



Clinical Update

For Telephone Triage Nurses

December 2016

Page 1 of 3

In This Issue

Efficiency Tips

Controlling the Call

Using Additional Triage Resources

When Time is of the Essence...Efficiency Tips for Phone Triage

The mention of “flu season” generally promotes dread among triage staff as we know the winter months can bring much higher call volumes. Now is the time when staff need to be at peak productivity and efficiency. The following is a list of 9 factors that can add time to a call. Tips for countering these factors are given and can help make staff more efficient.

- 1) **Mouse-dependency and poor keyboarding skills:** Refine computer skills. Provide retraining regarding any word or software keystrokes used as shortcuts to move around your triage software more efficiently. Leaving hands on the keyboard will reduce unnecessary hand movements that are required to move the mouse and could help lower call times.
- 2) **Flipping backwards through documentation at end of call:** Chart as you go and try to continue to move forward through the call. You can check your documentation at the end. However, try not to spend a lot of time adding unnecessary details after the talk time has ended. Talk time and official call time should ideally be within 1 minute of each other.
- 3) **Documenting too much free text:** Auto-document whenever possible by inserting pre-defined values from a table into text fields. Limit documentation to essential relevant information only and that which supports protocol and disposition choice. Use standard medical abbreviations that are accepted by your health care organization.
- 4) **RN disorganization:** Use a systematic assessment and call process. Ask for pertinent information only. Do not disperse care advice in the assessment portion of the call. Try to get into the protocol within 1-2 minutes after the start of call; this will help you stay efficient. Stop asking questions once you reach a positive triage indicator.
- 5) **Caller's chaotic background:** Interruptions, distractions, and background noise can add time to a call. In addition, problems with cell phone reception and dropped calls lead to longer call times. Try to control these factors for *non-urgent* matters using these tips:
 - For routine calls, if the caller is distracted by a chaotic environment, have them move to a quieter area or offer to call back.
 - For problems with cell phone reception, ask them to call back from a landline or where cell service is well established.
 - Ask to be put on speaker phone if 2 people are talking to each other (or over each other) regarding the patient.



Clinical Update

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December 2016

Page 2 of 3



6) *Inability to control the call:*

- Use the art of “gentle interruption”. After the first one or two minutes, when the caller takes a breath, gently insert yourself into the conversation and take control of the call.
- Keep the caller focused on today’s concern and what you can do to meet that need now.
- For talkative callers, you may need to use more closed-ended questions or give 2 choices to them.
- If they keep coming up with additional questions, direct them to other resources. See # 8 and 9.
- Try complimenting them: “Sounds like you’ve done a great job so far, so try what we’ve talked about. Give us a call back if it’s not working”.
- If the caller seems extra worried, give them some care advice and offer to call them back.

7) *Multi-symptom Calls:* The nemesis of efficiency! We all secretly groan at these calls!

Briefly assess the severity of each symptom. Usually, the RN can eliminate very mild symptoms or symptoms that are improving.

Determine if symptoms are related within the same anatomical system (e.g., GI, respiratory). If 2 different anatomical systems, probably need to use 2 guidelines. (e.g., rash and cold symptoms)

Determine if remaining symptoms are representative of the same illness (e.g., influenza). Focus on the one protocol which results in the most urgent disposition or addresses the most serious symptom(s).

Assess duration of symptoms. In general, chronic symptoms are probably less urgent in terms of acuity unless symptom is serious, severe or becoming worse. Mild symptoms that are resolving or getting better are probably safe not to triage, but always use nurse judgment for this.

Ask the caller which symptom is the most bothersome or most severe (other than fever). Reason: Fever is already covered by triage indicators in all relevant protocols.

Has the patient been seen for the symptoms? If available, you can use a follow-up protocol for certain diagnoses with multiple symptoms.

Did You Know...?

- ❖ Call volume can increase by as much as 66% in winter months! (Source: 3CN)
- ❖ There were ~25 million influenza-like illnesses in 2015-2016. (Source: CDC)



Clinical Update

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Page 3 of 3



8) Giving too much care advice: Nurses have a tendency to give all the care advice listed on the screen. Giving too much advice is not the best practice for two reasons. First, spoken medical instructions are poorly retained and can be inaccurately recalled by patients (see sidebar). The more information is given, the less is recalled correctly. Second, giving a large amount of advice unnecessarily lengthens calls. Follow this checklist to help avoid this common pitfall.

✓ Limit care advice to the 2 or 3 items most appropriate for the caller's situation.
✓ Give simple and concise instructions. Do not use medical terminology.
✓ Focus on what they need to do now and when to call back.
✓ Do not repeat yourself unless the caller requests clarification or doesn't understand.
✓ Summarize at the end of the call: "Are there other questions you have about what we've gone over?"
✓ Email them a written handout (e.g., ACIs) to clarify complex care advice or to provide additional advice for later.
✓ Refer callers to approved internet resources (see #9).

9) Having to go look for resources or information to address caller's needs:

- Have resources readily available and easily accessible in one central location on-line. (e.g., a Policy and Procedure page, easy access to websites like CDC and/or your institution's drug information site). Information regarding flu resources and local flu clinics can also be posted here. Better yet, have your organization build a self-service area for flu information on their public website.
 - Drs. Schmitt and Thompson's Symptom Checker is available in English and Spanish on many hospital websites. The Symptom Checker provides care advice that aligns with our triage protocols. It is also available as a mobile app for both Android and iPhone.
 - These tools can be another resource for callers and used to augment the triager's teaching. Web links can be emailed to callers.
- ❖ Refining individual call processes now ensures that all staff will be operating at peak efficiency and have the resources in place to deal with the inevitable higher winter volume.

Medical Information Given to Patients

- ❖ 40-80% forgotten immediately
- ❖ 50% of retained information recalled incorrectly when lots of information given
- ❖ Written information is better retained and results in better treatment adherence
- ❖ Source: Kessels RP. *Patients' Memory for Medical Information.* J R Soc Med 2003;96(5): 219-222.

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Clinical Content

Happy holidays to all of you and here's wishing for a mild flu season!