



Ambulatory Oncology Nurses Making the Right Call: Assessment and Education in Telephone Triage Practices

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Nurses in a hematology/oncology practice are responsible for the triage and management of phone calls from a diverse oncology population. An initiative was developed at the authors' institution to identify the educational needs of RNs while designing strategies to educate and improve telephone triage skills. The goal was to standardize triage practice and ultimately improve the effectiveness of telephone triage management. It was felt that these improvements could enhance the nurse-patient relationship, resulting in continuity of care to the patient, as well as reducing inappropriate appointments and hospitalizations, enhancing education, and lessening the risk of medical complications related to delays in care.

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The role of the oncology nurse as part of the interdisciplinary team is well established. It encompasses the nurse as a clinical caregiver, educator, advocate, and researcher. Oncology nurse assessments of patient problems occurred in a variety of settings, including face-to-face office visits, ambulatory treatment encounters, inpatient hospital units, and telephone triaging. Of all of those roles, telephone triaging has been the least explored. Telephone triage and providing telephone advice is a skill set that is key to ambulatory nursing (Hickey & Newton, 2005). With the increasing acuity of patients in the ambulatory care setting, a new demand has been placed on a nurse's critical assessment and management skills as well as time management.

Triaging phone calls for ambulatory outpatients is the responsibility of 13 nurses at the authors' institution who handle phone calls for the 22 physicians

on staff. The nurses are responsible for eliciting the proper information to accurately assess the patient symptoms and to, subsequently, present the case to a physician or a nurse practitioner.

Telephone triage is commonly defined as the safe, effective, and appropriate disposition of health-related problems via telephone by experienced RNs using approved guidelines or protocols (Wheeler, 2009). At the authors' institution, this initiative was intended to identify the educational needs of the RNs and design strategies to educate and improve their telephone triage skills. The primary goal was to put in place a telephone triage protocol to standardize practice and ultimately improve the effectiveness of telephone triage management. Protocols guide nurses to conduct a standardized assessment for the specific symptom and triage symptom management to the appropriate level of care (Stacey, Bak-

ker, Green, Zanchetta, & Conlon, 2007). Secondary goals were to avoid unnecessary visits to the emergency room and improve continuity of care. Flannery, Phillips, and Lyons (2009) noted that RNs can help prevent symptoms from becoming unmanageable and possibly avoid unnecessary and costly visits to emergency departments by patients, thereby eliminating the risk for hospital-acquired infections. Stacey et al. (2007) also stated that "telephone services were reported to enhance the continuity of care, both within the oncology team and between the oncology team and community-based providers" (p. 3).

Interventions

An initial needs assessment survey of the faculty nurses was performed using the SurveyMonkey® online tool. Seven questions developed by the authors of this article were used to evaluate the nurse's comfort with telephone triage and its management, identification of obstacles to telephone triaging, knowledge of disease process, and recognition of oncologic emergencies. An important aspect that needed to be evaluated was the nurses' comfort with not sending patients to the emergency room. Because the staff have access to blood testing, radiologic studies, administration of hydration, antibiotics, and blood transfusions in the facility, they often have the ability to manage acute non-life-threatening patient issues to help avoid emergency room visits.

Educational presentations were conducted on a bimonthly basis by members of the interdisciplinary team, including physicians, advanced practice providers (nurse practitioners and physician assistants), social workers, and nursing