Abstract

Background: Telephone triage is a process primarily directed by nurses. Physician secondary triage occurs when the triage process involves a real-time second opinion from a physician, and this process has not been well studied to date. At Mayo Clinic Rochester, where nurse directed triage is used, there were concerns that the triage process resulted in an inappropriately large number of emergency room visits and outpatient appointments.

Objective: This study examines the impact of physician secondary triage on a primary care nurse triage call center.

Methods: A project charter was drafted to ensure strategic alignment of the project’s objective and secondary triage on a primary care nurse triage call center.

Results – Expert RN & Nursing Endpoint Comparison

Figure: Nurses agreed with Expert RN decision support software the majority of the time. Nurses disagreed the software triage recommendations most often when symptom acuity was highest. Nurses upgraded the triage endpoint most often when symptom acuity was lowest.

Results – Physician Triage Recommendations

Figure: Of the calls for which a nurse recommended ED, office visit, or physician advice – the physician (performing secondary triage) recommended non-visit care for most symptoms, and ordered labs or tests (14%) and prescriptions (37%) usually for non-visit care.

Results – Staff Survey

Figure: Staff satisfaction with the physician triage process was very high among participants in all roles.

Conclusions

- Physician secondary triage directed more patients away from the ED and urgent office visits, and toward routine office visits and non-visit care.
- Medical care and service delivery was judged by physicians and nurses as equal to or better than usual care.
- Analysis is ongoing for physician impact upon triage endpoints in addition to the financial impact to patients and the institution.
- Further study is needed to look at patient-centered outcomes and assess whether patients sought emergency or office care outside the triage physician's recommendations.

The Impact of Physician Secondary Telephone Triage on Emergency Department and Office Visit Utilization

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