

KEY POINTS

- RSV, COVID-19 and influenza are causing higher than normal call volumes for 2022-2023
- The action plan described here can help you manage this surge
- Off-loading calls, increasing program efficiency and supporting your staff are part of this action plan

AUTHORS


Kelli Massaro, RN

Bart Schmitt, MD

STCC Pediatric Editors

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Winter Call Volume Surges: An Action Plan

The winter months typically bring higher call volumes for both telehealth call centers and office practices. This year, the surge started earlier than normal with a trifecta of infections: COVID-19, RSV and influenza. Surges in call volume can negatively affect customer service standards. The result can be upset callers and physicians, overwhelmed emergency rooms, and stressed staff.

The solution? An action plan to deal effectively with increased call volume. Elements include: 1) off-loading some calls safely to other resources, 2) increasing efficiency at both system and individual levels, and 3) supporting your staff.

Off-Load Informational Calls to Other Resources

Many inquiries during this time of year are from the “worried well” seeking accurate information and reassurance. These calls often don’t need nurse triage. Identify your unnecessary calls and try to offload them to other resources.

Non-RN Staff. Asymptomatic calls in healthy patients or information-only calls can be handled by a trained non-licensed support staff member. They can send approved information sheets to answer common questions. One such collection is the 350 Pediatric Care Advice (PCA) handouts that are available with the pediatric telehealth protocols.

For those patients with symptoms, you might also consider having a support team member email a care advice handout for their reported symptom to callers while they wait for RN callback. This may help shorten the time needed for discussing home care advice after triage is completed. Some patients may no longer need to talk with a nurse.

Since fever phobia drives so many unnecessary calls in pediatrics, consider proactively sharing the Fever Facts and Myths handout prior to nurse triage. This will reinforce that most fevers are good, turn on the immune system and hasten recovery time. This may help shorten RN educational call time and prevent a needless call in the future.



Websites. Another option is to redirect those callers to a reputable website to answer questions. Examples are your organization's website, local public health department (PHD) website, or national websites such as www.cdc.gov or the American Academy of Pediatrics's (AAP) parent website, www.healthychildren.org. You can also create your own health information files to assist staff in answering FAQs and provide referrals to local community resources. Your own organization could build a self-service area for respiratory illness information on their public website. All these links can be shared with callers. Flu/COVID-19 vaccine recommendations, a schedule of vaccine clinics, or list of public resources can be emailed or texted to callers who request this information.

Symptom Checkers. Another resource that can be used to offset many low-acuity calls is a symptom checker for self-triage and self-care. It can be downloaded as a mobile app, placed on a patient portal or on an organization's website. An app example is the Pediatric SymptomMD for both Android and iPhone. It is in English and Spanish. This features Dr. Schmitt's content and helps users determine if and when they need to call their doctor. It also provides home care advice for patients that aligns with our telehealth protocol care advice. The AAP has reviewed, approved and use this content (KidsDoc) on their parent website. Some children's hospitals use a customized version of this tool that is free to download and promoted on their organizational website. As examples, look for the ChildrensMD or Kid Care apps. In an office practice study (Greenwood Pediatrics), the use of this symptom checker reduced incoming sick child calls by over 50%. It can also be promoted at the end of calls by sending the caller the link to download the app and encourage future use before calling.

Promotion of Resources. To be successful, you need to strongly market your preferred informational resource(s) encouraging clients to use it before calling. Proactive advertising of these resources can be done with mailers or pre-recorded messages played for the caller during on-hold time. Also consider scripting an advice statement to prompt staff to inform callers of self-service options. Promoting these resources can also be done with posters displayed in prominent places, such as waiting rooms in physician offices and emergency departments (ED).

Fine-tune System Efficiency

Evaluate how calls are processed within your system. Are there changes to the call process that could make your system more efficient? An example would be using telephony, such as an auto attendant, to help front-end calls and direct callers to the most appropriate resources. These systems allow the caller to choose an option from a short voice menu to identify what service is desired. During the winter, it may help to offer callers an option to receive information if they are not calling for symptom advice. On-hold messages can answer common questions regarding respiratory illnesses or refer callers to an additional or different resource (e.g., website or local PHD). Also, look for creative software short-cuts for your ancillary staff and nurses (such as auto-documenting as much as possible). To help utilize ED resources more efficiently and reduce ED walk-ins, refer to Dr. Poole's article listed in our references.



Refine Individual Triager Efficiency

It is crucial for everyone to operate at peak productivity during high call volume months. Efficiency training can help staff refine their triage skills. In addition to fine-tuning software skills, focus on these triage training tips to improve efficiency:

- 1) **Keep moving forward through the call:** Chart as you go and avoid flipping backwards during the call process. Continue to move forward. You can check your documentation at the end. Try not to spend a lot of time adding unnecessary documentation after the talk time has ended. Talk time and completed call time should ideally be within one minute of each other.
- 2) **Keep charting concise:** Auto-document whenever possible by inserting pre-defined values from a table into text fields. Chart only essential relevant information that supports your protocol and disposition choice. Use standard medical abbreviations that are accepted by your health care organization.
- 3) **Stay organized in your call process:** Use a systematic assessment and call process. Ask for pertinent information only. Do not disperse care advice in the assessment portion of the call. Try to get into the protocol within 1-2 minutes after the start of the call; this will help you stay efficient. You only need to ask the triage questions that you don't already know the answer to. Stop asking questions once you reach a positive triage indicator.
- 4) **Limit chaotic backgrounds:** Interruptions, distractions, and caller background noise can add time to a call. In addition, problems with cell phone reception and dropped calls lead to longer call times. Try to control these factors for *non-urgent* matters using these tips:
 - For routine calls, if the caller is distracted by a chaotic environment, have them move to a quieter area or offer to call back. If distracted while driving, ask the caller to pull over when safe to do so.
 - For problems with cell phone reception, ask them to call back from a landline or where cell service is well established.
 - Ask to be put on speaker phone if two people are talking to each other (or over each other) regarding the patient.
- 5) **Take control of the call:**
 - Use the art of “gentle interruption”. After the first one or two minutes, when the caller takes a breath, gently insert yourself into the conversation and take control of the call.
 - Keep the caller focused on today's concern and what you can do to meet that need now.
 - For talkative callers, you may need to use more closed-ended questions or give two choices to them.
 - If they keep coming up with additional questions, direct them to other resources. (see page 2)



- Try complimenting them: “Sounds like you’ve done a great job so far, so try what we’ve talked about. Give us a call back if it’s not working”.
- If the caller still seems anxious after these steps, tell them to try specific care advice and offer to call them back. Example: swaddling for a crying baby.

6) Give limited care advice: Nurses have a tendency to give all the care advice listed on the screen. Giving too much advice is not the best practice for two reasons. First, giving a large amount of advice unnecessarily lengthens calls. Second, spoken medical instructions are poorly retained and can be inaccurately recalled by patients. The more information is given, the less is recalled correctly. (Kessels, 2003). Follow the checklist below to help avoid this common pitfall.

✓ Limit care advice to the 2 or 3 items most appropriate for the caller’s situation.
✓ Give simple and concise instructions. Do not use medical terminology.
✓ Focus on what they need to do right now and when to call back.
✓ For patients that get sent in now, they usually do not need any care advice. They will receive their care plan in the ED. Try to keep these calls brief.
✓ Do not repeat yourself unless the caller requests clarification or doesn’t understand.
✓ Ask at the end of the call: “Are you comfortable with this plan?”
✓ For delayed dispositions, email a matching handout (e.g., PCAs) to clarify complex care advice or to provide additional advice for later. Tell them it will answer any further questions they might have.
✓ Refer callers to other approved resources (see page 2). Can email or text links.

Supporting Staff During Winter Call Surges

Your staffing plan probably includes staffing up for increased respiratory call volumes in the early fall. Ideally, fill staff vacancies before needed and have training completed before surges occur. Other options can include:

- Increase a pool of temporary employees (prn staff) to supplement staff (looking for contract employees such as experienced staff that have recently retired or nurses from other departments that want extra hours).
- Hire traveling RN’s (12-13 week contracts).
- Add remote on-call shifts or use split shifts to add to your baseline numbers.
- Offer staffing incentives to get commitment to increase staff work availability. Think outside the box for these incentives! Money may not motivate everyone, so explore different options.

Focus on retaining your good employees, as it is detrimental to lose experienced staff during this time of year. High call volumes are stressful, so reward your staff for a job well done by designing and implementing various recognition programs. Developing a sound retention strategy that addresses both individual needs and extrinsic system factors that support employees is essential for your program. The rewards to investing in this are low turnover, quality excellence and increased productivity. Simply put, happy employees stay, and high retention impacts your financial bottom line and improves overall service standards.



Happy holidays to all STCC users and here's hoping we all survive another wild winter!

References

- Kessels RP. Patients' Memory for Medical Information. J R Soc Med 2003;96(5): 219-222.
- Poole S, Todd J, Schmitt B, et al. Office "Phone First" Systems Reduce Emergency Department/Urgent Care Utilization by Medicaid-enrolled Children. Acad Pediatr. 2022 May-June; 22(4): 606-613.
- Symptom Checker information: www.selfcare.info
- Care Advice handouts for callers: discuss with your triage software provider