Tips for success

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Tips to Nurse Triage Success

1. **Nurse Triage operates as an extension of each practice we serve.**
    a. We answer each call on behalf of the practice. For example, “This is Sarah the after hours nurse for 1st Call Practice.”
    b. Use words and phrases that refer to our office, when we open, our providers prefer, our office opens at, etc.
    c. It is acceptable if asked to acknowledge that you do not work in the office but for the office when it is closed.

2. **Before contacting an on call provider ask yourself what the provider can do to assist you?** Is the pharmacy open? Is this an appropriate telehealth visit? What do the practice notes indicate in terms of contacting the provider? Can this be appropriately handled when the office opens?
    a. **Look at your practice notes first** to determine if you are allowed to contact the on-call provider - according to the time of day and the request made by the caller.
    b. We do not contact providers for non-essential medication refills or controlled substances.
    c. We do not contact providers to order tests or for non-urgent test results after hours. You may contact the provider for UTI or Strep results that are positive if the office will not be open within 24 hours.
    d. Know the patient’s weight, any known allergies, and the pharmacy phone number before contacting the provider on call.
    e. Do not text patient information to a provider (you may include dob and initials at most, but not full name and dob, that is a violation of HIPAA)
    f. Do not accept medication orders via text from a provider - you must obtain a verbal order with readback.
    g. If you do reach out to a provider, save your phone encounter and move on to the next call while waiting on a response from the provider. You can come back to that encounter by selecting Today’s Visits and Details, then Edit.

3. **Document using clear and concise sentences.**
    a. Paint a detailed picture of the patient at the time of the call in a way that accurately reflects the disposition and care advice you select.
    b. Your assessment should include descriptions as follows, for example:
        i. Rash - where is it located, is it flat or raised, color, itchy, size, when did it start, taking any medications, any known allergies, other symptoms
        ii. Breathing difficulty - blueness to lips, retractions (is the skin sucking/pulling in between the ribs, wheezing (high pitch whistle on expiration, does it clear with nasal saline and suction), stridor (harsh raspy sound on inhalation), ask what the patient is doing at time of call - do they look like they are working harder to breath?
    c. No abbreviations are accepted.
    d. Document as you are speaking to the caller. Don't worry about spelling or complete sentences at the time of your conversation. You can go back to your note after completion of your call to correct your errors before saving your encounter.

4. **Know the difference between essential and non-essential medications.**
    a. See attached document with details.

5. **Know the difference between triage and non-triage calls**
    a. **Triage calls** require an intervention on your behalf - calling the pharmacy and calling the on call provider are triage calls (even when using the protocol pcp call-no triage) because you are taking action. Calls in which the caller is enroute to the ER/UCC is also considered a triage call because you should always assess for a higher level of care such as pull over and call 911. If the caller is already at the ER/UCC you do not have to triage the call because they are already under the supervision of another provider.
    b. **Non-triage calls** consist of calls in which you are unable to assist the caller, your reply is most often to call the office when open, we cannot assist you with this in the after hours.
    c. **Tag all non-triage calls** using the tagging feature in Anytime. When in doubt, tag as non-triage, as these calls are reviewed monthly and the tag can be removed if necessary.

6. **Our goal is to get the patient to the right place at the right time for the right care**.
    a. In order to do so you must select the right protocol, choose the right disposition, and give the right care advice.
    b. **Use this protocol if** and **Use a different protocol if** are found to the right of every protocol in Clear Triage. These are your guides to selecting the right protocols and essential to positive patient outcomes.

7. **You should offer to triage a patient regardless of the reason for a call** (unless it is a pharmacy/medication not at pharmacy or a hospital/provider to provider call).
    a. For example, if a parent is calling to request a medication dosage - why are they requesting the medication dose, what symptoms is the patient experiencing?

8. **Practice Notes** are located in each phone encounter and contain very important information specific to each practice. These are their individual preferences and guidelines that we are expected to follow.
    a. Special Instructions including how providers wish to be contacted and times they do not wish to be contacted
        i. OB/GYN - select the on-call provider as the clinician in the phone encounter despite who the caller sees most often (the on-call provider takes responsibility for the calls that come in on "their watch" and sign these off in the office the following day.
    b. Newborn Notifications - information to be collected and when the practice wishes to receive these notifications
        i. Newborn notifications that are sent the following day per the practice request are recorded in the Teams channel identified as Newborn Notifications. Only place the information the office has requested in this chat for the nurse to pass along at the designated time
        ii. **Tag all newborn notifications** using the tagging feature in Anytime

    c. Office Information - including address that is sometimes needed to identify the parent is calling the correct practice, specifically if they are unable to identify the name of the provider
    d. Medications and Orders - especially important for medication refill requests, pharmacy requests, and standing orders and should be reviewed PRIOR to contacting the on-call provider
    e. Telehealth hours for practices that use the Anytime Telehealth platform - allowing nurses to route visits to providers for appropriate telehealth visits. Be sure to contact the on-call provider prior to scheduling a telehealth visit. They may or may not be available for a telehealth visit at the time of a call and will advise you of what to do
    f. EHR access and steps for scheduling visits
    g. Preferred ER or UCCs in the area should a patient/parent ask - otherwise send to nearest location

9. **Tags** are used in the Anytime platform to flag/differentiate the following types of calls and should be used accordingly.
    a. Non-triage
    b. Newborn notifications

c. Standing Orders
d. Interpreter Calls

10. **Pay attention to time zones.** We service practices as well as nurses across the US. Some practices have special instructions that indicate not to call a provider after a certain time or in some cases to contact providers before sending patients to the ER before a certain time. There are also time specific instructions for many newborn notifications. These instructions are all listed in the practice notes within your phone encounter.
    a. The time of the call is listed at the top of each phone encounter and includes the Date and Time of the practice according to their time zones.

11. **Support tickets -** should be placed in Anytime Pediatrics when:
    a. The wrong provider is listed on call
    b. Voicemails left with no call back number
    c. Difficult callers