

# Telephone triage in practice

Telephone triage, or telephone consultations, is becoming increasingly popular in primary care.<sup>1</sup> In spite of the available technology in healthcare, old-fashioned talking to patients over the phone is still an integral part of their care.

Telephone triage is commonly being used to manage requests for same day appointments and to meet access targets.<sup>2</sup> The benefits for patients include: easier access; convenience; savings on time and money; less time off work; and improved contact and, therefore, improve compliance with treatment.<sup>3</sup> Telephone triage can help manage workload,<sup>4</sup> reduce numbers of home visits<sup>5,6</sup> and provide an opportunity for patient education and empowerment.

Limited research on telephone triage has shown it can improve outcomes<sup>2,5</sup> with 50 per cent of calls being safely managed to self-care.<sup>6</sup> Recent research has suggested that telephone triage is not appropriate for acute illnesses 'in office hours'; as interactions are shorter than face-to-face consultations, they are less likely to include sufficient information to exclude serious illness, therefore making them less safe. Interestingly, none of these studies refer to whether the clinician has been appropriately trained in telephone communication skills and telephone triage skills.

## Telephone triage models

There are a variety of telephone triage models being used. The level of telephone triage possible can depend on list size, staff numbers, clinicians' experience and the IT/telephone system in place.

Medical practitioners commonly avoid using an IT-based Clinical Decision Support System (CDSS) for their triage, as they are more comfortable with their own medical knowledge and experience. Some nurses are using this type of system for their assessments, such as those used by the nurses working in Health Direct Australia or Nurse-on-Call, whilst others like general practitioners (GPs) depend fully on experience and nursing knowledge.

The receptionist usually takes some information for the nurse to call the patient back; either at an allotted time or when the nurse is available, i.e. in-between patient appointments or at the end of

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surgery. The information recorded by the receptionist and the format used — written or electronic — varies. Some practices use a pro-forma or template on which to collect information.

## Carrying out telephone triage

### The role of the receptionist

Implementing a system, which requires the receptionist to ask more questions about the nature of the call in order to 'signpost' for telephone triage or directly to an appointment, may make patients angry and disinclined to provide information to a non-clinician. Training in how to manage these calls and to signpost correctly is paramount. Engaging with callers and getting them to comply with receptionists is vital.

A recent report suggested that all managers should review training to ensure frontline teams are able to identify and handle urgent calls. Entering information on to a triage pro-forma or protocol will ensure standardisation of information taken, messaging and will also reduce the risk of missing information vital to the clinical triage. It is a good idea to have 'scripts' for the receptionists to follow at first.

Communication skills training for receptionists is also important. Receptionists may take longer on calls as they may need to ask more questions and therefore capacity amongst staff answering phones will need to be considered.

The overarching issues that need to be considered for practice nurses when carrying out telephone triage are staff training, telephone/IT systems and communication. You should consider who will be involved and what skills they have for this type of work. Caring for patients over the phone is significantly different from face-to-face care and not everyone has the right aptitude and skills to do it well. Even GPs and nurses who have been talking to patients over the phone for years may still require more formal training in telephone triage. Good triage training will equip the nurse with the ability to handle the uncertainty of sensory deprivation and will provide the information on how to communicate effectively as part of the risk management of any telephone call.

Voice recording of calls in Australia is rare but becoming more and more prevalent in the UK. Voice recording calls:

- supports clinical audit and quality assurance of triage
- supports clinical supervision for nurses
- is a powerful learning tool
- is good for teaching purposes
- provides self-reflection and learning, as well as peer review possibilities
- can be used for complaints investigations — usually supports the nurse not condemns them.

Common pitfalls in telephone triage include:

- lack of training in triage and communication skills
- lack of preparation and planning
- not communicating effectively — engagement is key to success and complaints relating to communication problems are frequent
- failure to plan adequate time for triage calls — fitting in-between other activities

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- insisting staff do telephone triage when they do not like it or lack confidence
- failure to adopt a 'telephone culture' therefore calls interrupted, which leads to risk
- poor risk management.

## Medico legal concerns

Telephone triage is an accepted form of remote assessment. The medico legal aspects of this work are the same as any other form of nursing or medical practice. There is, however, a lack of specific guidance when it comes to telephone triage, but the usual best practice regarding accessing training, keeping yourself up-to-date and knowing when you have exceeded your professional boundaries remain.

Poor triage can lead to an increase work load if triage results in face-to-face appointments, because the nurse lacks the confidence or skill to recommend telephone advice when possible. Third party calls are common in telephone triage and a particular risk, which can be managed by practice protocols and effective training. Other considerations are confidentiality and consent, especially with answer phones and documentation of calls.

Many practices consider using their nursing teams to do telephone triage and research has shown that nurses are as safe as GPs<sup>5,6</sup> — patients are equally as happy speaking to a nurse. They may take longer on triage, but they may be more effective. Nursing staff can be an excellent resource for managing demand for GP appointments, but practices must provide adequate clinical supervision for professional accountability. Voice recordings can help with this task.

## The patient perspective

Research indicates patients are happy to accept telephone triage and some find it more convenient. The key, however, is clear communication and engagement with patients.

## Cost

The cost of implementing a triage system will greatly depend on existing telephonic and IT infrastructures, the level of staff training required and the administrative processes in place. Costs can escalate if practices decide to use a CDSS for its nursing staff, as these systems are usually expensive with the additional costs of licenses and maintenance. Effective protocols developed in-house can be as supportive as a CDSS and can also allow more flexibility for local patient pathways, experience and caller context.

Telephone triage will only be efficient if it is done appropriately by clinicians who are confident and proficient in this skill area.



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# Telephone triage Q&A

## What makes telephone triage different?

### Telephone triage or telephone consultations

Telephone triage has become more common and takes place in many different settings. Nurses working in general practice often give advice to patients over the phone, but do not realise they are 'triaging'.

Nurses are trained to physically assess someone's condition and give advice or provide treatment. However, skills for physical examination are not immediately transferable to telephone consultations without training.

### Missing information

Decision making in telephone triage is complex, not only because the nurse is not physically with the caller, but also because they are relying on the caller's own understanding of their condition. Vital pieces of information may be missing unless the triager is able to completely and accurately extract it using verbal clues.

### Communication skills

You need different skills when assessing patients by telephone. Without body language you have to use your tone of voice to convey interest, sympathy and even control. Communication problems often account for many complaints in healthcare.

## How do nurses ensure they give good advice over the telephone?

### Protocols or systems

Nurses working in Health Direct Australia, Nurse-on-Call or some afterhours providers use a Clinical Decision Support System (CDSS). These systems support decision making and provide evidence-based self-care advice. However, many nurses using a CDSS become 'system operators' and rely too heavily on the system to suggest the appropriate outcome (level of care advised) or they 'blame' the system for inappropriate outcomes if criticised for being risk adverse or mistriaging.

### Training, not just experience

Nurses working in primary or secondary care rarely use a CDSS or work to protocols. They rely on their experience of face-to-face assessments to decide the level of care, and to give advice. However, accurate assessment by telephone means knowing how to ask the right questions at the right time and how to engage the caller with the right communication skills.

In many calls, triage is through a third party and may even be in the absence of the patient. This carries even more risk and requires specialised training to ensure these situations are dealt with safely.

### Protocols

Protocols developed in-house or bought 'off the peg' help standardise advice and outcomes, which can vary depending on levels of experience and training. Nurses can protect themselves legally by using protocols, exemplary documentation and recordkeeping and quality assuring their work; however, not many nurses work to all these principles.

### Supervision and quality assurance (audit)

Alongside training, nurses need clinical supervision. Few nurses have their calls voice recorded, making supervision difficult, but not impossible. Where calls are voice recorded, nurses should get an appropriate quality assurance, or at least have a colleague review the quality of their calls. Listening to your own calls is a powerful form of instant feedback.

Without proper auditing, using the right people, quality tools and feedback processes, the nurse may be practicing unsafely or arranging face-to-face appointments unnecessarily.

### Unnecessary appointments

Failing to empower patients to manage their own care creates a culture of dependency. If a patient is seen unnecessarily, in future they will not be satisfied until they are seen face-to-face. Poor telephone consultation results in missed opportunities to educate patients.

## What are the main challenges facing nurses working in this area?

### Demand and cost

Demand for instant healthcare is increasing. Telephone access is popular and as seen with the swine flu pandemic, nurses were 'drafted in' to manage increased demand for appointments. Without knowing how to do this safely, competently and with confidence, patients may be seen unnecessarily or, more worryingly, be denied care.

### Training and development

Nurses often see this work as part of their role and do not question their ability to do it. If asked to catheterise someone or to take a PAP smear without training, a nurse would refuse in order to protect the patient and their registration. However, when it comes to telephone triage, they do not appreciate the risks involved and often undertake this role without additional training.

With little access to clinical supervision, training and development, nurses often have to find training courses and meet the cost themselves.

## Has the use of telephone services changed?

Demand is increasing. Thousands of people now seek advice from nurses over the phone each year. Other services are increasingly using the telephone to monitor and treat patients remotely.

### Managing long-term conditions

Telephone consultations are being used for asthma reviews and management of other long-term conditions, such as coronary heart disease and diabetes. The savings can be enormous. In addition, research shows that people with long-term conditions comply better with their treatment programs if the reviews take place over the telephone rather than face-to-face.

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