

Nursing Telephone Triage and Its Influence on Parents' Choice of Care for Febrile Children

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Nursing telephone triage is a mechanism whereby parents call for advice and referrals. One common call in pediatrics concerns children's fever, which may be managed at home. Giving parents proper advice may avoid unnecessary visits. This study investigated whether home-care advice given by nurses changed parents' original preference for care. Data were collected using an existing database to determine parents' preference for location of care before and actual location of care after a call. Of the 110 calls, 73 parents wanted a physician or emergency department visit but 53 followed nursing advice for home care. Findings suggest that although most parents wanted to have their child seen, a majority followed nursing advice for home care.

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NURSING TELEPHONE TRIAGE is a procedure that many health-care providers are adopting to increase their efficiency in meeting patients' needs. The calls to triage are typically managed by nurses in the office during the day when a physician or nurse practitioner is overseeing the calls or by specially trained nurses during the off hours. Telephone triage nurses assess each patient's needs, provide education and advice, or refer a patient to a health-care provider's office or to the emergency department (ED) for medical treatment. The American Academy of Ambulatory Care Nurses describes nursing telephone triage as nurses using their nursing skills to care for patients over the phone (Wicking, 1999). Standardized protocols allow these nurses to effectively use their assessment skills and nursing knowledge while having guidelines to follow to institute medical

care. Thus, triage nurses provide patients/parents with education on appropriate nursing and medical care for an identified problem.

Telephone triage has been used in physicians' offices and EDs for many years; however, there are unique issues associated with telephone triage. During telephone triage, a series of questions appropriate to the problem are asked to determine the urgency of a patient's need. Within this conversation, verbal interaction takes the place of hands-on, face-to-face care. Triage nurses must be proficient in assessment and listening skills because these skills are the hallmark in this type of interaction. The nurses must develop a quick rapport with each caller and determine the condition by what is relayed to them by the person calling. As with any other program, there are advantages and disadvantages associated with telephone triage. Some of the advantages of telephone triage include financial savings for patients and insurance companies by avoiding unnecessary health-care visits, the provision of highly accessible health education, and the alleviation of anxiety regarding night/weekend accessibility of health-care providers (Barber, King, Monroe, & Nichols, 2000; Melzer, 2003; Melzer & Poole, 1999). Commonly listed disadvantages of telephone triage are the risk of medical liability because of the limited patient assessment that can

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be done over the phone, lack of physician reimbursement for these calls (Melzer, 2003), lack of patient understanding or recognition of critical symptoms (George, 1980), and, for parents, potential inability to accurately describe symptoms in their children (Selbst & Korin, 1985).

The pediatric population is well suited for telephone triage; however, pediatric patients are unique in that they require a very specialized skill set. The need for triage in pediatricians' offices as well as after-hours consultation is great because of the volume of telephone calls from parents regarding their children (Melzer, 2003). Pediatricians have a higher number of calls on average than other physicians because of their patient population (Wachter, Brillman, Lewis, & Sapient, 1999). Telephone triage is vital in pediatric practices even if it is only used for informational or educational calls (Crouch & Dale, 1998).

Parents, specially those of young children, often lack appropriate knowledge to care for a sick child. Symptoms such as fever may make a parent anxious and result in an unnecessary ED visit. If parents have access to telephone triage services, a nurse can determine the extent of the problem and provide appropriate advice to the parents. This should decrease the costs for families and insurance companies by eliminating unnecessary visits. The education may decrease parents' anxieties and validate their own judgment. Theoretically, just having the security of being able to ask a health-care provider about their child should alleviate many concerns.

PURPOSE

The purpose of this study was to identify whether parental advice for home care by telephone triage pediatric nurses led to a change in location of care from the ED or medical doctor's office to home care for children aged 12 to 24 months with an uncomplicated febrile illness.

RESEARCH QUESTIONS

1. What were the preferences of parents of febrile children aged 12–24 months for care before they called the nurse-run telephone triage center?
2. What was the actual location of care of the febrile child aged 12–24 months whose parents called the nurse-run telephone triage center and were given home-care advice?

3. What is the relationship between the parents' original preferences for care and the actual care location after nursing telephone triage?

LITERATURE REVIEW

Nurses and Telephone Triage

Telephone calls account for up to 25% of patient encounters in a typical internal medicine office and even more in pediatric offices (Simonsen-Anderson, 2002). Nurses are well suited to provide telephone triage because of their extensive background in gathering, assessing health information, planning, intervening, and evaluating outcomes (Rutenberg, 2000; Smith, 1999). Nurses are cost-effective members of the health-care team who can assess a problem while developing rapport with patients and family members (Wicking, 1999).

Several studies have investigated the differences between nurses and other health-care providers who have provided telephone triage and found that nurses are just as effective as physicians when assessing parents' needs (Lee, Baraff, Guzy, Johnson, & Woo, 2003; Monaghan, Clifford, & McDonald, 2003; Richards & Tawfik, 2000; Rutenberg, 2000; Smith, 1999). Richards and Tawfik (2000) studied the effectiveness of registered nurses and physicians triaging calls. Using standardized guidelines, nurses were able to accurately and efficiently handle the phone calls in a very cost-effective manner. With adequate training in telephone triage, nurses were able to divert from the physician most of the daily influx of nonemergent same-day calls by providing education and advice. Monaghan et al. (2003) compared the effectiveness of triage of children with a rash or uncomplicated fever between general nurses with no pediatric background versus those with a minimum of 5 years' pediatric experience. They found that of the 1,281 calls taken by 22 different nurses, the pediatric nurses triaged calls much quicker and with less referrals to an ED or a physician's office than did nonpediatric nurses. Lee et al. (2003) also found that nurses provided care that was equivalent to that provided by pediatricians.

Protocols

The effectiveness of telephone triage interventions is directly linked to the use of standardized protocols, nurses' familiarity with the protocols, and nurses' experience in how to triage calls.

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