

Telephone Triage in Today's Oncology Practice

By Elaine Towle, CMPE

Telephone triage is an essential component of today's oncology practice, and it has grown in importance as the care of patients with cancer has transitioned from the inpatient to the outpatient setting in the last 20 years. Just as the face-to-face care of cancer patients in the office and outpatient setting has become increasingly complex, so too has the management of telephone calls from patients with cancer. Oncology practices today must have systems in place to expedite the telephone triage process and ensure that patients receive timely and appropriate responses to their telephone calls.

In this issue of *Journal of Oncology Practice*, Flannery et al¹ report an interesting single-site study of telephone calls in ambulatory oncology. There is little information in the literature concerning telephone calls in oncology practice, and this article presents an interesting approach to studying this important issue. One of the key findings in this study is that nurses spent a mean time of 12 minutes managing individual calls. Although call volume varied by day of week and time of day, the impact on the workforce was significant.

In my work with oncology practices across the country, I have seen a variety of strategies to manage telephone calls from patients. Most practices have two goals in this process: to return telephone calls from patients quickly, and to use staff in the most effective and efficient way possible. The first step in the process is the telephone call itself. Some practices use electronic voice mail systems to answer all telephone calls, some use live operators, and some use a combination of the two methods. Although voice mail has become increasingly common in the business world, many of the oncology practices with which I work have continued to use live operators to answer telephone calls, maintaining that both physicians and patients prefer this method. It is important that any system be simple to navigate; if a voice mail system is used, a clear option for patients to reach a live operator, if necessary, should be included.

Arguably, the most important step in the triage process is the initial interaction between the patient and the person answering the telephone call. This dialogue will define the patient's experience in contacting the physician's office. It is important that staff members answering telephone calls are well trained in distinguishing between emergent and nonemergent situations, and that there are clear instructions on how to handle both types of telephone calls. In general,

with a nonemergent clinical telephone call, a message is passed on to a nurse with the patient's medical record. In practices with paper records, a staff member must pull the record, attach the message, and deliver it to the nurse. In practices with electronic records, this process is automated, and the message is attached to the electronic record and sent to the nurse electronically. One best practice is to develop broad guidelines on how quickly telephone calls are returned, and convey these guidelines to the patient at the time of the telephone call.

Practices vary in how they staff the triage nurse position. In smaller practices, patient telephone calls may be managed by nurses in the chemotherapy treatment room, who return telephone calls between treating chemotherapy patients. As practices grow and their patient volume increases, the role of triage nurse becomes more formal, and it may become a full-time position. Sometimes, the role of triage nurse is rotated among the infusion nurses on a daily or weekly basis. Other practices have one person who consistently fills the role of triage nurse. The best candidate for the telephone triage role is someone with strong oncology experience, good communication skills, and excellent telephone assessment skills.

Documentation of all calls between a patient and triage nurse is essential. Many practices use specific forms—either paper forms or notes in the electronic records—to document telephone calls. These forms then become part of the patient record and are available for the patient's physician and other members of the care team to review. Practices with electronic medical record (EMR) systems are universally enthusiastic about using these EMR systems to document telephone calls. The EMR system becomes the communication tool with which the operator conveys the message to the triage nurse, the platform for documentation of the call itself, and the means by which the result of the call is communicated to the physician.

No single system for handling patient telephone calls will work for all practices, but all practices should evaluate their current processes. A study like the one by Flannery et al¹ may help practices identify areas for improvement in this important aspect of oncology practice.

Elaine L. Towle, CMPE, is Director of Consulting Services, Oncology Metrics, LLC, and member of the JOP Editorial Board.

DOI: 10.1200/JOP.0921502

Reference

1. Flannery M, Phillips SM, Lyons CA: Examining telephone calls in ambulatory oncology. *J Oncol Pract* 5:57-60, 2009