

Title: After Hours Triage: Who are your patients talking to?

Subtitle: Implementing a nurse driven after-hours call center

The James

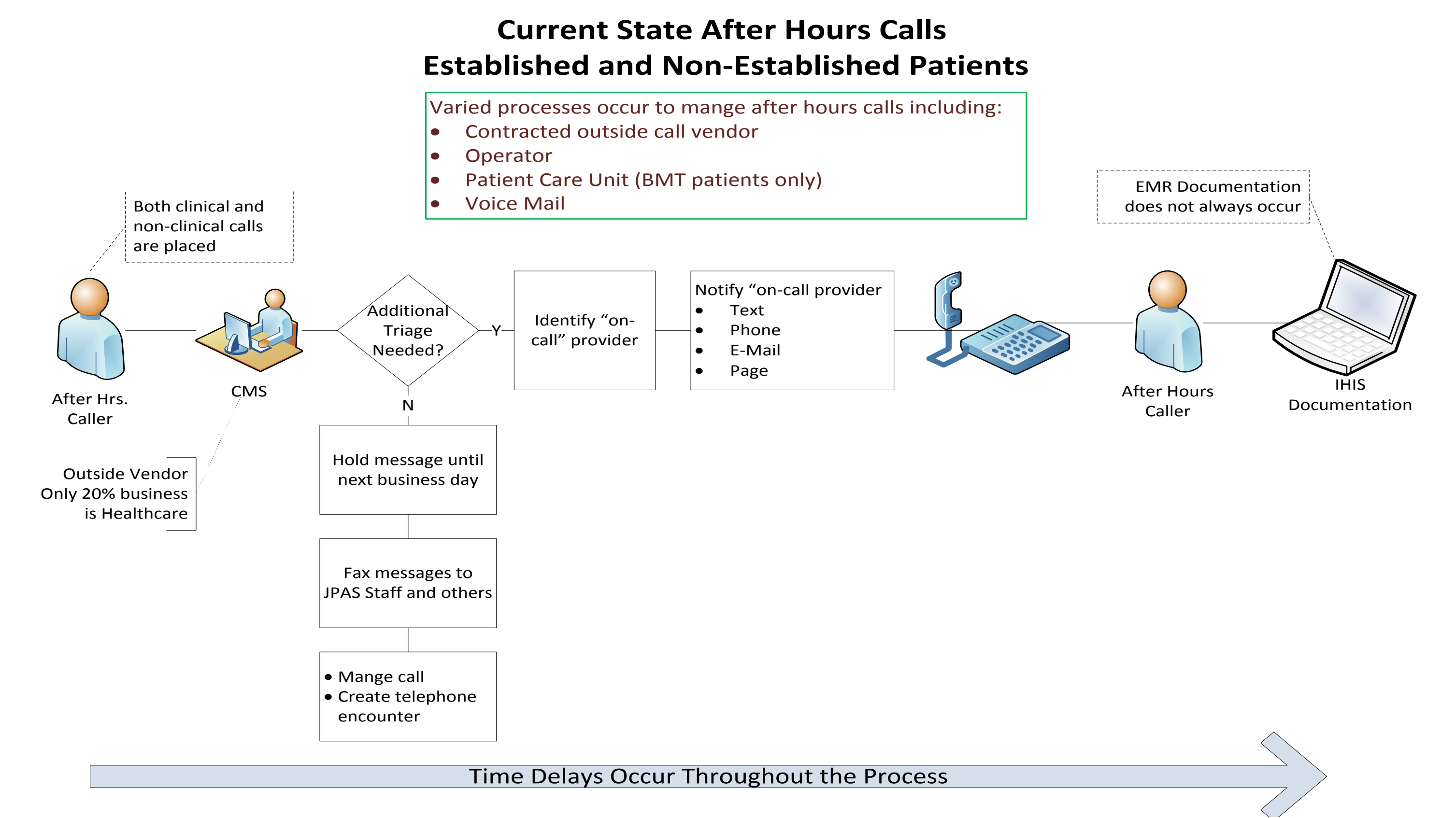
THE OHIO STATE UNIVERSITY
COMPREHENSIVE CANCER CENTER

Authors: Robert C. Stillman, MA, RN, CPHIMS®; Sharon K. Steingass MSN, RN, AOCN®
Institution: The James Cancer Hospital and Solove Research Institute at The Ohio State University Wexner Medical Center, Columbus, Ohio.

Problem Statement: Reason for Action

- Calls from James cancer patients during non-business hours are being managed in a variety of ways.
- Some calls are being managed by an outside vendor which is not a health care call center. Call center agents take a message but do not have skills or knowledge to manage the call/request.
- The outside vendor has instructions on what information to obtain and how to escalate the call, however instructions are very basic, cannot be designed to manage patient care calls. Instructions are sometimes not followed and clinical call may not be managed timely.
- When calls are escalated to a care provider, there is a delay between when a call is taken by the outside vendor and when a health care provider calls the patient or caregiver back to gather more information and manage the situation.
- Some calls need immediate attention based on the symptoms that patients are reporting.

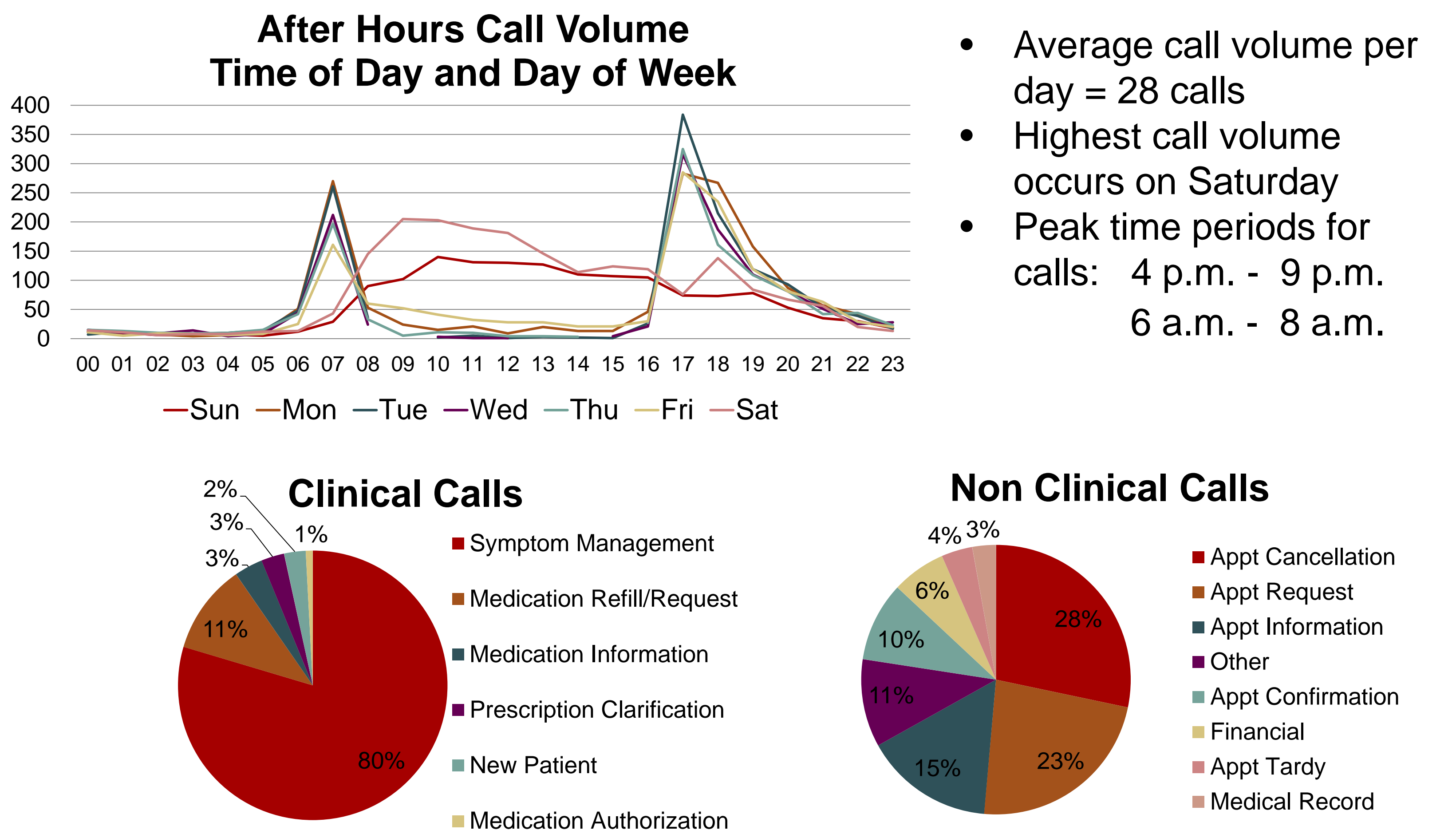
Current State: After-Hours Phone Calls



- Four different options are used to manage after-hours phone calls
- Patients never have the opportunity to speak directly with a care provider, thus first call resolution is not possible
- No established timeline to call patient back

Special thanks to the interprofessional team who helped with this process improvement project and the support of the CNO and other members of senior administration.

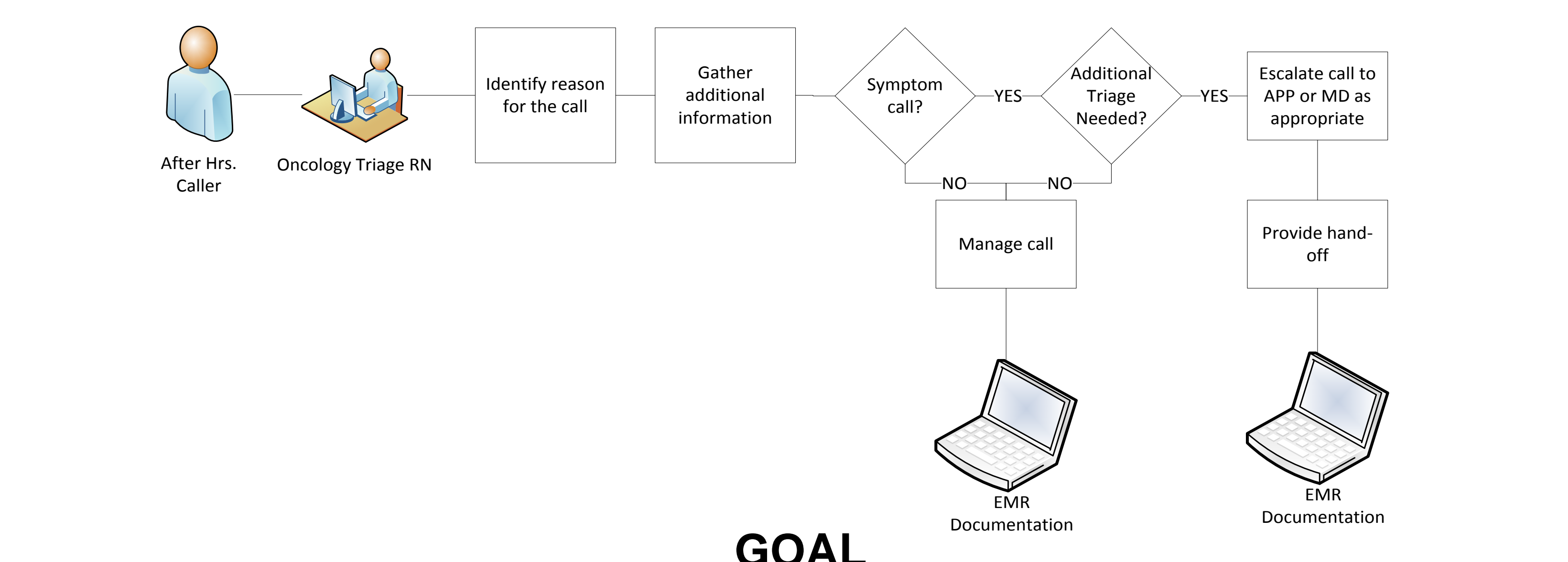
Baseline Data



- Average call volume per day = 28 calls
- Highest call volume occurs on Saturday
- Peak time periods for calls: 4 p.m. - 9 p.m. and 6 a.m. - 8 a.m.

- #### Highest volume of symptom calls
- Pain
 - Fever
 - Nausea/vomiting
 - Critical test result
 - Wound or incision issues
 - ER provider call
 - Bleeding
 - LOC changes or dizziness

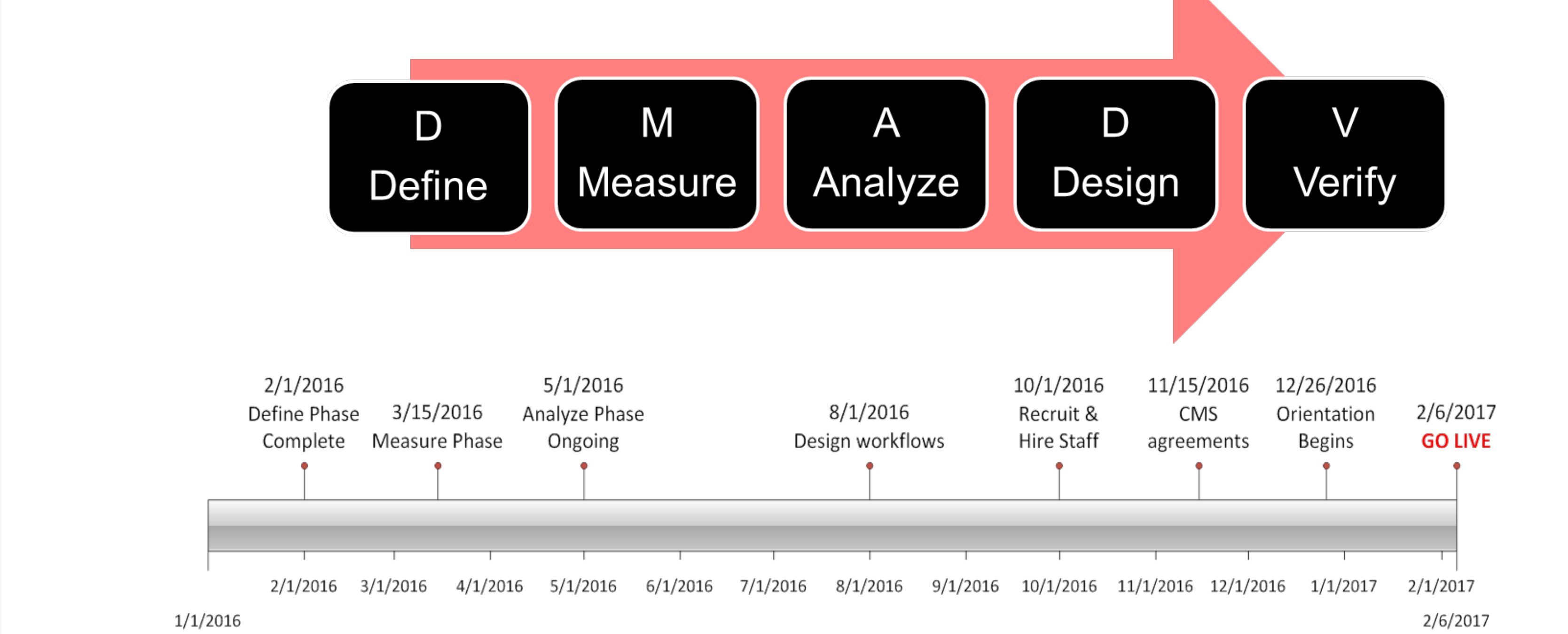
Future State: After-Hours Phone Calls



GOAL
In a phased approach, implement a nurse driven after-hours telephone triage center that uses evidence based protocols to assure comprehensive assessment, provision of consistent care advice and determines disposition of patient.

Process Improvement Method

Process improvement approach used to design new nurse driven triage department and implementation timeline.



- #### Key Accomplishments
- Development of:
 - Telephone Triage Nurse Position Description
 - Orientation materials and SharePoint site for staff resources
 - Peer review tool
 - Organizational communication materials
 - Caller satisfaction tool
 - Implementation of EMR telephone triage module using evidenced based decision making tools
 - Review of 240 evidenced based telephone triage protocols
 - Creation of key performance metrics to measure success

Metric	Description	Unit of Measure	Baseline	Target
Call volume	# of calls per day and time of day	# calls/day # calls /hour	28 calls/day Variable	TBD
Protocol Volume	Most frequently used triage protocols by physician and disease	# triage protocols used /day # triage protocols by disease & MD	N/A	TBD
Call Duration	Average duration of calls in minutes	Duration of calls/day Duration of calls by triage RN	N/A	TBD
Call Disposition	Disposition of call based on triage – with a focus on ER disposition	# disposition of calls/day	N/A	TBD
First call resolution	Calls that are resolved on the initial call placed by patient/caregiver	%of calls/month resolved during the first call	0%	20%
Speed of answer	Calls answered within three (3) minutes	% of calls answered within three minutes	N/A	
Abandoned rate	Percentage of inbound calls made to triage center that are abandoned by caller before speaking to a nurse	% of total calls/abandoned calls	N/A	Less than 5%
Caller satisfaction	Overall satisfaction score	Satisfaction response data	N/A	80%
EMR documentation	Calls documented in the EMR	# calls/# of telephone triage calls that are created	66%	100%