes
- Neck stiffness/altered consciousness

Go to casualty now!

Interrupt GP / Nurse immediately

- Retrieve patient file
- *Document*

3

- Unable to urinate
- Unwell Infant
- Poisoning/overdose
- Eye injuries/Chemical in the eye.
- Pain (severe)
- Injured limb/possible fracture

Put call through to GP / Nurse now!

Advise GP or Nurse now

- Retrieve patient file
- *Document*

4

- Unwell child/elderly with fever, vomiting, diarrhoea or pain for >24 hours
- Pregnancy:
- Pain or bleeding
- reduced movement
- Abuse or assault
- Visual disturbance
- Patient or carer with extreme concern
- Psychological distress

Come to practice now! Advise GP / nurse about the call.

Discuss with GP or Nurse

- Retrieve patient file
- *Document*

5

- Unwell child/elderly with fever, vomiting, diarrhoea or pain for <24 hours
- Rash (severe)
- Cut / laceration
- Severe Flu like symptoms

Come to practice today; call back if gets worse

Inform GP / Nurse within 30min.

- Retrieve patient file
- *Document*

6

- Adult with fever, but otherwise well
- Post-op problems
- Eye or ear infections/pain
- Adult with continuous vomiting and/or diarrhoea for >24 hrs

Make an appointment within 24 hours; call back if gets worse

Inform GP or Nurse

- Retrieve patient file
- *Document*

Front desk triage: How to manage common scenarios faced by reception staff

IS THIS AN EMERGENCY?

- When answering the telephone, all callers should be asked if the matter is an emergency prior to being placed on hold: Ask the patient, *"Is this an emergency or can I place you on hold for a moment?"*
- Consider the TRIAGE STEPS and CATEGORIES listed on the reverse of this document to assess the patient's status.

ASK THE PATIENT – TRIAGE STEPS

1. Confirm the patient's name and phone number
2. Does the patient attend the surgery (i.e. does the practice have previous medical records to hand)
3. Location (*Are you at home? Are you alone?)*
4. Nature of their problem (Patient may prefer to speak to the practice nurse or on call doctor)
5. Duration of their symptoms (*How long have you felt like this?*)
6. Severity of their problem (*On a scale of 1 to 10 how severe is the pain?* [if applicable])
7. Any previous major health problems (*Are you on any medication? Do you have any allergies?)*

EMERGENCY ACTION PLAN

- Remain calm and don't panic
- Be aware of, and respond to, safety needs of the emergency
- Assess which patient needs to take priority
- Deal with any injury or illness in order of severity

CALL 000
FOR AMBULACE, POLICE OR FIRE

ON THE DAY EMERGENCIES IN THE CLINIC

- **Category 1** patients should immediately be seen by the on call doctor or other medical professional on duty
- **Category 2** patients should be directed to the emergency department of their nearest hospital
- **Category 3** patients or patients with worsening symptoms should be referred to the practice nurse or on call doctor
- **Category 4** patients should be advised to attend the clinic immediately and triaged by the practice nurse (may then be slotted in between appointments or at the end of the session)
- **Category 5** patients should make an appointment for the day and be advised to call back if symptoms worsen
- **Category 6** patients should make an appointment within 24 hours and call back if symptoms worsen

PATIENTS PRESENTING WITH SYMPTOMS OF POTENTIAL COMMUNICABLE DISEASES

- Such as 'flu / influenza, measles, chicken pox should be isolated to a secluded area of the medical practice such as the nurses office. Where possible, a notice of isolation is to be fixed to the door to limit access in this area.
- Patients with 'flu like symptoms should be required to wear a surgical mask.
- Clinical staff treating the patient should wear as a minimum, a surgical mask, gloves and when collecting nose and/or throat swabs, protective eyewear.
- If the patient is bleeding or vomiting put gloves on before you assist them.

SCHEDULING CARE

- Reception staff should reserve a number of unbooked appointment times each day for 'on the day' urgent appointments such as unwell children and the elderly, lacerations and suspected fractures.
- If your practice does not operate on an appointment system, patients should be triaged on walk in and advised of the expected waiting time to see the doctor, nurse or Aboriginal health worker.
- Where a patient is assessed as in need of urgent medical attention over the telephone, advise the caller to hang up and call **000** immediately for an ambulance.
- Where a receptionist is unable to determine the urgency of a telephone call, the patient should be transferred to the practice nurse or on call doctor for triage.
- If a patient presents in person and requires urgent medical assistance after the doctor has left – call **000** for ambulance

All emergency cases dealt with by reception are to be recorded in the patient health records by the staff member concerned in addition to the clinical notes recorded by the practice nurse or doctor (s) treating the patients

Customising the Triage Tool

When customising the triage tool, a practice needs to determine:

- What presenting symptoms are to be included on tool
- A timeframe for the person to be seen according to the urgency
- The recommended action, and the service that the person need to be referred to
- It is essential that the clinical staff have input into the tool.
- If not confident or unsure of your decision, always defer to your clinical team in your practice.

Red Flags

‘RED FLAGS’ - Warning signs – (ABCD)

Airway – choking or having problems swallowing?

Breathing – problems breathing?
- chest pain or chest tightness?

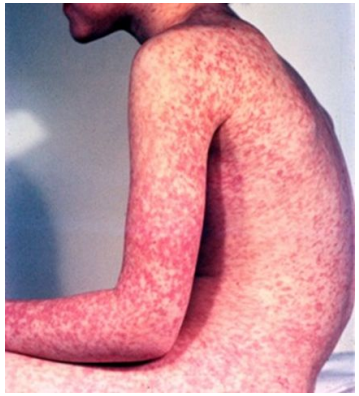
Circulation/Consciousness
- Bleeding?
- Drowsy or alert?
- Verbalising or quiet?
- Complaining of a severe headache?

Disability - Problems moving?
- Experiencing pain?
- Speech problems , limb or facial weakness?

Triage in general practice in Walker, L. Patterson, E. Wong, W and Young D (2010)

Other ‘red flags’

- Fever-
- Unwell and recent overseas travel
- Age – elderly or very young
- Allergy
- Abdominal pain
- Mental illness
- Burns
- Eye injury/pain
- Rash
- ? Infectious disease – flu/ measles/COVID-19
- At risk patients – immunocompromised, pregnant



These red flags should be agreed upon by your clinical team and documented in your practice policy and procedures

Heart Foundation

Warning signs of a heart attack

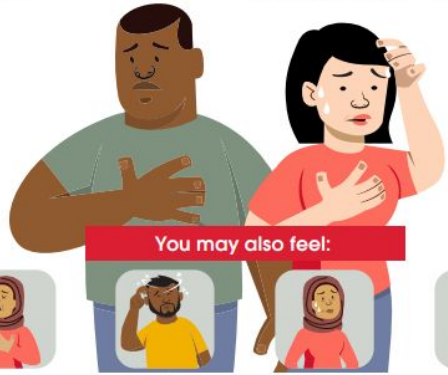
Pain, pressure or tightness in one or more of these areas:


Chest


Arm/s


Shoulder/s or Back


Neck or Jaw



You may also feel:

Short of breath

Dizzy

Sweaty


Sick

Tell someone how you feel.
If feeling worse or not better after 10 minutes,

Call Triple Zero (000)

Take 300mg of aspirin if you have it, unless you are allergic or your doctor has told you not to.

HH-PRISK-030.2.0824 English

Learn the F.A.S.T. signs of STROKE

FACE *drooped?*

ARMS *can't be raised?*

SPEECH *slurred or confused?*

TIME *is critical! Call 000.*

If you see any of these signs
Act *FAST* call 000 (triple zero)

Stroke FOUNDATION

Triage best practice involves…

- Policies and procedures that clearly outline steps in the triage process and the roles and responsibilities of those involved

Should be

- included in practice induction/orientation
- included as risk management to meet accreditation and quality standards

- Adequate appointment system to accommodate urgent appointments

Triage best practice involves…

- An algorithm/flow chart to guide non-clinical decision making - identification of ‘red flags’ to prompt responses by reception staff
- A team-based approach that allows non-clinical staff to default to a clinical team member when needed
- Protocols for patients presenting with potential communicable conditions
- Appropriate Triage training

Finally…

- Triage training is an essential skill for all practice staff.
- Following your practice policy and Triage guidelines will ensure your decisions are made with the best possible outcome for your patients.
- This will ensure patients receive access to the appropriate level of care in a timely manner.
- ***Triage ensures everyone is seen in the right place, at the right time, by the right clinician.***

Resources and references

- https://www.racgp.org.au/getmedia/7dd7a8c1-2fd7-434a-8381-7bab2008e1cc/RACGP-Improving-general-practice-workflows-in-your-practice-resource.pdf.aspx
- https://www.gptriage.info/
- https://c2coast.org.au/wp-content/uploads/Triage-chart.pdf
- https://www.racgp.org.au/running-a-practice/practice-standards/standards-5th-edition/standards-for-general-practices-5th-ed/general-practice-standards/gp-standard-1/gp-standard-1
- https://assets.contentstack.io/v3/assets/blt8a393bb3b76c0ede/bltebb05bc80f6a48a7/66cbde04d97a0cefe954ee8a/0824_Warning_signs_-_update_CTA_digital_23082024.pdf
- https://strokefoundation.org.au/about-stroke/learn/signs-of-stroke#:~:text=Other%20signs%20of%20stroke,to%20prevent%20this%20from%20happening.

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Assignment of Medicare Benefit Changes - What You Need to Know

HOSTED BY

Riwka Hagen

Medical Business Services

Tue 9th December

12:30pm AEDT

INTRODUCING THE NEW

Medicare Hub

- The MyMedicare Hub is your all-in-one workspace for managing MyMedicare registrations directly from the HotDoc Dashboard.
- Empower your team to register patients more efficiently, reduce manual work, and stay compliant while improving the patient experience.

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Have a Question?

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Thank You!

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