

# Caller ID: The Art Of Telephone Triage

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**T**riage can be defined as the sorting and allocating of treatment to patients, especially battle and disaster victims, according to a system of priorities designed to maximize the number of survivors: those with the most severe and life-threatening injuries are treated first unless their injuries are deemed untreatable. Triage also encompasses the concept of assigning priority order to projects on the basis of where funds and resources can be best used or are most needed. Telephone triage can be seen as an interesting hybridization of both of these concepts.

What is telephone triage? In its emerging form, telephone triage can be seen as an additional service that is offered by many health care facilities, such as freestanding clinics and hospitals, including emergency rooms. It offers patients the opportunity to call the facility, to ask questions, to discuss their symptoms, and within a short period of time, to receive guidance regarding their concerns. Telephone triage offers the opportunity for a health care worker (frequently a registered nurse) to interact solely by telephone and to intervene at an early (and potentially less expensive) point in a disease process and recommend a visit to a clinic or local emergency room.

Telephone triage can also encompass the areas of patient teaching and medication refills, and can promote patient self-care. It can represent advice that ranges from basic first aid recommendations to sophisticated disease management advice from a subspecialty practice. In the era of managed care, the concept of telephone management is particularly relevant, as practices look to find ways to provide efficient and cost-effective care.

### Components of Telephone Triage

One of the first considerations when evaluating patients over the phone must be the educational level of the person responsible for the triage role.

There are many variations of telephone triage, from clerks initially transferring calls to nurses if the issue is something other than medication refills, to an RN-staffed nurse information line. However, this triage role is commonly filled by a registered nurse, as it is vital that the person answering the phone have the ability and training to adequately assess the situation.

Experience in quickly evaluating a patient may be helpful. At the minimum, the person should demonstrate good communication skills, the ability to work well under pressure, and have a record of documenting events clearly. The basics of the nursing process are still required in this role: assessment, planning, implementation, and evaluation (Rutenburg, 2000). In fact, these skills may be more vital, as planning and implementation must occur without the benefit of seeing the patient and correlating the complaints with a physical presentation. Basing an entire plan of care on only verbal input from the patient can present a significant challenge to a seasoned nurse who is used to touching and seeing patients.

Equally vital to the success of a telephone triage program is a period of orientation for the person answering the phone. Basing an entire plan of care on only verbal input from the patient can present a new challenge, and a new role, to many nurses. Someone who is an excellent clinic or staff nurse will not necessarily excel at telephone triage. Ideally there should be the opportunity to observe and work with an RN who is seasoned in the role. In addition, the institution or practice should have an established set of guidelines specific to the clinic for referral and documentation in place.

Triage guidelines may be as simple as verifying that the patient is a client of the practice before transferring the call to a clinician, or they may take the form of a sophisticated set of questions for a particular complaint. Any guidelines should be developed in collaboration with the practice's clinicians, including physicians, nurse practitioners, and physician assistants. Guidelines should be reevaluated periodically to keep pace with changing practice guidelines nationally and the needs of the individual practice. Guidelines should also accurately reflect protocols for verbally evaluating conditions or complaints that present to the practice, and

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which can be reasonably evaluated over the phone. The protocols should provide enough flexibility to allow for flexibility on the part of the nurse as he/she evaluates a patient.

Documentation guidelines can take many forms, but certain components of documentation should exist regardless: demographic information, time and date of the call, history of the complaint, details of the complaint, the patient's previous history and allergies, aggravating and alleviating factors, and over-the-counter remedies. Not only is this helpful in categorizing a complaint, but it also creates both a medical and legal record of the contact with the patient. The documentation must include the advice provided by the triage nurse. The legal duty in this interaction begins when the nurse or other clinician begins to give advice (Van Dinter, 2000). If the triage RN discusses the call with one of the practice's clinicians, this should be clearly documented.

In addition, there should also be established guidelines for the types of information that are to be discussed over the phone. Many patients will call a practice seeking results of routine laboratory and diagnostic studies. A variety of results are appropriate for discussion over the phone, but some tests, such as genetic testing, should be discussed over the phone only at the clinician's discretion.

### **Benefits and Drawbacks**

The clearest benefit to telephone triage is the enormous convenience it represents for patients and clinicians alike. It can increase overall patient satisfaction with the practice; patients feel that their issue is addressed quickly by someone who is experienced, knowledgeable, and caring. It effectively decompresses clinics and allows clinicians to function more cost effectively by avoiding unnecessary clinic appointments.

It is essential to weigh the risks of treating over the phone, without the benefit of a physical examination, with the need of the patient for immediate information and feedback. It is helpful if the patient's chart is available at the time of the call. This can be facilitated by incorporating electronic charting into the practice. Patients should always be cautioned that while a certain degree of advice can be given over the phone, it is impossible to provide a complete evaluation, particularly since the information is being provided subjectively by the caller.

This represents a serious drawback to telephone triage: the RN must rely only on the patient's subjective description of signs and symptoms. Patients may not understand the nature of the questions or words that might be used when trying to qualify their condition, and may underestimate the severity or overlook potential causative factors. It is vital that the nurse have excellent communication skills to clearly detail the caller's complaint. It is also important to speak directly with the patient whenever possible, to avoid any additional interpretation of the complaint that may occur. (Speaking to the patient directly, rather than a family member, is par-

ticularly relevant with the onset of Health Insurance Portability and Accountability Act [HIPPA] regulations.) The RN must also be able to accurately triage a complaint as emergent, urgent, or routine based on the quality of the information provided, as well as to effectively engage the patient in a discussion of what is required for his care. Patients should always be offered a followup appointment for a complete evaluation; if the appointment is declined (or the condition is deemed nonthreatening), the triage nurse may simply call the patient back to verify that his condition has improved.

The single biggest pitfall in telephone triage is the failure to document the encounter. A great deal of information can be given by the patient and triage nurse alike, but if there is no record of the conversation, it never happened. This can be problematic if the patient's condition progresses to something more serious, if the chart is subjected to review, or in case of subsequent legal action. Documentation also provides an accurate record for any other provider who may come into contact with the patient after the phone call has ended, as well as providing a method for tracking the workload of the telephone triage nurse.

### **Reimbursement**

Most insurance carriers do not reimburse for telephone, email, and fax consultation (Buppert, 2002; Melzer & Poole, 2002). Telephone evaluation involves not only a degree of experience, but can incur considerable overhead expense and malpractice risk. The Health Care Financing Administration has not assigned a relative value unit to telephone care, so it is seen as a procedure that is *not* valuable enough to justify payment. Even in a practice that has rigorous guidelines for documentation and billing patients regarding telephone calls, when attempts are made to bill for telephone care, it is seen by insurance companies as a routine extension of the office visit and payment is denied (Melzer & Poole, 2002).

Under these circumstances, it is not cost effective for physicians, nurse practitioners, or physician assistants to triage a majority of phone calls in a practice environment. Some calls will require the advanced training and experience of one of these clinicians, but in most cases the triage role can be effectively handled by an RN with the proper training and tools (for example, protocols, access to records) to support him or her.

### **Conclusions**

Telephone triage has enormous potential to help patients who have routine complaints that can be managed at home, to provide efficient followup of routine laboratory results, to offer a way to reinforce patient teaching, and to identify patients with emergent conditions who require medical intervention. Telephone triage enjoys a high degree of patient satisfaction, helps promote loyalty to the practice as

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## Issues

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patients feel that their needs are being addressed in a timely manner, and decreases the flow of unneeded patient appointments. It also represents one of the fastest growing areas of clinical practice for the registered nurse.

The RN is uniquely qualified to perform the majority of these responsibilities, due to the application of the nursing process and by virtue of clinical experience. Telephone triage is a necessary element in the art of finding the best way to manage an increased volume of patient phone calls to a practice in the most cost-effective manner. ■

### References

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### Additional Readings

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- Mueller, N.M. (2000). *Telephone nursing practice in adult urology: A manual for urology nurses*. Pitman, NJ: The Society for Urologic Nurses and Associates.

A telephone triage nurse's role is to assess the symptom severity rather than diagnose the patient's condition over the phone. Protocols are followed in evaluating a patient's health status in order to identify conditions that can reasonably be evaluated over the telephone (Quallich, 2003). To evaluate the AYN, the rate of caller ED visits before accessing the AYN for the first time was compared to the caller ED visit rate afterwards. The pre-post rate change was compared to that of a control group of similar caller age, race, gender, and insurance status drawn from a Harris County Hospital District HCHD database. Best caller ID! See photos of people calling & get a visual phone address book. Use our true caller ID to identify calls and see photos and names of unknown calls and contacts in your phone book by only clicking one icon. Know in a blink who's calling you - see their name and image before you even get on a phone call. Only click one icon to bring it all together in one place - all people, all contacts, all apps, all ways to communicate with them. Know who's there With Eyecon's visual caller ID - know who you're speaking to before you answer the phone or dial a number. With Eyecon's unique reverse lookup feature, connect to their entire digital persona so you can dive deeper into their true ID including Facebook photos and more. Caller identification (Caller ID) is a telephone service, available in analog and digital telephone systems, including voice over IP (VoIP), that transmits a caller's telephone number to the called party's telephone equipment when the call is being set up. The caller ID service may include the transmission of a name associated with the calling telephone number, in a service called Calling Name Presentation (CNAM). The service was first defined in 1993 in International Telecommunication Union... Secondary telephone triage to divert low-acuity patients to alternative non-ambulance services before ambulance arrival has been trialled in the UK and USA as a management strategy to cope with the increase in ambulance demand. The objective of this systematic review was to examine the literature on the structure, safety and success of secondary triage systems. For inclusion in the study, the telephone triage system had to be a secondary process, receiving referred patients who had already been categorised as low priority by a primary triage process. Two independent reviewers conducted the search to identify relevant studies. Six articles and one report were identified.