Nurse Telephone Triage – The Benefits, Risks and Quality Assurance

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Sally-Anne Pygall
MSc RGN
What is telephone triage?

– “Prioritising client’s health problems according to their urgency and education... advising clients and making safe, effective and appropriate decisions” (Coleman 1997)

– “… Decision making under conditions of uncertainty and urgency” (Patel 1995)
What should you be aiming for when you do telephone triage?

- Getting patients to the right level of care with the right provider in the right place at the right time

It’s simply:

- Does the patient need to be seen?
- If they need to be seen, deciding **WHEN** is crucial?
- Everyone should be satisfied (dare we even say ‘happy’?) with the call
The benefits of telephone triage

• For the patient/carer/caller
  – Quick, easy access (almost immediate in some cases)
  – Opportunity for education and empowerment
  – Can reduce the need for face to face consult
  – More convenient
  – Save money – travel costs, carbon foot print
  – Can be less embarrassing
The benefits of telephone triage

- For the clinician/health care system
  - Cost effective services i.e. reduce need for face to face consultations (50% in primary care)
  - Can help manage demand and capacity/workload
  - More appropriate outcomes i.e. right patient in right place at right time!
  - Opportunity for management of long term conditions e.g. asthma reviews
  - Can be rewarding; short interactions, instant results (emergency response), patient satisfaction
What are the risks of telephone triage?

• Lack of visual clues (and smell) can lead to uncertainty
  • Delay or denial of care
  • Inappropriate face to face consultations

• Totally reliant on caller for accurate recall of history

• May be dealing with third party calls
Risks cont.

- Poor interactions i.e. dissatisfied caller
- Poor documentation/record keeping
- Disliked by some patients – seen as a barrier
- Time constraints
Managing the risks

• Recognise that you are doing triage!
• 60% of deaths in out of hours services last year in the UK as a result of a telephone ‘blunder’
• Understand the skills required – just because you are an experienced/highly qualified nurse does not mean you will be good at telephone triage. Access training
• Communication skills are paramount
The importance of tone

• Never underestimate the importance of your tone of voice
  – When feelings and attitudes are involved, tone of voice accounts for 84% of communication (Mehrabian)
• Your introduction can set the scene for the rest of the interaction – verbal handshake (Telecharisma™)
• No matter how busy you are, avoid sounding ‘efficient’ – callers want you to be caring and interested
How else can you manage the risks?

Coleman (1997) suggested 3 ways to protect nurses doing telephone triage from legal liability:

1. The use of protocols
2. Documentation of calls
3. Quality assurance and audit checks

Isn’t this appropriate for all professions?
Protocols

• Clinical Decision Support System (CDSS) is best form of protocol
  – Keep structure to call
  – Provide information on condition which may not be known to clinician
  – Help standardise outcomes
• Protocols don't replace training; nor should they replace the clinician’s decision making
• Overreliance on protocols can lead to mistriage or ‘system operators’
Protocols Cont

• Telephone triage protocols provide a structure

• A structure:
  – minimises the risk of missing something, especially if not using condition protocols
  – improves information gathering
  – allows you to think more clearly
  – increases confidence

• Can be condition specific e.g. UTI or chest pain protocol, but it can also be a simple model – 3 key stages
Documentation

• Documentation may be electronic, paper records or voice recordings

• Voice recordings are a legal record but...

• Would you remember a telephone conversation even a day or so later?

• Minimum standards
  – To be agreed internally (especially in the absence of protocols)
  – Needs to be sufficient so you would have a clear record of the interaction

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Is this true?

‘if it is not written down, it did not happen’?

• General rule is to document anything which supports your decision making

• MDU (UK) suggest “..medical records communicate your diagnosis and treatment...they can also help you recall your actions if you are asked to justify them at a later date”
Quality Assurance and Clinical Audit

• Last of the three medico legal safety points

• Commonly no quality assurance or audit in many health care settings

• Huge variance in quality of telephone triage work
Why audit or quality assure calls?

• It improves patient care and safety
• Provides feedback and learning for nurses which improves skills and confidence
• Informs employers on who is best at it – use those people more
• Good quality consultations can be more cost effective than seeing patients
How can you audit telephone triage?

• Can be done via listening to telephone calls (retrospective recordings or live)
• Should always involve documentation as well but avoid audit based solely on documentation if possible, may not be a true reflection of call
• Should be carried out by trained ‘auditors’
• Have a good audit process in place
Clinical Audit

• Use an agreed ‘audit tool’ to measure quality
  – Based on competencies
  – Agreed standards based on competencies
• Provide regular feedback to staff
• Use results of audit to improve services
• Best tools are developed in house
Conclusion

• Remember nothing can replace the sound of a human voice when someone needs help

• Telephone triage is a high risk area but you can manage and consequently minimise that risk

• Don't forget to make sure your documentation of calls is acceptable!
Contact Sally-Anne Pygall
T: +44 191 5208307 or M: + 44 7533072621
sap@telephoneconsultationservices.co.uk
www.telephoneconsultationservices.co.uk
Twitter: @SallyAnnePygall
On line programme now available!
www.telelearning.co.uk