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Standardizing Telephone Triage Protocol

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NURS 653

Internship: Clinical Nurse Leader – Fall 2016

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Clinical Leadership Theme

My aim statement for my CNL project is to improve nurse satisfaction by implementing a standardized protocol for nurse telephone triage assessment and documentation in the ambulatory care setting, which is consistent with the CNL competencies of applying practice guidelines to improve practice and the care environment. Understanding and being able to identify the drivers of innovation diffusion can assist the CNL to come up with a plan to implement a new workflow in their healthcare setting (Baernholdt & Cottingham, 2011).

Statement of the Problem

When triaging patients, it was shown that nurses might make a safe decision by unintentionally overestimating the urgency of patients’ condition. International studies have shown statistics on appropriateness in nurse telephone triage ranging from 49% to 98% (Huibers, Keizer, Giesen, Grol, and Wensing, 2012). The study also showed that pertinent and recommended questions were not asked to appropriately assess the callers’ urgency. “Nurses are responsible for eliciting the proper information to accurately assess the patient symptoms and to present the case to a physician or a nurse practitioner” (Gleason, O’neill, Goldschmitt, Horigan, and Moriarty, 2013, p. 335). The protocol will guide the nurse to ask the recommended questions using an algorithm to assess the caller’s condition and prioritize its urgency. This standardized work process will help nurses manage acute non–life-threatening patient issues by offering home care advice, or scheduling an appointment with a provider, and help to decrease unnecessary emergency room visits. “The appropriateness of decisions on estimated urgency decreases with increasing urgency. In situations of high urgency, there seems to be a risk that nurses fail to undertake appropriate actions” (Huibers, Keizer, Giesen, Grol, and Wensing, 2012, p. 551). Under situation of uncertainty, it was shown that nurses might make a prudent decision by
inadvertently overestimating the urgency of patients’ condition. If practiced correctly, telephone triage has been shown to be safe, effective, and provide appropriate disposition of health-related problems through telephone by experienced nurses using approved guidelines or protocols (Gleason et al., 2013).

Project overview

The goal of my project is to reach 90% compliance to the new process 3 months after the adoption and obtain 85% nurse satisfaction rate in 6 months. Nurses’ satisfaction has shown to decrease nurse turnover rates and has a positive impact on patient outcome and satisfaction (Bae, Mark & Fried, 2010). Additionally, understanding the effectiveness of the standardized telephone triage protocol and nurses’ satisfaction score in telephone triages could also lead to retrospective studies in how this protocol affects others areas in the ambulatory care setting and patient care outcome.

Rationale

To identify the needs to a standardized telephone triage protocol, a root cause analysis was done (refer to Appendix G). Currently, the nurses in the department of ambulatory care were not using a standardized workflow to conduct telephone triages. They were using their nursing knowledge and experience to assess the caller’s symptoms and urgency of call. Nurses are also free typing their assessment notes without using a systemized or standardized method, which causes inconsistency in the triage process and documentation. I also received verbal feedbacks from several RNs on how they feel about the department’s telephone triage process. Many reported that there is no standardized protocol for RN triage calls and they have felt self-doubts on whether or not they have asked all the pertinent questions to make a sound clinical judgment.
and giving patients appropriate advice. According to the data collected, the obvious issue is the lack of guidance from a workflow protocol.

My project includes providing a short 2-hour training session and optional bi-monthly committee meetings. At the medical center, an RN has an average salary of $60 per hour. There are a total of 20 nurses, making the cost of training to be $2,400 annually. There is an option to take the online training module or the in person class. The cost of developing the online module is $2,500. The estimated cost of the in person class including printed material is approximately $800. Protocol smart phrases for specific symptoms will be manually entered in a word document and sent to our information technologies (IT) department to input on the organization’s electronic charting system called Apex. For a systematic and standardized way of documentation, nurses could easily generate these smart phrases in patients chart. According to Navratil-Strawn et al. (2014) “Patients receiving the right care at the right time will likely recover faster and have lower health-care expenditure than those that do not (p. 846). In a study conducted by Marklund, et al. (2016) showed 325 out of 362 (97.6%) cases, the advice provided by telephone triage nurses was considered adequate using a standardized computer supported triage system. Of 362 patients, every fifth patient who was referred to primary care (n=150) or received self-care advice (n=150), and all patients who were referred to the ED (n=62) were selected. The cost saving per call leading to an advice of self-care was $78.78, to primary health care visit was $27.23 and to Emergency department $24.88. At the medical center a nurse makes an average of 15 triage calls per day. The potential annual cost saving could average out to be a total of 1.2 million dollars. According to Jones and Gates (2007), quantifying the costs and benefits of nurse turnover and retention is an extremely valuable and important activity. Therefore, there is significant weight to be placed on staff satisfaction in considering
retention efforts. Cost savings will be an enormous driver and incentive for the department. In addition to a potential cost benefit, implementation of a standardized telephone triage workflow could also create a consistent and streamlined way of nurse documentation covering all pertinent and recommended questions to ask during a triage call. This would give the nurse adequate information to make an informed decision upon providing advice to the caller. A protocol will guide RNs throughout the ambulatory care setting to conduct a standardized assessment for the specific symptom and recommend patient to the appropriate level of care. This could promote patient safety and reduce healthcare cost.

**Methodology**

My CNL project is to implement a standardized protocol for nurse telephone triage assessment and documentation in the ambulatory care setting. The protocol will guide nurses to ask the recommended questions using an algorithm to assess the caller’s condition and prioritize its urgency. I plan to implement the new workflow by applying Lewin’s change theory. Refer to Appendix F. The three phases of Lewin’s Change Theory is unfreezing, change, and refreezing. Unfreezing involves introducing the need and urgency for the change and preparing staff for the upcoming transition (Finkelman, 2016). Nurse motivation and buy-in is a goal during this phase. The second phase is when change occurs. Training, education and guidance is vital in this stage to facilitate workflow adoption. (Gleason, O’neill, Goldschmitt, Horigan, and Moriarty, 2013). This is also the phase where the protocol is implemented, and it is expected that staff will have questions or maybe even confusion about the implemented change. Therefore, a clear and concise workflow protocol needs to be in place. This would allow a better transition into the new work process and reduce confusion. The final phase is refreezing, which is enforcing the change and making sure the team understands and is adhering to the new workflow. Providing support
and allowing time for open discussion for staff to provide feedback on the implemented change will keep leaders aware of any barriers, questions, or positive outcomes related to the new workflow.

As mentioned previously, the goal of my project is to reach 90% compliance to the new process 3 months after the new workflow adoption and 85% nurse satisfaction rate in 6 months. To evaluate effectiveness of my CNL project, I will conduct post questionnaires to evaluate the nurses’ satisfaction level and compliance to the new workflow. There will be 7 questions in the questionnaires to evaluate the nurses’ satisfaction level with the newly implemented workflow (refer to Appendix D). I predict at least 90% compliance 3 month after complete new workflow adoption, and at least 85% nurse satisfaction rate in 6 months.

**Data Source/Literature Review**

I conducted a literature search using USF library, CINAHL. The PICO statement as shown below was used to find literature to support my project. To narrow my search, I used the filter option to articles published between the years 2011-2016 within the U.S. and in the English language. The keywords used were “standardize protocol”, “nurse telephone triage”, and “benefits nurse triage”. At first, it was somewhat difficult finding relevant articles to support my project. I found that the using PICO keywords to narrow my project’s focus generated more pertinent literature about my topic.

P: Nurses in the ambulatory care units

I: Standardizing telephone triage

C: Lack of protocol

O: Improved consistency in nursing telephone triage assessment, advice provided to patient and nursing documentation.
The literatures surrounding standardizing telephone triage support the concept that standard protocol would improve patient safety. International studies have shown statistics on appropriateness in nurse telephone triage ranging from 49% to 98% (Huibers, Keizer, Giesen, Grol, and Wensing, 2012). The study also showed that pertinent and recommended questions were not asked to appropriately assess the callers’ urgency. Under situation of uncertainty, it was shown that nurses might make a safe decision by unintentionally overestimating the urgency of patients’ condition. Therefore having a standardized protocol with algorithms guiding nursing assessment to ask pertinent and recommended question could help facilitate an appropriate disposition.

An article by Moss (2014) examined the Institute of Medicine’s recommendations, the National Prevention Council Action Plan, the medical home model, and the nursing standards that drive quality for telephone nursing triage. The article reviews the advantages and disadvantages of implementing telephone triage programs. It is suggested the given the evolution of the healthcare system, trained and telephone nurses are capable of improving healthcare delivery.

According to a study conducted by Gleason, O’neill, Goldschmitt, Horigan, and Moriarty (2013), whose goal was to standardize triage practice and improving the effective of nurse telephone triage management, by applying standardized triage practice could result to improved patient outcome with the implementation of staff education. To achieve their goal, the staff conducted educational presentations and the presentations that were focused on enhancing disease-based knowledge as well as strengthening nurse telephone triage management. A pre- and post- education questionnaires showed after a three-month trial, a 25% increase in knowledge about diseases, a 20% increase in management of side effects, and a 20% increase in
the comfort level of the nurses not referring patients to the emergency room for evaluation were noted. Overall, this study shows that providing the education presentations showed to have increased staff knowledge about diseases, and symptom management. “Nurses are responsible for eliciting the proper information to accurately assess the patient symptoms and to, present the case to a physician or a nurse practitioner. Telephone triage is commonly defined as the safe, effective, and appropriate disposition of health-related problems via telephone by experienced RNs using approved guidelines or protocols” (p. 335). Overall, this study shows that providing the education presentations resulted in a positive outcome.

Another article by Murdoch, et al. (2015), reports that their nurse triage interventions involved clinical and technology training for staff and a computer decision support software to support the delivery of the intervention. They found that the staff responded well to the concept of nurse telephone triage, adding that effective communication, providing sufficient resources and training to nurses are vital to safely deliver patient care through such service. A clear understanding of telephone triage and organization protocol, adequate training, and effective communication will help facilitate implementation of new workflow.

There has been research that supports nurse satisfaction affecting turnover rate and is associated with staff training and better understanding or their role. Furthermore, nurses’ satisfaction rate has shown to have a positive impact on patient outcome and satisfaction. According to Bae, Mark, & Fried (2010) lower level of staff education and training has been shown to correlate with moderate levels of nursing turnover. Additionally, units with low levels of turnover were likely to have fewer patient falls and fever occurrences of medication errors.

Keeping nursing staff up to date with the evolving computerized system and clinical competencies is vital to patient outcome and can also increase satisfaction rate. According to an
article by Kuriakose (2011), that reviewed “Telenursing”, which refers to a nursing service that uses telephone communications and information technology to provide health care. It is similar to nursing telephone triages where nurses assess the patient over the telephone and provides a recommendation or advice. As the scope of nursing practice expands and technology continues to advance, new roles such as “Telenursing” or telephone triage nurse evolves. Therefore, it is imperative for registered nurses to ensure that they have the necessary technical and clinical competencies to practice safely and competently in their respective field. This information supports the use of computerized algorithm triage system, education, and training pieces of my project.

In addition to improved patient safety and outcome, implementation of standardized telephone triage utilizing computer technology has shown to reduce healthcare cost. According to a study conducted by Navratil-Strawn et al. (2014), the association between adherence to nurse recommendations about where to seek care and expenditures for health care services received by callers to a Nurse HealthLine telephone-based triage program, found that 55% of callers were adherent to the recommendations. Regression analyses showed that the result of getting callers to the appropriate place for care was associated with an annual savings of $13.8 million. This study found that nurse telephone triage has direct impact on health care utilization and costs.

Timeline

This project began in late January 2016 and will conclude by November 2016. Although the evaluation of the workflow process will continue even after the completion of my CNL project, this is the projected goal. Refer to Appendix A for Gantt chart. It was difficult making a continued timeline for this project as I am in the middle of the implementation stage, making the
timeline seem incomplete. Additionally, there are tasks that are ongoing including communication with telephone triage committee members through our bimonthly meeting, which are detail that was difficult to show in the Gantt chart.

**Expected Results**

My expected outcome is at least 90% compliance with the standardized telephone triage protocol and 85% nurse satisfaction score, which I imagine would somehow improved nursing assessment and documentation, and improves patient outcome and safety. Already with the implemented protocol, nurses have given positive feedback about the effectiveness of the algorithm used for patient triage. Some comments include that the protocols help with documentation consistency; guide nurses to ask pertinent questions to assess the caller’s symptoms; and nurses find having an algorithm to lead them to a recommended disposition is useful. This shows that the protocol is making some positive impact and leading the project in the right direction. Although there are minor made adjustments to the triage process as issues arise, they are only small adjustments and manageable with committee meeting discussions. Although this project had taken some time to reach its implementation stage, the department has made great strides and improvement efforts to better the nurses’ workflow, decreasing confusion and nurse frustration with an unstructured work process to a vital role such as telephone triage. This show that with the right tools and people, future improvement projects within the department are possible as well.

**Nursing Relevance**

Due the evolving and expanding role of nursing, positions such as telephone triage nursing are created to provide useful services to patients and have shown to improve patient outcome and safety. This study will contribute to our present understanding of telephone triage
nursing and whether a standardized protocol will make a positive impact on nurse satisfaction scores, as this is what my project is measuring. I want to highlight the importance of nursing satisfaction, as it has been associated with nurse turnover rates and patient satisfaction, safety and outcome. I hope with the implementation of this project, it would improve nurse satisfaction score and in turn improve patient care outcome.

**Evaluation**

My CNL project is to improve nurse satisfaction by implementing a standardized protocol for nurse telephone triage assessment and documentation in the ambulatory care setting. The protocol will guide nurses to ask the recommended questions using an algorithm to assess the caller’s condition and prioritize its urgency. The expected outcome is 90% compliance with the standardized telephone triage protocol and 85% nurse satisfaction score. Nurses were asked to take a 7-question survey through MonkeySurvey, an online survey tool, and their responses are anonymous. With the help of my preceptor, I made some adjustment to the nurse satisfaction survey questions (refer to Appendix D). My project also included a choice of a short 2-hour in-person training session or an interactive online teaching module, and optional bi-monthly committee meetings to discuss updates, process and quality improvement. The protocols are based on five protocol books: Julie K. Briggs: Telephone Triage Protocols for Nurses, Copyright 2016, Fifth Edition; David A. Thompson: Adult Telephone Triage, Copyright 2000-2013, 3rd Edition; Barton D. Schmitt: Pediatric Telephone Protocols, Copyright 2000-2016, 15th Edition; Hickey M, Newton S: Telephone Triage for Oncology Nurses. Pittsburgh, PA, Oncology Nursing Society, 2012; Dawson C, Hickey M, Newton S. Telephone Triage for Otorhinolaryngology and Head-Neck Nurses. Pittsburgh, PA, Oncology Nursing Society, 2010.
The data generated from the nurse satisfaction survey showed some inconsistent results (Refer to Appendix E). For instance, one to two nurses answered “N/A (I haven’t used it yet)” to 5 of the 7 survey questions despite the fact that all of the survey questions address nurse satisfaction with using the protocols. Also, it was difficult to identify whether there was a change in satisfaction after implementation of the project as there was no baseline to measure the results against. However, my goal was aimed at gathering more information about the current satisfaction with this protocol and the goal was to achieve 85% satisfaction scores on the survey. I was quite disappointed with the result showing 71.47% satisfaction, which is 8.4% below the project goal. However, this only means there is considerable room for improvement. Compliance was drawn from chart audits of telephone triage from October 2016 to November 2016. The result showed 80% compliance, which is 8.8% below goal. I was hoping for better result, but was not surprised with the outcome given that the protocol is still quite new.

The survey offered a comment section for nurses to offer their feedback. Some comments from nurses were “I can also put in my narrative where needed which is great to able to edit”; “I don’t use smart phrase yet, but I would like to use them to streamline the calls”; “I have been doing this for years and this is so far one if the best tools so far”; “some scenarios are not clear cut – however I like how the questions lead you into the next question”; “Would appropriate more classes like this one. I personally don’t do well with online classes, but feel the in-class model is valuable”; “There are very helpful, thank you!” I found these comment useful as it showed specifics details the nurses wanted to address. I was hoping for comments from those who answered “unsatisfied” and “neutral” on certain questions as this will help with the reassessment and process improvement portion. Additionally, it would be helpful to gather more
information about why some nurses have not utilized the protocol, which could assist with identifying possible barriers to compliance.

Factor to sustainability I found helpful as a guide to assess my project and its benefits to the department are: whether my project is consistent with the organization’s mission and vision; if the workflow is perceived as a benefit to the staff and patients; and whether the project has support from stakeholders. For instance, my project indeed fits with the organization’s mission and vision to caring, healing, teaching and discovering, and to be the best provider of health care services and the best place to work and the best environment for teaching and research. Initially, staff members were skeptical about the new protocol and that standardizing workflow may cause rigidity to our role as a triage nurse. Once the RNs put the process into their daily practice, they found the protocol to be significantly useful compared to the recent past when we had absolutely no guideline or protocol. Additionally, the project has support from stakeholders including department management, and our chief medical director as they strongly agree with standardizing triage nurses workflow. It is important that the telephone triage council continues to engage stakeholders, including nurses and providers. This will provide opportunity for direct and timely feedback from staff about the barriers and benefits of the new workflow. Also, nurse will have mandatory annual training to achieve and reinforce intended use of protocol (Radhakrishnan, Xie, Berkle, & Kim, 2016).

**Conclusion**

This was an important project to the ambulatory department as this is the first standardized protocol implemented for telephone triage. A major barrier to implementing this project was getting nurse buy-ins. Initially, the process was slow to implement, but quickly picked up as the smart phrases were updated into Apex. Another challenge was getting all nurses
to consistently use the protocol. Upon chart audits, it was noted that some nurses are using the protocol for all telephone triage related calls. However, there were some who would only use the protocol only if there was a smart phrase in Apex for the symptoms that was being triaged. This is a major issue, as these nurses are not following protocol. This will cause inconsistency in nurse assessment, documentation and may cause variations in advice given to callers. It was extremely time consuming to manually audit each triage documentation in detail, so the adult only consisted of what the call was coming in for and whether a protocol smart phrase was used for documentation. Perhaps getting an in depth chart review may help with obtaining more information about the triage call. Lastly, since there was no baseline to compare my survey results to, it was difficult to assess what aspects of nurse satisfaction have improved since the implementation of the new work process. Dissatisfaction could be from poor management, communication styles, lack of proper training, understaffed department, issue with department structure, or the protocol itself. I realized that nurse satisfaction is such a broad yet unique subject involving many variables that it may be difficult to achieve a score of 85% with a subjective matter on a newly implemented workflow. In future evaluations, individual nurse interview for qualitative information may help me understand what is causing inconsistent use of the protocol and nurse dissatisfaction. Also, having baseline data may have changed the approach to implementing the intervention.

A CNL is seen as a leader in the healthcare system and to become an effective CNL, one must have the knowledge, skills and abilities to work effectively in an interdisciplinary team. Nursing roles has changed so drastically in the last several decades, and it may take time for other healthcare care professional and departments to recognize and learn about the various roles we play in patient care. While I was fortunate enough to have an incredibly supportive preceptor
and colleagues during the course of this project, I have learned the importance of applying nursing theory and evidence-based practice to implementing change within a microsystem. I have also learned the importance of assertiveness, risk taking and to follow through with my vision regardless of staff’s resistance. “A CNL should have an understanding of demonstrate working knowledge of the healthcare system and its component parts, including sites of care, delivery models, payment models, and the roles of health care professionals, patients, caregivers, and unlicensed professionals” and take the time and effort to collaborate with interdisciplinary team members (AACN, 2013, p. 10). Obtaining staff buy-in, cooperation, and engagement could get everyone on the same track and streamline the work process. The nurse’s role has developed to a complex and dynamic discipline, and I am excited to be a part of the enduring unfolding as nurses take on and expand on new roles in improving patient care quality, safety and outcome.
References


## Appendix A

**Gnatt Chart**

<table>
<thead>
<tr>
<th>Tasks</th>
<th>Q4</th>
<th>Q1</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Jul</td>
<td>Aug</td>
</tr>
<tr>
<td>1 Develop protocol template for triage RNs</td>
<td></td>
<td></td>
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<tr>
<td>2 Continue to communicate with RNs and supervisors about triage</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 Continue staff training</td>
<td></td>
<td></td>
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<tr>
<td>4 Meeting with RNs for discussion and feedback</td>
<td></td>
<td></td>
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<tr>
<td>5 Evaluation of implemented protocol</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 Possible adjustments to protocol depending on implementation</td>
<td></td>
<td></td>
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<tr>
<td>7 Post survey</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Appendix B

SWOT Analysis

Strength

- Great nursing team: cooperative and open to change
- Support from leaders
- We have tools available to implement project

Weakness

- May receive additional outside funding if this project shows improved workflow efficiency, and patient outcome
- Our department is expanding, with many future opportunities for success
- This project shows an improved outcome
- Difference of opinions may cause delay in complete adoption of the protocol
- Leaders lack frontline experience with telephone triage
- Option of the protocol
- Leaders lack frontline experience with telephone triage

Opportunities

- May receive additional outside funding if the project shows improved workflow efficiency, and patient outcome
- Our department is expanding, with many future opportunities for success
- This project shows an improved outcome

Threats

- Decreased patient satisfaction or increased patient complaints with new workflow
Patient call answered by call center staff

- Call is routed to RN pool
  - RN triages and handled call by providing home care advice, schedules an appointment with a provider or advise patient to urgent care or ED

- Message is routed to PCP for advice/consult

- Call is routed to Clinical (LVN) Pool

- Call is routed to PCP

- Call is routed to other appropriate pools

- Nonclinical related call is routed to administrative pool for assistance.

- Call is handled by LVN
Appendix D

Telephone Triage Post Protocol-Questionnaire

1. Thinking about telephone triage documentation before the smart phrases were put into place, overall, how satisfied are you with the new process that offers many smart phrases for common types of calls?
   a. Very satisfied
   b. Satisfied
   c. Neutral
   d. Unsatisfied
   e. Very unsatisfied
   f. N/A – I haven’t use them yet

2. How satisfied are you with the efficiency of the new telephone triage protocol?
   a. Very satisfied
   b. Satisfied
   c. Neutral
   d. Unsatisfied
   e. Very unsatisfied
   f. N/A – I haven’t use them yet

3. How do you ask pertinent assessment questions of the caller?
   a. I pull in and ask questions from an available smart phrase from Apex.
   b. I get one of the telephone triage books, flip to the page, and ask pertinent questions.
   c. I know the standard questions to ask because I’ve been doing this for years; the Apex smart phrases don’t really help me.
   d. I use a combination of the smart phrases, telephone triage books and my experience
   e. Other:

4. How satisfied are you with the protocol guiding your triage with pertinent assessment questions to ask the caller?
   a. Very satisfied
   b. Satisfied
   c. Neutral
   d. Unsatisfied
   e. Very unsatisfied
   f. N/A – I haven’t use them yet
5. How do you feel about the smart set protocols in guiding you to the correct patient disposition?
   a. Very satisfied
   b. Satisfied
   c. Neutral
   d. Unsatisfied
   e. Very unsatisfied
   f. N/A – I haven’t use them yet

6. How satisfied are you with the 2016 Telephone Triage Education opportunities (in person with Theresa Garnero or the online module via Inex)?
   a. Very satisfied
   b. Satisfied
   c. Neutral
   d. Unsatisfied
   e. Very unsatisfied
   f. N/A

7. How do you feel about the efficacy of the new Apex smart phrases?
   a. Very satisfied
   b. Satisfied
   c. Neutral
   d. Unsatisfied
   e. Very unsatisfied
   f. N/A – I haven’t use them yet
Appendix E

RESULTS

Results - Nurse Survey

Thinking about telephone triage documentation before the smart phrases were put into place, overall, how satisfied are you with the new process that offers many smart phrases for common types of calls?
Appendix E

RESULTS

Results - Nurse Survey

How satisfied are you with the efficiency of the new telephone triage protocol?

- N/A (I haven't used it yet)
- Very Unsatisfied
- Unsatisfied
- Neutral
- Satisfied
- Very Satisfied

How satisfied are you with the efficiency of the new telephone triage protocol?
Appendix E

RESULTS

Results - Nurse Survey

How satisfied are you with the protocol guiding your triage with pertinent assessment questions to ask the caller?

- N/A (I haven't used it yet)
- Very Unsatisfied
- Unsatisfied
- Neutral
- Satisfied
- Very Satisfied
Appendix E

RESULTS

Results - Nurse Survey

How do you feel about the smart set protocols in guiding you to the correct patient disposition?
Appendix E

RESULTS

Results - Nurse Survey

How satisfied are you with the 2016 Telephone Triage Education opportunities (in person with Theresa Garnero or the online module via Inex)?

- N/A (I haven't used it yet)
- Very Satisfied
- Unsatisfied
- Neutral
- Satisfied
- Very Satisfied
Appendix E

RESULTS

Results - Nurse Survey

How satisfied are you with the efficacy of the new Apex smart phrases?

- Very Satisfied
- Satisfied
- Neutral
- Unsatisfied
- Very Unsatisfied
- N/A (I haven't used it yet)
Appendix F

Lewin’s Change Theory

Unfreezing
- Introducing the need and urgency
- Preparing staff for the upcoming transition

Change
- Training, education and guidance
- Implement protocol

Refreezing
- Enforcing change
- Ensuring adherence to change
Appendix G

Root Cause analysis - Fishbone

- Telephone triage reference material unavailable.
- Lack of resources for nurses other than web based data and consulting with providers for advice, which could delay getting patient to the appropriate level of care.
- No Standard Protocol/Procedures Outlined
- No consistency in nursing telephone triage assessment and documentation
- MATERIAL

- Lack of training
- Confusion in staff about their role and tasks
- Understaffed
- PEOPLE

- Technology was available, but lack of initiative from management to create tools for triage nurses in APEX (computer system)
- Lack of system training
- Technology

METHODS

Decreased nurse satisfaction due to lack of standardized procedure for telephone triage workflow