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Telephone triage and midwifery: A scoping review

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ABSTRACT

Background: Midwives use telephone triage to provide advice and support to childbearing women, and to manage access to maternity services. Telephone triage practises are important in the provision of accurate, timely and appropriate health care. Despite this, there has been very little research investigating this area of midwifery practice.

Aim: To explore midwives and telephone triage practises; and to discuss the relevant findings for midwives managing telephone calls from women.

Methods: A five-stage process for conducting scoping reviews was employed. Searches of relevant databases as well as grey literature, and reference lists from included studies were carried out.

Findings: A total of 11 publications were included. Thematic analysis was used to identify key concepts. We grouped these key concepts into four emergent themes: purpose of telephone triage, expectations of the midwife, challenges of telephone triage, and achieving quality in telephone triage.

Discussion: Telephone triage from a midwifery perspective is a complex multi-faceted process influenced by many internal and external factors. Midwives face many challenges when balancing the needs of the woman, the health service, and their own workloads. Primary research in this area of practice is limited. **Conclusion:** Further research to explore midwives' perceptions of their role, investigate processes and tools midwives use, evaluate training programs, and examine outcomes of women triaged is needed.

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Statement of significance

Problem or issue

While there is a body of knowledge related to nursing practise and telephone triage, little is known about midwives' practises of telephone triage.

What is already known

Midwives use telephone triage to assess women's concerns and to determine if they need face-to-face assessment.

What this paper adds

This review identifies factors that positively and negatively influence midwives' practice of telephone triage, and subsequently highlights the need for further research into the most effective interventions to promote consistency and quality of midwives' telephone triage, including training programs, processes, clinical outcomes, and workload management.

1. Introduction

Triage was introduced into hospital settings during the 1950s and 1960s due to high patient volumes in emergency departments.¹ Triage is defined as the process to determine level of urgency and type of health care required.² It requires the caregiver to ask questions, assess urgency, and make clear decisions regarding appropriate advice and referral.² Recognised

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internationally as a means for managing access to health care, triage aims to reduce the demands on the health service.³ Triage via the telephone has developed as access to telephones became prolific in households throughout the twentieth century.

In maternity care, the telephone is a means for a woman to establish contact with a health care provider. Bunn et al.⁴ describe telephone triage as the process where a health care practitioner receives a telephone call, assesses the caller's concerns, and determines a plan of management. The goal of maternity telephone triage is not to diagnose, but to identify if the woman requires face-to-face assessment or referral to a more appropriate service.⁵ Midwives perform a degree of triage whenever a woman telephones with a matter outside of a planned appointment. However, midwives themselves may not refer to this function as triage in its purest sense.

Whilst much has been written about triage in other disciplines such as nursing, predominantly in emergency departments^{6,7} and primary care settings,^{8,9} less is known about the practice of telephone triage by midwives. There are many factors to consider in relation to telephone triage, including whether there are specific skills or knowledge required; core competencies; transferrable in-person assessment skills; importance of consistency of advice; purpose of telephone triage in the maternity setting; clinical outcome measures; legal considerations; managing risk; if specific education or training is required; workload impacts; and relevance of experience^{8,10–12}.

Poor quality telephone consultations may lead to inappropriate admissions associated with increased health care or maternal costs, dissatisfaction from women, decreased job satisfaction for midwives, and raised maternal or perinatal risk.^{2,5,8,13} Considering the importance of midwives' ability to perform telephone triage, this scoping review explores midwives' current practice of telephone triage with the purpose of informing future research, midwifery education and the health care industry.

2. Methodology

A scoping review is 'a form of knowledge synthesis that addresses an exploratory research question aimed at mapping key concepts, types of evidence, and gaps in the research related to a defined area or field by systematically searching, selecting, and synthesizing existing knowledge'.¹⁴ p. 1292 The opportunity to capture a wide range of study designs and as a technique to map the literature makes the scoping review suitable for exploration of midwifery and telephone triage. A preliminary review of the literature examining midwifery telephone triage indicated there was very limited primary research therefore the scoping review was considered ideal to establish the current understanding of the topic.

This review utilises the methodology for a scoping review as suggested by Arksey and O'Malley¹⁵ and further developed by Levac et al.¹⁶ There are four reasons for conducting a scoping review: (1) to examine the extent, range and nature of research activity, (2) to determine the value of undertaking a full systematic review, (3) to summarise and disseminate research findings, and (4) to identify research gaps in the existing literature.¹⁵ The aim of this review was firstly, to examine the extent, range and nature of research activity; and secondly to identify research gaps in the existing literature.

The stages performed in this scoping review consisted of: (1) identifying the research question; (2) identifying relevant studies; (3) study selection; (4) charting the data; and (5) collating, summarizing and reporting the results.¹⁵

Stage 1: identifying the research question

This review specifically aimed to address the following questions: what is known about telephone triage and midwifery

practice? What are the key recommendations of existing research investigating this topic?

The purpose of this scoping review was to identify and determine the nature and degree of literature on midwives' practice of telephone triage to inform future educational strategies and practice, and to identify any gaps in the literature to guide future research in this area.

Stage 2: identifying relevant studies

A three-step search strategy was utilised. The first step involved a limited search of CINAHL plus, Ovid MEDLINE, and Embase to allow analysis of the text words contained in the title and abstract, and of the index terms used to describe the article. The initial search terms entered were 'telephone triage', 'telephone triage AND midwifery', and 'midwifery telephone advice'. The second step involved using all identified keywords and index terms across all included databases. The following databases were searched CINAHL plus; Ovid MEDLINE; Cochrane; Embase; Scopus; Informit; TRIP; and grey literature. Search terms were refined depending on the database. Thirdly; the reference list of all identified reports and articles were searched for additional studies. The identified search terms and truncations were Telephone triage; midwifery telephone advice; telephone triage AND midwifery; telephone triage AND education/training/preparation; unscheduled consultations; pregnancy; labour; skills; competence. A spreadsheet designed specifically to track the search process included each database searched; search terms used and any modification to search terms; and duplicates tracked and removed.

Eligibility criteria comprised studies in which participants are midwives, student midwives or nurse-midwives working in health services providing antenatal, intrapartum and postnatal care, and studies that had a primary focus of midwives providing telephone triage. Telephone triage is a relatively new term in the midwifery setting, and as such, any article that included a study of midwives and telephone assessment, formal or informal triage, or telephone conversations or consultations whether scheduled or unscheduled were included. No limits were imposed on the date of publication to ensure as comprehensive a review as possible. The review covered dates up to and including June 2017. The review included local and International literature and was limited to publications in English. Studies investigating triage methods that did not utilise the telephone, which focused only on women's experiences of telephone triage, or the telephone used for interviews for data collection only were excluded from this review. Whilst women's experiences specifically were not a focus, some papers included in this review discuss this and are included.

Stage 3: study selection

The search identified 238 articles. After removal of duplicates and screening of titles for relevance 133 records remained. Further screening of title and abstract resulted in 23 records for full text review. Two reviewers (CB, JN) screened the title and abstract of all articles for inclusion criteria, developed initially as broadly as possible, and then refined through an iterative review process. Full text studies were retrieved and reviewed independently by two team members (CB, HH) based on eligibility criteria. Discussion between the two reviewers ensued until consensus reached; or the third reviewer's opinion sought. A further 12 records were removed at this point as they did not meet inclusion criteria, leaving 11 articles for the final review. Fig. 1 provides a flow chart of the literature search process.

Stage 4: charting the data

Data from the 11 papers were extracted to include key criteria such as study location, study population, purpose/aims of the study, methodology, and significant findings/recommendations (Table 1). Two authors independently recorded the information, and then compared the extracted data. The authors agreed on their findings. Consultation between the three researchers ensued until

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