Abstract

Care in the ambulatory oncology setting occurs via an in-person or telehealth encounter. Telehealth encounters are defined as the delivery, management and coordination of care that integrates electronic information and telecommunication technology to increase access, improve outcomes, and contain or reduce health care costs (AAACN, 2018). Nurses involved in telehealth are responsible for triage, education, disease coordination management of referrals, communication of diagnostic testing and medication management (AAACN, 2018). Telephone triage nursing has grown into a unique specialty and is especially important to support care transitions and assure that patients receive timely and consistent evidenced based care. Oncology patients or their caregivers frequently need to reach their care professionals 24 hours a day. Ineffective management of telephone calls from patients or caregivers can result in negative patient outcomes or experiences, unnecessarily re-admissions and risk management issues for the organization. A large metropolitan academic oncology organization determined that over 2,000 calls per month were being received from oncology patients and/or caregivers outside normal business hours. A process improvement approach DMADV (define, measure, analyze, design & verify) was used to establish an after-hours nurse triage line.

The after-hours nurse triage has been operational for three years. The after-hours nurse triage call center currently manages about 2,500 phone calls per month from established patients. Using evidenced based telephone triage decision support tools, the telephone triage nurse can assess and determine a plan of care for the caller. Outcomes of this department have helped to prevent or post op/post procedure issue, vascular access problem, call resolution and hand-off.

Call Reasons and Decision Support Tools

Decision Support Tool Examples
- Cancer Fever
- Cancer Nausea/Vomiting
- Cancer Constipation
- Cancer Diarrhea
- Sickle Cell Acute Pain
- Urinary Symptoms
- Abdominal pain

Call Resolution and Hand-off

- Triage nurse documents each contact that is made to resolve a triage call.
- Documentation of the triage call is routed to primary clinical team to assure hand-off and care coordination.

Call Disposition (based on call reason & assessment)

- 34% of all telephone triage encounters result in telephone advice.
- Telephone advice most commonly given for call reasons that include: diarrhea, nausea/vomiting, pain and medication management.

Conclusions and Future Direction

- Nurses performing telephone triage provide the patient immediate access to a knowledgeable provider who can assess and initiate a plan of action to resolve the issue.
- Decision support tools help to guide the assessment of the patient – but do not replace the clinical knowledge, skills and judgement of the nurse.
- Call reasons can help to identify care coordination issues across the organization.
- Organizational guidelines are needed to assure nurses are practicing within their defined scope of practice.
- Pilot expansion of nurse triage has been implemented during daytime hours.