# Clinical Update

## For Telephone Triage Nurses

November – December 2012



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## Risk Management (RM) Checklist for Call Centers

**Purpose** Protect Your Call Center from Substandard Care, Adverse Outcomes and Lawsuits by Using this Checklist Preventively.

**RM 1** – Ensure that all answering services include EMS (911) on their intake messages. "If this is an emergency, hang up and dial 911 now."

**RM 2** – Ensure that all answering services maintain a policy about 911 calls. All life-threatening emergencies should be redirected to 911. If in doubt, the call should be transferred to the call center on a direct line.

**RM 3** – For call centers that use service representatives to answer calls: use a red flag checklist to identify EMS and emergent calls. The charge nurse should monitor the triage call queue. For call centers that have incoming faxes and a nurse callback process: the calls should be screened and prioritized into emergent, urgent and non-urgent categories by the charge nurse. Attempt to return emergent calls within 5 minutes and urgent calls within 15 minutes.

**RM 4** – Use protocols that include a 911 disposition and triage questions that recognize life-threatening symptoms. Send these cases to ED by EMS, not by car.

**RM 5** – Before transferring a life-threatening call to 911, give 10 seconds of first aid advice if the advice could be life-saving (e.g., abdominal thrusts for choking).

**RM 6** – Use protocols that are evidence-based and incorporate the current standard of care. Use protocols that also are expert-reviewed, tested and updated yearly.

**RM 7** – Use the correct protocol. Be sure all triage nurses are carefully trained in nursing assessment to select the best protocol. Also monitor their ongoing performance by QI.

**RM 8** – Follow and adhere to the protocol's triage. Ask all the questions in the protocol. Do not skip triage questions unless your initial assessment already gave you the answer. Disprove the presence of any serious symptoms or diseases.

**RM 9** – Follow and adhere to the protocol's disposition. Don't downgrade a disposition. An exception: approved by charge RN and justification is well-documented. Follow your call center policy for these situations. If unsure, transfer the call to the on-call PCP.

**RM 10** – Don't accept a caller's self-diagnosis, unless it closely matches the protocol's diagnostic criteria for that disease. Mainly triage by symptoms.

**RM 11** – Ask about chronic diseases in nursing assessment to identify patients at special risk.

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## Risk Management (RM) Checklist continued...

**RM 12** – Use protocols that include inflicted injuries (child abuse or partner abuse) in the differential diagnoses. Have a call center policy about mandatory referral and reporting.

**RM 13** – Require triaging of all patients with symptoms. This includes high-risk groups (e.g., newborns, chronic illness, pregnant, and anyone sick). Never assume that these are advice-only calls.

**RM 14** – When no protocol applies and a patient is sick, use the No Guideline Available protocol to document the call. If familiar with the chief complaint, use nursing assessment and nursing judgment to reach a decision. If not familiar with the caller's concerns, request a consult from the charge nurse or PCP.

**RM 15** – For language problems, transfer to a nurse who speaks that language OR use a translation service.

**RM 16** – When referring a caller to the ED, give a time frame. Verify caller's understanding and acceptance of the disposition and time line. For serious conditions, also verify that the caller has transportation to the designated ED. If not, advise to call 911.

**RM 17** – If the caller wants the patient to be seen urgently, support them. Never block access to care.

**RM 18** – Always put the safety and well-being of the patient above everything else. If in doubt about caller compliance with emergent referrals, initiate a follow-up call or involve the on-call PCP as needed. Follow your call center policy about what to do with callers who are in disagreement.

**RM 19** – Always give the caller indications for calling back (the contingency plan). If middle of the night, ask caller to recheck patient's status in reasonable time.

**RM 20** – Have a policy that 3 calls about the same patient in a 24-hour period triggers a visit. An exception: checking a drug dose or care advice detail. Repeated calls suggest a hidden agenda, unanswered questions, or that the patient's condition is getting worse.

**RM 21** – The on-call physician must be available for callbacks within a reasonable time.

**RM 22** – Sometimes an on-call physician providing second-level triage may decide to downgrade a triage nurse's referral without talking to the caller. The nurse should refuse to transfer the PCP's disposition to the caller if she disagrees with it and the result could be harmful to the patient.

### Reference


- Schmitt BD: Telephone triage liability: Protecting your patients and your practice from harm. Advances in Pediatrics, Volume 55, Elsevier, Philadelphia, PA; 2008.


### Adaptation

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## Good Call Checklist

**Purpose** Use Checklist to Prove that a Specific Call Met the Standard of Care.

**Nurse Performance on the Call**

- ○ Triage nurse used an appropriate protocol
- ○ Followed protocol triage (did not deviate from protocol)
- ○ Followed any relevant policy
- ○ Documented an accurate assessment of patient at time of call
- ○ Reached appropriate disposition based on symptoms at time of call
- ○ Gave call-back instructions

**Call Center Policy and Procedure for Calls**

- ○ All calls are documented.
- ○ Call report for this call is available.
- ○ All calls are managed by approved protocols that incorporate current standards of care.
- ○ Comprehensive set of policies and procedures are available to support nurse triage practice.
- ○ Call center program has a medical director.
- ○ Triage nurse is qualified for her job.
  - *Only experienced nurses with appropriate clinical backgrounds are hired.*
  - *Nurse completed an established orientation program.*
  - *Nurse performance (as described in the Good Call Checklist) is periodically reviewed by an established QI program.*
  - *Ongoing training and education is provided to the triage nurses.*

### Reference


- Schmitt BD: Telephone triage liability: Protecting your patients and your practice from harm. Advances in Pediatrics, Volume 55, Elsevier, Philadelphia, PA; 2008.


### Adaptation

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