

Standardizing triage nurse – provider communication in an acute care setting

St. Jude Children's Research Hospital

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Mission Statement: The mission of St. Jude Children's Research Hospital is to advance cures, and means of prevention, for pediatric catastrophic diseases through research and treatment. Consistent with the vision of our founder Danny Thomas, no child is denied treatment based on race, religion or a family's ability to pay.

Founded by Danny Thomas in 1962

70+ inpatient beds, hybrid model with many patients receiving outpatient therapy living in adjacent housing

The Acute Care Clinic for Established Patients (ACC) was launched in 2020 to provide around-the-clock access to specialized care in an outpatient setting.



Team members



Matt Davis
Pediatric Hematologist-Oncologist



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Pediatric Hematologist-Oncologist



Rebecca Calvert
APP – Pediatric Hematology-Oncology

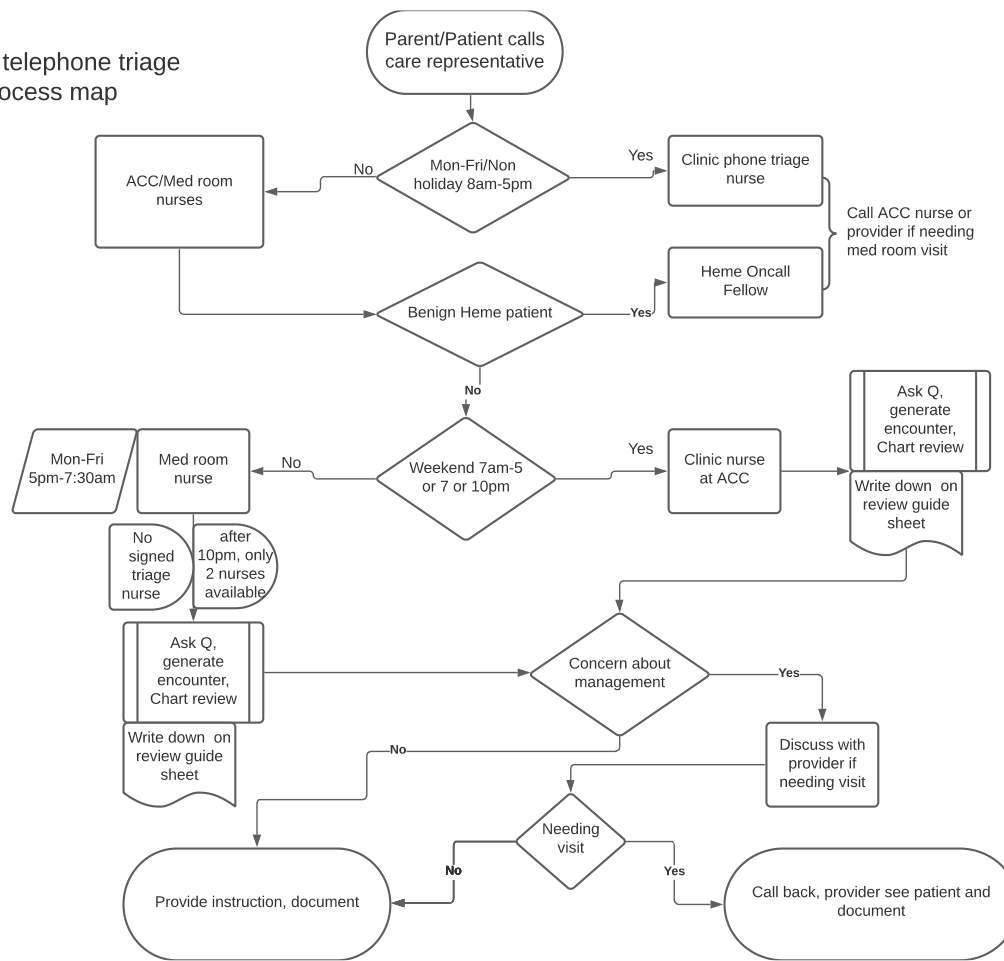


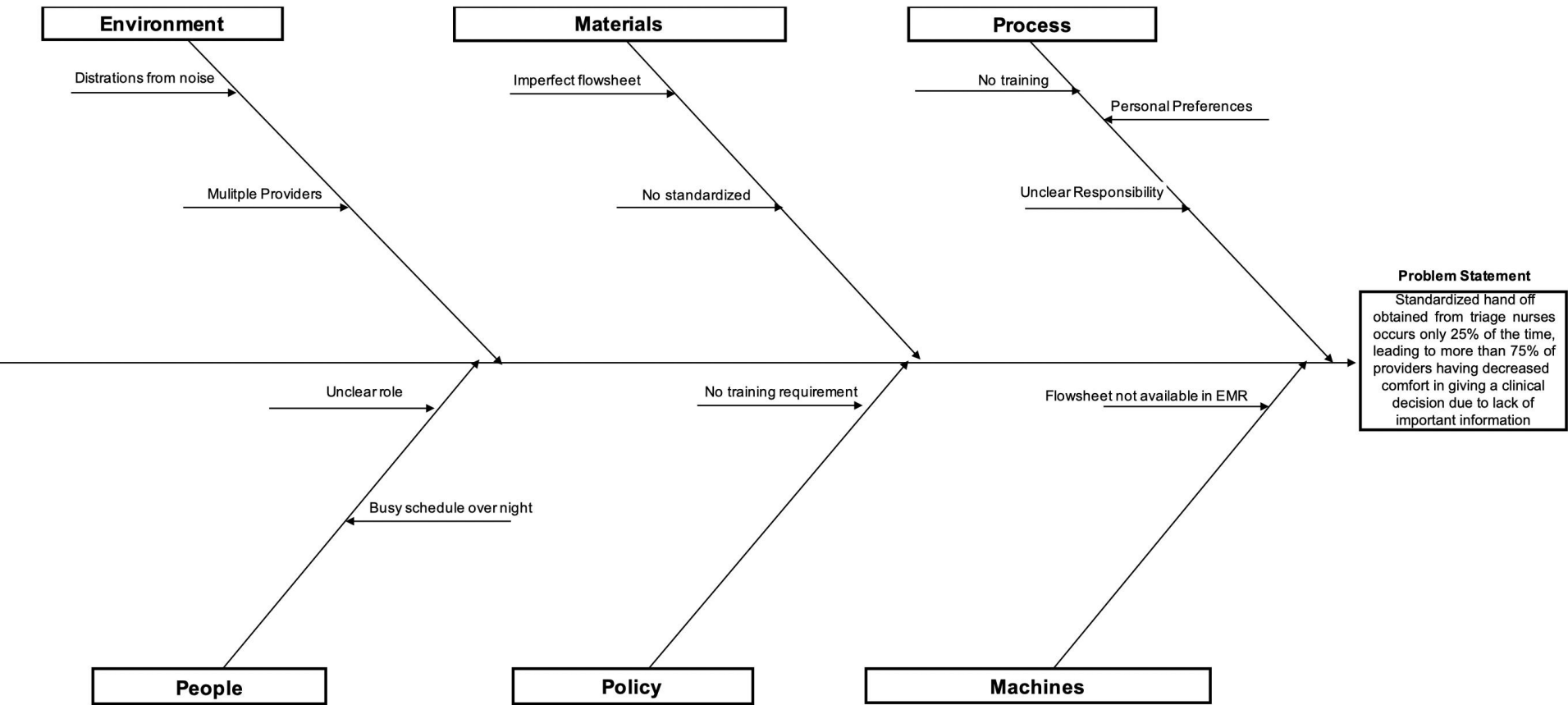
Jeremy Slone
Pediatric Hematologist-Oncologist

Problem Statement

Numerous events, including a significant adverse patient event, have been reported involving the after-hours triage process in the medicine room. Clinical providers report that standardized hand off obtained from triage nurses occurs only 25% of the time, which leads to more than 75% of providers having decreased comfort in giving a clinical decision due to lack of important information.

Current telephone triage process map





Primary Outcome Measure

Baseline data summary

| Item | Description |
|---|---|
| Measure: Standardization index | % of handoffs using standardized format |
| Patient population: incoming phone calls from pt/caregivers | All phone calls coming from on therapy patients calling triage nurses in med room |
| Calculation methodology: <i>(i.e. numerator & denominator)</i> | # of phone calls presented on a standardized form /total triage calls |
| Data source: | TBD |
| Data collection frequency: | Weekly |
| Data limitations: <i>(if applicable)</i> | TBD |

Secondary Outcome Measure

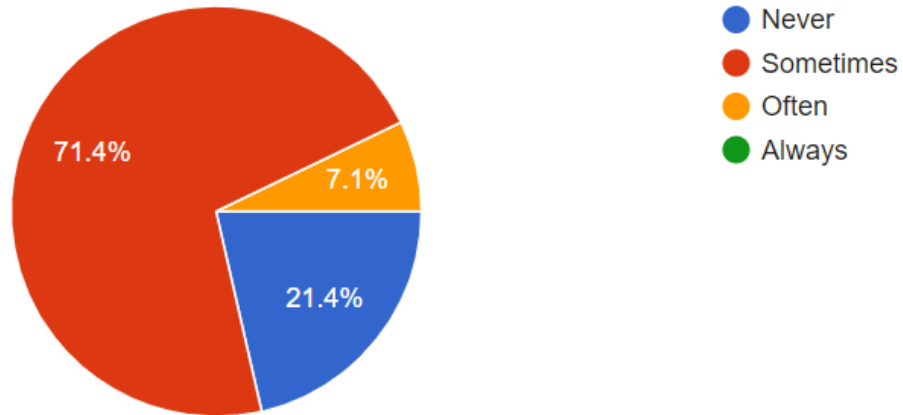
Baseline data summary

| Item | Description |
|--|--|
| Measure: Provider's comfort | Provider comfort level determining severity of illness based on Triage RN hand offs |
| Patient population: N/A <i>(Exclusions, if any)</i> | |
| Calculation methodology: Survey <i>(i.e. numerator & denominator)</i> | # of surveyed providers who felt comfortable making decision based on hand offs /total providers surveyed |
| Data source: | Provider surveys |
| Data collection frequency: | Monthly |
| Data limitations: <i>(if applicable)</i> | Difficulty in getting providers to answer survey (survey fatigue) |

Baseline data

I am given the information obtained in phone triage in a consistent format

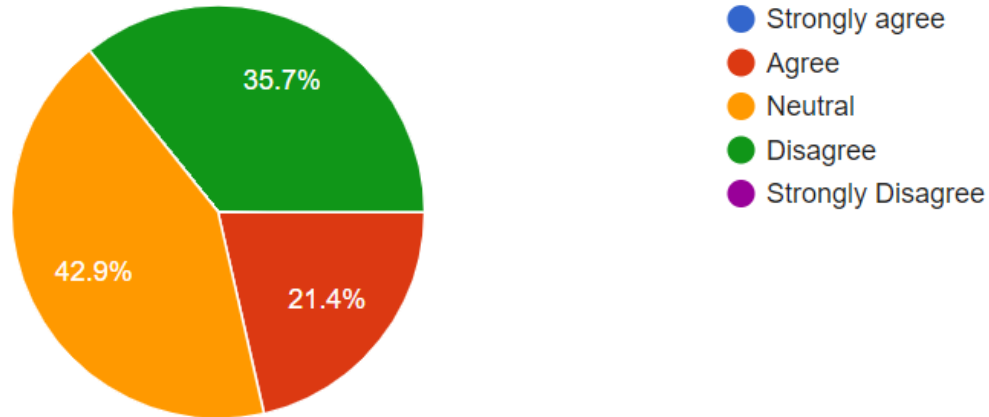
14 responses



Baseline data

I am comfortable advising triage and determining the severity of the situation based on the current triage practices

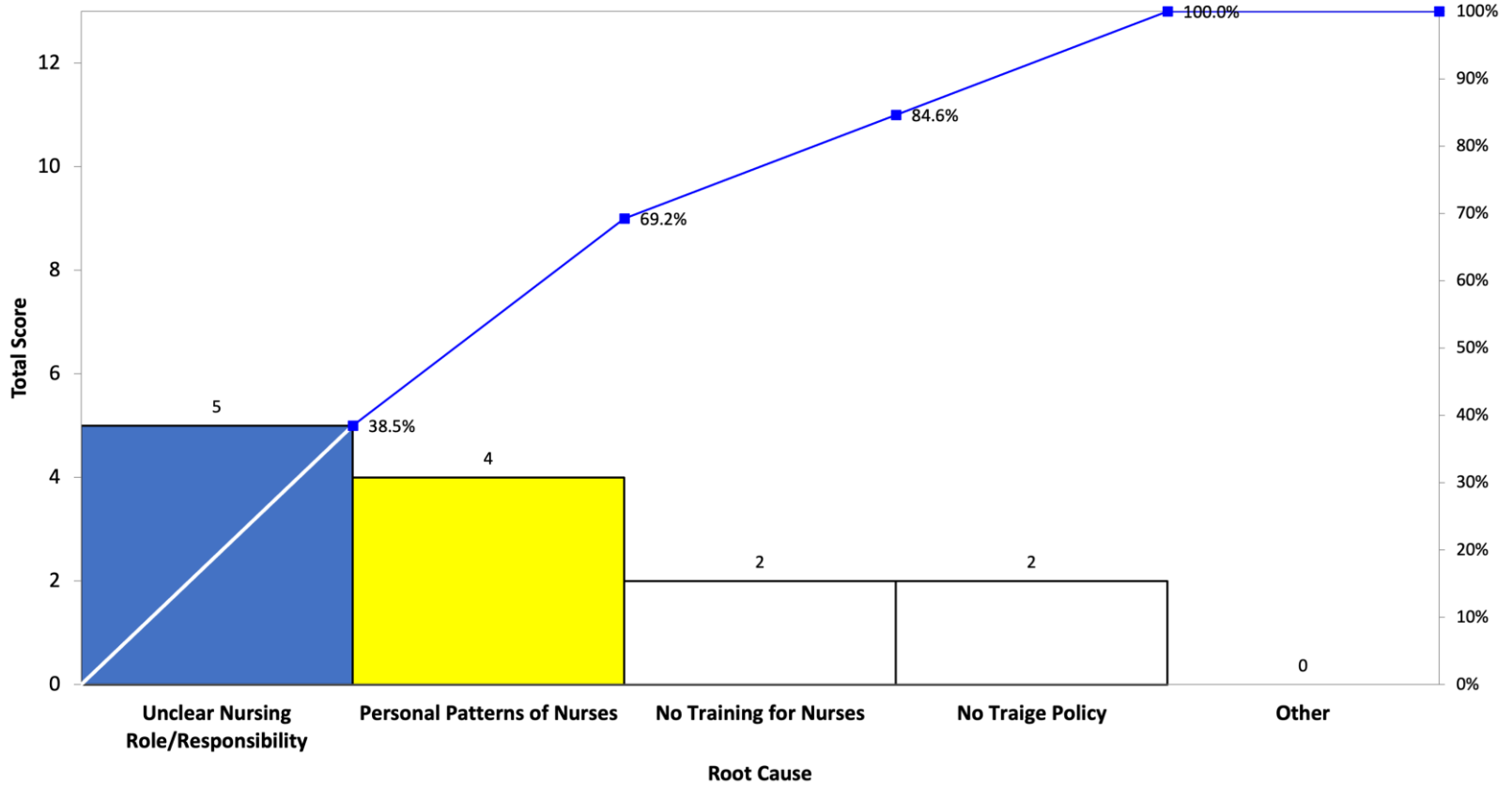
14 responses



Aim Statement

We aim to increase standardized hand offs between provider and triage nurses from 25% to 50% by the end of June 2022, thus increasing provider comfort level in medical decision making.

Reason for Triage Breakdown

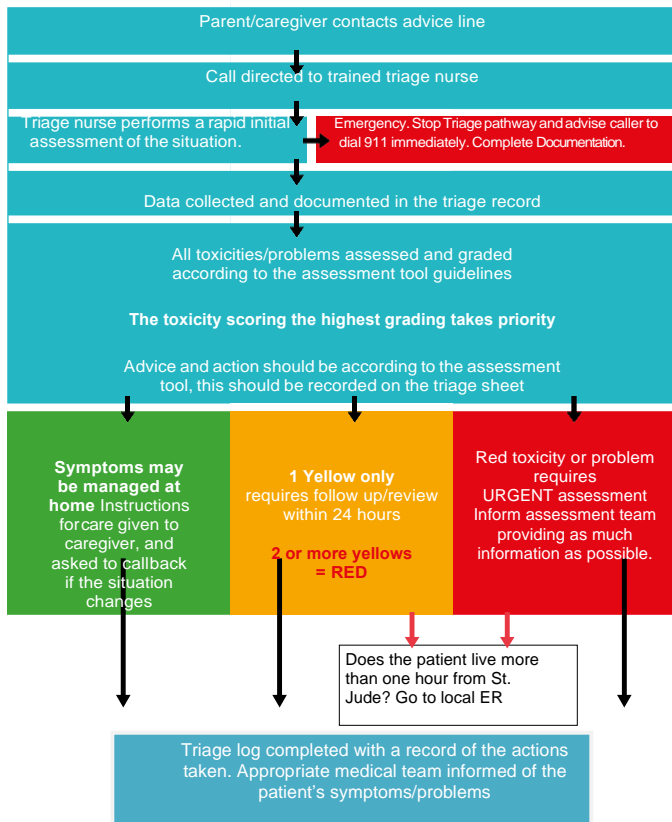


Priority Matrix

| | | | |
|---------------|-------------|--|--|
| Impact | High | | <ul style="list-style-type: none">• Development and revision of new triage protocols• Implementation of nursing education |
| | Low | <ul style="list-style-type: none">• Implement hand off sheet | |
| | | Easy | Difficult |

Ease of Implementation

Triage Pathway



Triage Rapid Assessment Log Sheet

Hospital department:

| Patient details | Patient history | Inquiry details |
|-----------------|---|--|
| Name: | Diagnosis (inc. other diagnoses / co-morbidities): | Date: Call start time: |
| M/RN: | | |
| DoB: | | Caller's relationship to the patient and name: |
| Age: | Male <input type="radio"/> Female <input type="radio"/> | Phone number for return call |
| Phone no: | | Reason for the call (in caller's own words): |

What treatment is the patient receiving? *(Please tick below)*

Chemotherapy (incl. oral maintenance) Immunotherapy Car-T Radiotherapy Post Stem Cell Transplant Surgery None

When did the patient last receive treatment?

What is the patient's temperature? °C **please note that hypothermia is a significant indicator of sepsis**

When was the patient last discharged / reviewed? Is your primary clinic aware of this concern? Yes No

Does the patient have a central line? Yes No Does the patient have a shunt / Ommaya Reservoir / other medical device? Yes No

Review of actions taken:

Provider Name:

Triage Nurse Name:

Date:

PDSA Plan

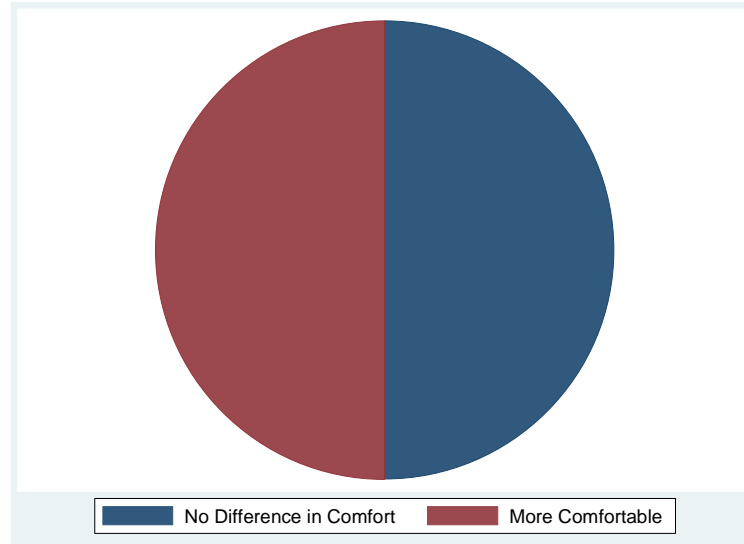
| Date of PDSA Cycle | Description of Intervention | Results | Action Steps |
|--------------------|--|---------|--------------|
| | Utilization of standard triage worksheet | | |
| | Overhaul of triage process and implementation of red/yellow/green system | | |

Primary Outcome

- Use of standardized triage format
 - We anticipate this to be virtually 100% given it is now mandatory

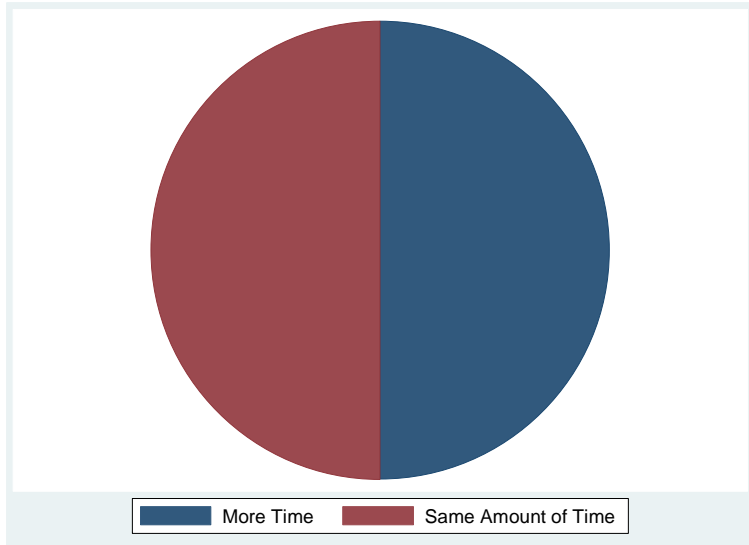
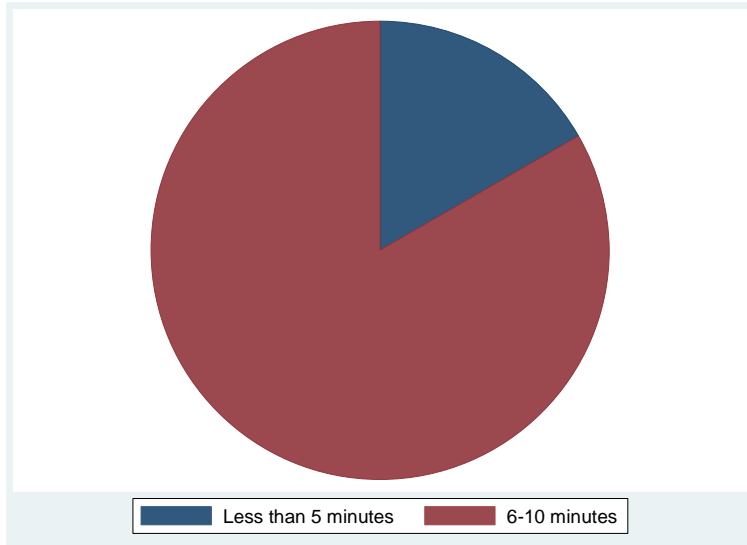
Secondary Outcome

- Provider comfort with triage information received



Balancing Measure

- Nursing time to complete triage



Conclusions

- Improving triage process does lead to improved provider comfort
- Change is hard
- Buy in from all parties is NECESSARY

Next Steps

- Continue collecting data with current phase
- Epic transition begins 10/1/2022
 - Triage process built in
- Further PDSA cycles following Epic go live

Launch Dragon ServiceNow Patient Lookup Telephone Call Triage Call Refill Snapboard Remind Me Status Board

Print Secure Log Out

Raymond Demo
Male, 9 y.o., 10/28/2012
MRN: 600217
Phone: 555-555-5555
Code: Assume Full (no ACP docs)
HCA: Active
Legal Guardian: Demo,Anne

Primary Physician: Physician
Neurosurgery
Primary Fellow: Physician
Oncology Ip
Primary Nurse: Nurse
Neurosurgery
Affiliate Provider: Physician

Search

Authorized Consenter: None

Pain Agreement: Not on File
COVID-19 Vaccine: Unknown
COVID-19: **Unknown**

Infection: Respiratory Rule-Out
Isolation: None

Physician Oncology Ip, MD
Oncology
Coverage: None

Allergies: Penicillins

ACTIVE TREATMENTS
Other plans (1)

Eligible Affiliate: None
SJ Patient Status: Status: Active
Full-Service Patient
FYIs: None

5/24 NURSE TRIAGE for Fever
Demo,Anne (EC)

Chart Review
Call Intake
Take Action

Documentation
This Call

5/24/2022 visit with Poorna A Gajjar, RN for Nurse Triage

Switch Family Member References Appts Change Enc Provider/Dept

Triage Patient Overview

Contacts Reason for Call Nursing Assessment Protocol Documentation Disposition Routing Call Back

SJ Fever

Background Information
-Chart Review-

Has patient received chemotherapy in the last 8 weeks?

Date and type of last chemo

Last ANC and Date

Initial Assessment Questions

- How was T taken? ***
- Has the patient had Tylenol or Ibuprofen? When was the last dose? ***
- Any recent immunizations? ***
- Has the patient had CAR-T in the last 2 weeks? ***

Answer Assessment

| | | |
|-----|----|--|
| Yes | No | |
| Yes | No | |
| Yes | No | |
| Yes | No | |
| Yes | No | |
| Yes | No | |
| Yes | No | |
| Yes | No | |

Infection

Previous Next

RED - Arrange Urgent Review in Infusion Center
Current temp < 36C
Please note that hypothermia (<36°C) is a significant indicator of sepsis.
Current temp: 38.3C or above (100.9F or above)

Currently taking steroids

Is patient dehydrated?

AMBER - RECHECK in 1 HR
** If the patient has 2 or more symptoms in this section, escalate to RED ***
Current temp: 38.0 C - 38.2 C (100.4 F - 100.8 F)

GREEN - Self Care
Current Temp 36.0C - 37.9C (96.8F - 100.3F)

Complete Infection Protocol

Close

Documentation

Create Note

Problem List 3 items

Nervous
Glioblastoma (CMS/HCC) (HCC)

Respiratory
Sickle cell disease, with acute chest syndrome (HCC)

Other
Migraine with aura and with status migrainosus, not intractable

Mark as Reviewed

Reviewed by Timothy E Folse, MD on 5/20/2022

Patient Lines/Drains/Airways Status

Active LDAs

| Name | Placement date | Placement time | Site | Days |
|-------------------------|----------------|----------------|-------|------|
| Peripheral IV | 11/08/21 | 1054 | Scalp | 197 |
| 11/08/21 Anterior Scalp | | | | |

Medications Prior Authorizations

Medications from outside sources need reconciliation.

Outpatient Medications

- acetaminophen (Tylenol) 120 MG suppository
- cetirizine (Zyrtec) 5 MG chewable tablet
- diphenhydramine (BENADRYL) 25 MG capsule (Expired)
- ergocalciferol (Vitamin D2) 1.25 mg (50000 UT) capsule
- hydroxyurea (Hydrea) 100 mg/mL solution solution
- temozolomide (Temodar) 100 MG capsule
- timolol (Blocadren) 20 MG tablet

Clinic-Administered Medications

- lidocaine 1 % injection 5.7 mg
- lisinopril tablet 2.5 mg

Hospital Medications

- ceftriaxone 1,440 mg in D5W IV

Mark as Reviewed

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Questions?