

COMMON PITFALLS How to Avoid Bad Outcomes in Telephone Triage

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Abstract

- Telephone triage requires a specialized skill set for RNs that is not taught in basic undergraduate education.
- *This session will explore a number of clinical pitfalls that can lead to bad outcomes.* Each pitfall will be illustrated by one or more lawsuits and/or patient vignettes.

Objectives

1. Identify several high risk practices that interfere with safe care over the telephone.
2. Discuss strategies to decrease risk in the provision of care over the telephone.
3. Identify potential clinical pitfalls in your practice.
4. Describe strategies to address and overcome the pitfalls.

Context of Comments

- I'm not an attorney
- Call centers & doctors offices
- Protocols / No protocols
- Recorded / Not recorded
- Universal truths
- FOCUS: How to avoid making the mistakes that result in bad outcomes

Remember...

- Patients call for a reason
- If they don't need to be seen, they need something!
- A plan without action is worthless
- Inappropriate advice is worse!

Be sure you have evidence that you used the nursing process!

- Assessment
 - Data collection (Subjective & Objective)
- Diagnosis
 - Conclusion (Triage category)
- Planning
 - Collaboratively
- Intervention
 - Think continuity!
- Evaluation
 - How will you know if your patient *doesn't* get better?



What Does Telephone Triage Mean to Nursing Practice?



- Integral part of ambulatory care nursing
 - New specialty vs new skill set
 - *Either way, we have a new area of accountability (...and if we're going to undertake to do it, we better be doing it right!)*
- Due to our perceived authority / knowledge, patients will often forsake their own instincts

Common Pitfalls



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Common Pitfalls to Avoid

- Accepting patient/care giver "self-diagnosis"
- Jumping to conclusion
- Failure to speak to the patient
- Failure to assure continuity of care
- Functioning outside of scope
- Overreliance on decision support tools
- Fatigue and haste
- Failure to LISTEN and THINK
- Being multitasked and/or distracted
- Knowledge deficit
- Failure to adequately assess
- Failure to anticipate worst possible
- Failure to err on the side of caution



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Accepting patient self-diagnosis

- I have a sinus headache
- I have a cold
- I have pinkeye



Jumping to conclusion

- She had surgery earlier today; her vomiting must be due to anesthesia
- He's taking Indocin; that's why he's vomiting
- He has chronic sinusitis...
- She's too...
 - young to be having a stroke
 - female to be having an MI



My daughter is having equilibrium problems...



- 15 y/o had T&A in same day surgery
- Discharged on oxycodone; Rx filled incorrectly
- Patient received overdoses
- Mother waited for FU call from SD surgery RN
- Mother reported nausea, fatigue, equilibrium problems, & difficulty breathing to ENT nurse
- RN performed inadequate assessment and advised these are routine symptoms, continue pain med & take antiemetic; continue to force fluids and call if worse
- Documentation was suspect due to delay in charting
- Patient died of OD < 48 hours post op

ENT Office RN

"Mother called worried about daughter being tired and nausea ↑. Mother advised to push clear liquids and sometimes the antibiotic and pain med could be hard on the stomach. She should call back if any other questions or problems occur."

Mother's Deposition

- "She was sitting sideways and her eyes shut and hanging onto this popsicle."
- "She was having difficulty walking."
- "She walked into the kitchen and just kind of bounced... she was hitting things."
- "She was having problems breathing, just slumping over on me complaining of the shortness of breath."
- "She did not have enough strength or balance to sit in a wheelchair without being strapped in."
- "She was acting very tired... very drugged."

Mother's Deposition

- "I felt very urgent in the conversation."
- "I felt like I wasn't being listened to. I felt like I was doing all the talking and he was just saying "push liquids".
- "She seemed to be trying hard, but she was suffering. I mean, I was trying to portray to them, whether I did it the right way or not... I wanted them to know what was going on."
- "I was trying to make him understand."
- "I was scared. I guess I trusted what he was telling me."
- "I thought I was following the directions."

Nurse's Deposition

- "Well, you take the information that is **given** to you, and depending on the information that is **given** to you..."
- "What I was **hearing** over the phone as far as the symptoms are perfectly normal symptoms..."
- "I don't think there was a level of pain or anything **given** to me at that time."
- "I was not **given** any information that would lead me down that road."
- "There were no red flags **given** me that day..."
- "With the information I **received**, there was no reason to (notify the doctor)."

Nurse's Deposition

- "I **always** **advise** that those two medications can be hard on the stomach."

Lessons Learned



- **Red Flags**
 - Mother was concerned
 - High risk symptoms
- **Risk Management Principles**
 - Do thorough assessment including ABCD
 - Talk to the patient
 - Listen and take callers seriously
 - If mom is concerned, you should be concerned
 - If in doubt, see the patient

Practice Perils & Pearls



- Are you *thinking* when you talk to patients?
- Do you have protocols to guide your assessments?
- Do you actively assess each patient, looking outside the box for unexpected occurrences?
- Do you thoroughly explore any symptoms of concern?
- Are you documenting thoroughly and promptly?
- What do you (as a nurse) bring to the phone that a secretary or MA would/could not?
- **DON'T JUMP TO CONCLUSIONS!**

Failure to speak to the patient

- Obscure or unknown symptoms
- Suicidal ideation

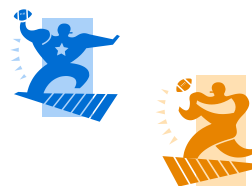


Failure to assure continuity of care

- FACTS:
 - Wife requested appointment for husband's leg pain
 - Nurse consulted leg pain protocol
 - No chest pain "this week"; but had chest pain last week
 - Given appointment in 2 weeks
 - Wife called back requesting earlier appointment for "leg pain and chest tightness"
 - Given appointment for 3 days later; no documentation or information provided to the MD
 - Saw MD but question of chest pain never came up
 - Died the next week from sudden death
- ANALYSIS:
 - Where was the critical thinking??
 - Did the provider need to know?

More continuity of care...

- Emergency department patient
 - New onset seizures



Functioning outside scope of practice

- Recommending drugs beyond scope
- LPNs practicing professional nursing
- Unlicensed personnel practicing nursing



Over reliance on protocols

- His fever isn't responding to Tylenol



He's not getting any better...



- Call #1: "flu", high fever not responsive to Tylenol
 - Clinic appointment
- Call #2: Pounding headache & stiff neck
 - Clinic appointment (nuchal rigidity overlooked?!?)
- Call #3: "Flu" x 3 days, wife very concerned about fever 102.9 unresponsive to Tylenol
 - RN didn't talk to pt & was given misinformation by wife re antibx and symptoms (stiff neck?)
 - "It sometimes takes 10 days for this to go away"
 - "We just treat the symptoms; fever is fighting infection"
 - Drink LOTS of cool water
 - Refer for temp 103 or chills
- OUTCOME: Significant neurological damage

Lessons Learned



- Red Flags
 - Repeat calls for same problem
 - Wife concerned
 - Symptoms associated with serious medical condition
 - Recurrent symptoms not responding to treatment
- Risk Management Principles
 - Reassess patients thoroughly every time they call
 - Err on the side of caution
 - LISTEN to concerned patients & callers
 - Don't over rely on protocols; use your judgment
 - Communicate with the providers

Practice Perils & Pearls



- Don't jump to conclusions
- Do a thorough assessment, even if they've already been evaluated and treated by MD
- Speak to the patient as well as the caller
- If the caller/patient is concerned, YOU should be concerned
- Be especially careful with repeat callers
- Don't over rely on protocols
- Don't assume that the recording of your call will help you!
- Use your judgment!!!

Over reliance on protocols

- What's a normal temperature?



Her temperature is low...



- 15 year old girl ill for several days, dx "flu"
 - Better then worse; Three calls to call center in 1 day
- 1. Developed chest pain
 - First nurse referred caller to MD who referred to ER
 - Was given antibiotic and antiemetic
- 2. Vomiting, too weak to walk to bathroom
 - Second nurse "hold all nonessential meds" and referred to MD who gave suppository for vomiting
- 3. Developed temperature of 96; "What's a normal temp?"
 - Third nurse consulted frostbite protocol
 - Advised to "watch her" & call back if temp < 95 axillary
- OUTCOME: Death (sepsis?)
- Parents thought they were being "worry warts"

Lessons Learned



- Red Flags
 - Repeated calls (3 in 24 hours)
 - Symptoms inconsistent with diagnosis of flu
 - Too weak to walk
 - Mother was concerned
 - Hypothermia
- Risk Management Principles
 - Err on the side of caution
 - Listen to the parents; they know their kids!
 - Use sound nursing judgment if there's no protocol (and use the right protocol!)
 - Be sure caller knows what "worse" looks like

Practice Pearls & Perils



- Are you too relaxed when patient has a previous diagnosis of "flu"?
- Do you recognize signs of toxic patients?
- Are you listening to concerned callers?
- Do you know the significance of repeat calls about the same problem?
- Are you over relying on your protocols; are you afraid to use your judgment?
- Are you erring on the side of caution?
- Do your callers know what "worse" looks like?

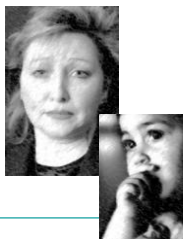
Fatigue and haste (leading to...) Failure to adequately assess/think



I'm concerned about his breathing...



- 2 year old diagnosed with tonsillitis
 - Became sicker throughout the day



Documentation BEFORE...

"Called parent. Advised if respiratory gets worse to go to ER or XXX (UCC) Clinic (open 24 hours)."

I'm concerned about his breathing...



- 2 year old diagnosed with tonsillitis
 - Became sicker throughout the day
- Called at about 4:00
 - "concerned about his breathing"
 - RN returned call at 4:50; "office closing, take him to urgent care if it's not better"
- **OUTCOME:** Death due respiratory failure later that evening

Documentation AFTER...

Called back to parent re above note. Mother stated child was having a difficult time breathing or that it seemed it was difficult.

I asked mother was he up playing or in bed, she stated "he's up". I asked have you noted any changes in his color; she stated "not really".

I advised her that our clinic was closing in less than 5 minutes but that if there was any difficulty breathing or what she is seeing now gets worse, she could take him to XXX Rd Clinic because they are open 24 hours or she could go right to an ER. She thanked me and we hung up.

I'm concerned about his breathing...



- 2 year old diagnosed with tonsillitis
 - Became sicker throughout the day
- Called at about 4:00
 - "concerned about his breathing"
 - RN returned call at 4:50; "office closing, take him to urgent care if it's not better"
- OUTCOME: Death due respiratory failure later that evening
- Mom & dad thought child was better as breathing became calmer

Lessons Learned



- Red Flags
 - Call at the end of the day
 - Mother was concerned
 - "I'm concerned about his breathing" !!!
 - Symptoms inconsistent with diagnosis
- Risk Management Principles
 - Use EXTREME caution when rushed (end of day)
 - LISTEN to mom
 - Use protocols (AND sound nursing judgment)
 - Err on the side of caution!
 - Be sure caller knows what "worse" looks like

Practice Perils & Pearls



- How are urgent calls identified?
- Who does triage in your setting?
- Have they been trained to do phone assessment?
- Do you have protocols to guide your practice?
- Do you communicate with your providers?
- How are your calls documented?
- Are you verifying your caller's comfort with plan?
- What time do you turn your phones off?
- Is there standardization within your organization?

Failure to err on the side of caution

Wednesday morning: Patient caller

Patient 7 wks post partum; vag delivery / breast feeding.
Treated at wk ½ post partum for mastitis—antibiotic x 10 days.
Diflucan for yeast infection on nipples.
Pt has fever of 104.3, chills, achy all over.
Pt states that her breasts are not tender / no masses felt.
Pt denies pain, burning on urination.
Pt has had some nausea / vomited x 1 / no diarrhea

Allergies:
Comorbidities:
Current Meds:

Advice: To be seen today by provider R/T high temp

RN 1

Failure to err on the side of caution

Wednesday morning: Patient caller

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Allergies:
Comorbidities:
Current Meds:

Advice: To be seen today by provider R/T high temp

RN 1

Failure to err on the side of caution

Thursday afternoon: Husband caller

7 weeks post partum
Pt was seen yesterday for flu-like symptoms
Currently requesting medication for nausea
(did not request then when seen yesterday)
Pt is breastfeeding and baby is being treated for thrush.
c/o red irritated nipples (denies sx of mastitis)

Allergies:
Comorbidities:
Current Meds:

Advice: Pt instructed to use OTC antifungal cream to nipples after feeding and to remove cream before each feeding. No protocol for antiemetic for flu.
Appt made for f/u tomorrow

RN 2

Failure to err on the side of caution

Thursday afternoon: Husband caller

7 weeks post partum

Pt was seen yesterday for flu-like symptoms

Currently requesting medication for nausea

(did not request then when seen yesterday)

Pt is breastfeeding and baby is being treated for thrush.

c/o red irritated nipples (denies sx of mastitis)

Allergies:

Comorbidities:

Current Meds:

Advice: Pt instructed to use OTC antifungal cream to nipples after feeding and to remove cream before each feeding.

No protocol for antiemetic for flu. (?????)

Appt made for f/u tomorrow

RM 2

Failure to LISTEN and THINK

- "I have food poisoning"



Being multitasked and/or distracted

- "Night from hell in the unit"



Common Pitfalls to Avoid

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References

- Rutenberg, C. & Greenberg, M.E. (2012). *The Art and Science of Telephone Triage: How to practice nursing over the phone*. Telephone Triage Consulting, Inc., Hot Springs.