UCSF Benioff Children's Hospitals

UCSF's Telephone Triage Magnet Journey

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Telephone Triage Council

I. Organizational Overview

- Started in August 2015 with a small group
- Council members invited across the enterprise
- Primarily Ambulatory Services
- All nurses doing telephone triage encouraged (although it took a while to find everyone!)
- Monthly in-person meetings with call in option

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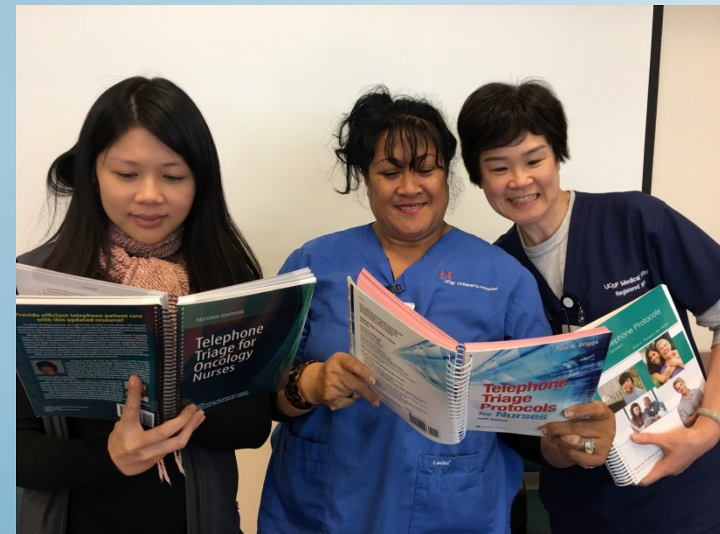
Organizational Overview

- Protocol for Non-Providers: the key to our process
- Over 125 adult and pediatric protocols available via smart phrases (and growing)!
- We collaborate to build other smart phrases to help nurses across UCSF.



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Members

- In order to connect nurses doing triage, we created an email distribution list. It currently has 120 nurses on it including at least 5 NPs.
- A sampling of departments include DGIM, Peds Ambulatory Acute Care, Adult Primary Care, Executive Health, Ambulatory Neuro, Home Care, Ophthalmology, Ambulatory Services, Care Transitions Outreach Program, Oncology

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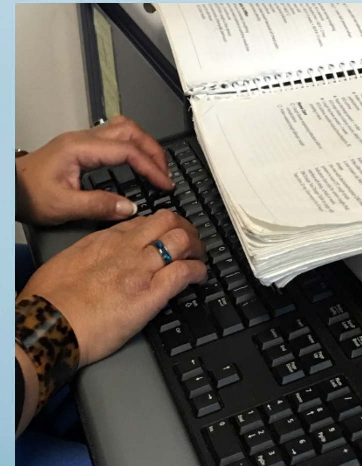
Consistency among nurses. Even experienced nurses benefit from education on guidelines & documentation. The pt should get the same disposition if nurse A or B took call.

Our Telephone Triage system provides a structure for safe practice that ensures appropriate outcomes for patients.



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II. Transformational Leadership

- **Input from RNs on best practice:** reviewed what was and wasn't working (specifics from within departments that apply to others including lack of protocols/scripts, workflow with routing MyChart messages and CRMs, long narratives; system barriers such as interrupting one call to take another), standards on how symptom-based smart phrases should be named for easier navigation, allowing each triage nurse to use their own system to organize relevant assessment info but follow approved protocols to arrive at disposition and capture conversation by using electronic smart phrases.
- **Steps to standardization:** education, competency, feedback from members, consistent IT staff in Apex to optimize functionality of smart phrases.
- **Council members recommend improvements/direction of next smart phrase batches:** use of SBAR incorporated into smart phrases, provider f/u listed first, mentoring of other nurses who are not able to attend meetings.

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III. Structural Empowerment (S.E.)

S.E.

Resources (empower)

Council, dedicated staff to build smart phrases, equipment

Information (enhance)

Education, smart phrase cheat sheets, standard approach in how symptom based smart phrases to be used

Enable (support)

Email distribution list to connect all nurses doing triage, visits to various departments, and collaboration

Growth (engage)

Improving functionality of smart phrases based on RN feedback, input on online education of other RNs, audits, case studies

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IV. Exemplary Professional Practice

- **Interdisciplinary team input to fit common calls that have no protocol:** generic smart phrase, general pain, injection site pain
- **Developed scripts to help patients understand process:** it took several rounds to come up with guidelines on how to walk patients through what to expect with the multiple questions they would be asked. This is now used with education to help new nurses.
- **Competency:** a tool was created to capture core elements needed to meet standards across the organization.
- **Audit tool:** to capture effectiveness of process and outcomes with the aim to improve where possible.
- **Shared tips:** RNs offer ways to minimize keystrokes, how to handle certain situations.
- **Education:** modified based on RN input to focus on UCSF processes, offer online version to reach more nurses, Council gave tips to class (next slides)

Part 1

Education "Advice" from Your Council:

- **Start with an open-ended question.** "Tell me about your symptoms in your own words."
- **Redirect pt to current time.**
  "Due to the urgency of the call, let's review your biggest issue now and have you discuss ongoing issues w provider"…
  "Are you having chest pain RIGHT NOW?"
  "What is most concerning to you RIGHT NOW?"

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Part 2

More "Advice" from Your Council:

- **Set timer.** Let caller talk for 90 seconds then ask them the series of yes and no questions.
- **With multiple symptoms…** address the more serious one, then include other issues in notes (also c/o x,y,z and denies x,y,z)
- **When symptom vague…**sometimes pts can't describe sx. as they don't have the vocabulary. OK to ask a leading question.

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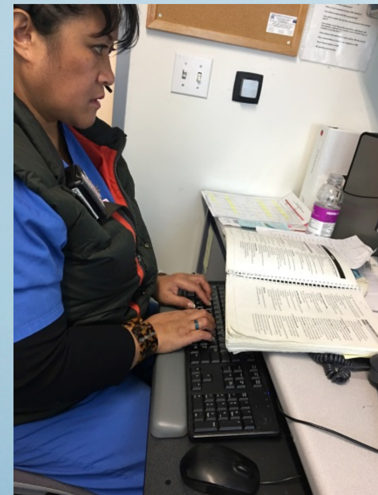
Part 3

Last "Advice" from Your Council:

- **To a parent,** "You are my eye and ears. Describe what you are seeing."
- **Don't go this alone.** Good to have peer support.
- **Network!** It helps to bounce ideas off each other and have support.
- **When unclear, bring the patient in to be evaluated.**



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V. New Knowledge, Innovations & Improvements

- **Modified smart phrases:** optimized "Advice Provided" section with multiple select options and markedly reduced typing.
- **Ongoing education opportunities**
- **Subspecialty areas added** (Oncology)
- **Wrote procedure**
- **Audit tool:** to capture effectiveness of process and outcomes with the aim to improve where possible.
- **Have fun** while improving pt. care