



Nurse Telephone Triage –The Benefits, Risks and Quality Assurance

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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
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- **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

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!





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