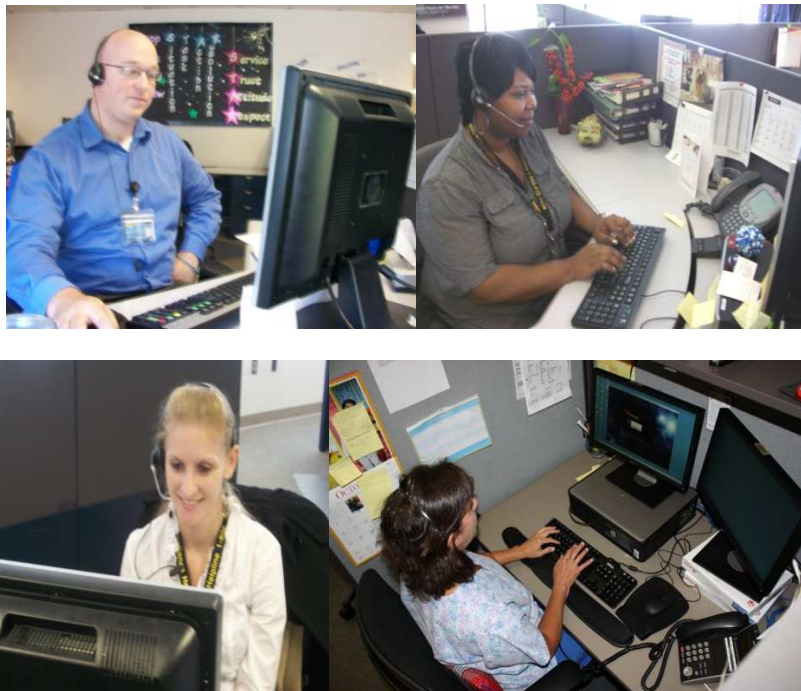




*Many settings. Multiple roles. One unifying specialty.*

# **Telehealth Nursing Practice Special Interest Group A Telehealth Manager's Toolkit**



**Editors: Rocquel Crawley, MBA, BSN, RNC-OB, NEA-BC and  
Pam Kuchta, MBA, BSN, RNC**

## Introduction

R. Crawley, MBA, BSN, RNC-OB, NEA-BC & P. Kuchta, MBA, BSN, RNC-TNP

2011-2012 AAACN TNP SIG Co-Chairs

Telehealth is the delivery, management, and coordination of health services that integrate electronic information and telecommunications technologies to increase access, improve outcomes, and contain or reduce costs of health care. Telehealth is an umbrella term used to describe the wide range of services delivered across distances by all health-related disciplines (AAACN, 2011). Telehealth Nursing Practice is the delivery, management, and coordination of care and services provided via telecommunications technology within the domain of ambulatory care nursing. Telehealth nursing is a broad term encompassing practices that incorporate a vast array of telecommunications technologies (e.g., telephone, fax, email, Internet, video monitoring, and interactive videos) to remove time and distance barriers for the delivery of nursing care (Espensen, 2009).

Telehealth Nursing Practice (TNP) is recognized as a nursing subspecialty of ambulatory care nursing by the American Academy of Ambulatory Care Nursing (AAACN). AAACN has worked to formalize the practice of Telehealth Nursing by developing a Telehealth Nursing Practice Core Course (TNPCC), the *Scope and Standards of Practice for Professional Telehealth Nursing*, the *Telehealth Nursing Practice Essentials* (TNPE) textbook, competencies, and included a chapter on Telehealth Nursing Practice in the *Core Curriculum for Ambulatory Care Nursing*. AAACN also offers a TNP track at their annual conference and includes many Telehealth articles in *ViewPoint*, AAACN's bi-monthly newsletter.

In 1995, AAACN created a Telehealth Nursing Practice Special Interest Group (TNP SIG). The goals of the TNP SIG are:

- Promote Telehealth Nursing Practice consistent with AAACN TNP standards
- Support continuing education specific to Telehealth Nursing Practice
- Support a network for Telehealth Nurses responding to the changing needs of SIG members
- Develop collegial relationships with other professional nursing organizations
- Support research and publication within the specialty of TNP

The National Certification Corporation (NCC) introduced the first certification examination for telephone triage nurses in 2001. They decided to no longer offer the exam in 2007. AAACN recognizes that Telehealth Nurses provide nursing care to patients who are in ambulatory settings, and that they possess the knowledge and competencies to appropriately provide ambulatory care. Telehealth Nursing Practice is an integral part of ambulatory care, and AAACN encourages all Telehealth Nurses to become Ambulatory Care certified. Ambulatory care nursing certification, especially with the enhanced Telehealth component in the electronic exam beginning April 2009, is the career credential for all ambulatory care nurses. Ambulatory certification is and will continue to be the gold standard credential for any nursing position within ambulatory care.

The demand for Telehealth Nursing is high and the need for distance health care is growing. The future of healthcare demands that healthcare professionals are proactive in reaching more people with fewer resources and to work smarter through different modes of communication. Staffing guidelines, State Nurse Practice Acts, the Nurse Licensure Compact, and competencies of today's Telehealth Nurses must all be considered by the Telehealth Nurse Manager.

The Telehealth Manager Toolkit is designed to be a resource for managers and leaders by the AACN TNP SIG. It is important to remember when reviewing the information in the toolkit that not all call centers are alike and that nursing practice varies from state to state. Managers should check with their State Board of Nursing regarding nursing scope and practice standards. We hope that you will find this a useful tool to start or improve your call center, ambulatory triage service or Telehealth Nursing practice.

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## **Section 1: Telehealth National Standards and Position Statements**

R. Crawley, MBA, BSN, RNC-OB, NEA-BC

### **AAACN NURSE LICENSURE COMPACT (NLC) POSITION STATEMENT**

Nurse Licensure Compact Position Statement Approved August, 2009

#### **BACKGROUND**

Numerous social, physical, and economic factors, as well as a growing reliance on telecommunications technologies, have led to the acceptance of Telehealth nursing as a vital method of patient care delivery. The provision of care using telecommunications technology has been recognized as a cost effective means of providing quality patient care and thus has become a fundamental component of ambulatory care nursing. Use of telecommunications technologies has eliminated the geographical barriers traditionally associated with direct patient care. This shift has improved access to healthcare and enabled ambulatory care nurses to interact with patients who are located outside of the nurse's primary state of licensure. In 1999, the National Council of State Boards of Nursing (NCSBN) proposed the Nurse Licensure Compact (NLC) which allows for the mutual recognition of nurse licensure for nurses who reside and maintain licensure in a state that is a member of the Compact.

Nurses speaking to patients who are calling from states not covered by the Compact (and/or in which the nurse is not licensed) often find themselves facing a dilemma. The provision of care to patients in states in which the nurse is not licensed potentially poses legal concerns regarding the unlicensed practice of nursing in those remote states. Efforts to obtain licensure from multiple states would be essentially cost prohibitive for individual nurses and poses a significant financial burden on organizations which have assumed that responsibility for its nurses. Furthermore, efforts to obtain and maintain multistate licensure is extremely time and labor intensive, often necessitating the creation of one or more organizational positions to support these efforts. Additionally, the rules and regulations addressing nursing practice vary from state to state. This variability creates confusion for ambulatory care nurses involved in the practice of telehealth regarding what is and is not considered to be within the scope of practice for nurses in various states.

The current healthcare milieu widely supports the provision of nursing care using telecommunications technology, enabling the delivery of remote care business travelers, vacationers, and "snow birds" or other temporary residents in other states. It is anticipated that this practice modality will continue to grow in depth, breadth and significance over the coming years. Measures to clarify and standardize practice and support mutual recognition of nurse licensure across state lines will ensure the highest quality of patient care by eliminating barriers to care that result from confusion about regulations governing Telehealth Nursing.

While many states have adopted legislation to enact the NLC, others are slow to take this action. Providing care to patients in multiple states poses significant challenges for registered nurses in a wide variety of settings including but not limited to call centers and centers of excellence that

have nationwide patient bases. Resistance to introduction of legislation supporting the Compact varies from state to state. For some states, resistance is based primarily on potential loss of revenues and inability to dictate or control standards for nurses practicing in the host state. States' sovereignty has been cited, and the question of constitutionality of the Nurse Licensure Compact has been raised by a limited number of States. For other states, reluctance to enter the Compact may be related to issues with labor relations and collective bargaining. Nurses who are expected to provide care to patients in states in which the nurse is not licensed are in an untenable position. They must either provide care to the patient, knowing they are not licensed in the state in which the patient is physically located or decline to provide care to the patient, often after the nurse/patient relationship has been established, giving rise to the question of patient abandonment and posing multiple risks to the patient, the nurse, and the organization. Neither of these are acceptable options from the perspectives of professionalism and patient safety. Confusion is compounded by varying rules, regulations and interpretations relative to provision of Telehealth nursing services from state to state.

## **DEFINITIONS**

The NCSBN has defined Telehealth Nursing as “the practice of nursing care over distance using telecommunications technology” (NCSBN, 1997). The AACN has defined Telehealth Nursing as “The delivery, management, and coordination of care and services provided via telecommunications technology within the domain of nursing...” (2004, pg. 22). AACN identifies the Registered Nurse as the level of preparation necessary for provision of patient care via most forms of Telehealth Nursing, especially those requiring patient assessment, planning and evaluation. Therefore, in this document, the term “nurse” refers to Registered Nurses. It is acknowledged, however, that in some states it is permissible for LPNs and LVNs to participate in select forms of Telehealth Nursing not requiring independent assessment, diagnosis, planning or evaluation.

## **NURSE LICENSURE COMPACT (NLC) POSITION STATEMENT**

### **Approved by AAACN Board of Directors August, 2009**

The lack of uniform adoption of the Nurse Licensure Compact among all of the United States and its territories pose a significant risk to ambulatory care and other nurses involved in interstate practice. Additionally, patients are potentially at risk when lack of licensure serves as a deterrent to nurses providing care across state lines. Uniform adoption of the Nurse Licensure Compact (NLC) would benefit ambulatory care nurses who provide care via telecommunications technology and organizations that provide Telehealth Nursing services. Adoption would ultimately serve to improve patient care and safety.

AAACN endorses the Nurse Licensure Compact and encourages all States and US Territories to introduce legislation in support of uniform adoption of the Nurse Licensure Compact. Furthermore, in support of the NLC, AAACN endorses the need for all Telehealth nurses to be licensed in each state in which they provide care via telecommunications technology.

Within most Telehealth care settings, time with the patient is very limited compared with other health care settings. The nurse is expected to establish an instant trusting relationship with the patient using communication, charisma, and appropriate interpersonal skills (Espensen, 2009, p.9).

#### **Key Action Tips: Use technology to more efficiently utilize the nursing process**

- Develop competency to efficiently use email, word processing programs, databases and spread sheets

#### **Example:**

- Selection of relevant and appropriate web-based patient education materials to assist in self-care
- Nursing involvement in the development and/or adaptation of new technologies to improve patient care
- Uses computerized flow charts and documentation tools

#### **Key Action Tips:**

- Assess: Interview, collect data, prioritize
- Plan: Determine and use most appropriate decision support tool(s), reference other resources as appropriate and collaborate
- Implement: Problem-solve, apply intervention and/or activate disposition, educate the patient and/or family, provide support, coordinate resource, and facilitate appropriate follow-up care
- Evaluate: Document, communicate, and perform follow-up analysis (Espensen, 2009, p.11)

## **Scope and Standards of Practice for Professional Telehealth Nursing**

### ***Standard 1- Assessment***

Telehealth registered nurses systematically collect comprehensive and focused data relating to health needs and concerns of a patient, group, or population.

### ***Standard 2 - Nurses Diagnoses***

Telehealth registered nurses analyze the assessment data to determine the diagnostic statements for health promotion, health-related problems or issues.

### ***Standard 3 - Outcomes Identification***

Telehealth registered nurses identify expected outcomes in an individualized plan or care specific to the patient, group, or population.

### ***Standard 4 - Planning***

Telehealth registered nurses develop a plan that identifies strategies and alternative to attain expected outcomes.

### ***Standard 5 - Implementation***

Telehealth registered nurses implement the identified plan of care to attain expected outcomes.

#### ***Standard 5a - Coordination of Care***

Telehealth registered nurses coordinate the delivery of care within the practice setting and across health care settings.

#### ***Standard 5b - Health Teaching and Health Promotion***

Telehealth registered nurses employ strategies that promote individual and community wellness.

#### ***Standard 5c - Consultation***

Telehealth registered nurse leaders provide consultation to influence identified plans of care, enhance the ability of other professionals, and effect change.

### ***Standard 6 – Evaluation***

Telehealth registered nurses evaluate progress toward the attainment of stated outcomes.

### ***Standard 7 – Ethics***

Telehealth registered nurses apply the principles of professional codes of ethics that insure individual rights in all areas of practice.

### ***Standard 8 - Education***

Telehealth registered nurses actively attain nursing knowledge and competency in order to reflect current nursing practice.

***Standard 9 - Research and Evidence-Based Practice*** Telehealth registered nurses incorporate relevant research findings into practice to maintain the standard of care within recognized best practice models, to promote continuous improvement, and to advance the practice of Telehealth Nursing.



***Standard 10 - Performance Improvement***

Telehealth registered nurses enhance the quality and effectiveness of telecommunication practices, the organizational systems, and professional Telehealth Nursing Practice.

***Standard 11 – Communication***

Telehealth registered nurses communicate effectively using a variety of formats, tools, and technologies to build professional relationships and to deliver care across the continuum.

***Standard 12 - Leadership***

Telehealth registered nurses acquire and utilize leadership behaviours' in practice settings across the profession and in the health care community at large.

***Standard 13 - Collaboration***

The Telehealth registered nurse collaborates with patients, family members, caregivers, and other health care professionals in the delivery of Telehealth Nursing Practice.

***Standard 14 - Professional Practice Evaluation***

Telehealth registered nurses evaluate their own nursing practice in relation to patient outcomes, organizational policies, procedures, and job descriptions, nursing professional standards, and relevant governmental regulations and statutes.

***Standard 15 - Resource Utilization***

Telehealth registered nurses utilize appropriate resources to plan and provide Telehealth services that are safe, effective, and financially responsible.

***Standard 16 - Environment***

Telehealth registered nurses perform work activities and care for patients in an internal environment that is safe, efficient, hazard-free, and ergonomically correct.  
(American Academy of Ambulatory Care Nursing, 2011).

## **Section 2: Hiring/Interviewing and Job Descriptions**

D. Mathews, RNC-TNP, MSN and P. Kuchta, MBA, BSN, RNC

Interviews should be well planned in advance. Think about the strategic goals for your department. Types of interviews include:

- Prescreening
- Telephone
- Skills
- Panel/Peer
- Traditional One on One
- Selection

Behavior interviewing basics include examination of specific examples of the candidates past experience. Future behavior is based on past behavior. These behaviors then can be related to scenarios for interview questions. Key phrases include such questions as:

- “Tell me about a time you...”
- “Give me a specific example...”
- “Describe a situation...”
- “Tell me more about...”

### **Interviewing Questions**

1. How do you handle an angry customer? Have you ever experienced a call from a very angry customer? Can you describe the situation and outcome?
2. What if a customer does not understand the information that you provided them? If you have a caller who has trouble understanding your direction, what would you do?
3. Have you ever not been able to help a customer? Can you please explain?
4. Can you give an example of when you went the extra mile for a customer?
5. What did you do in your last job to contribute to a teamwork environment? Be specific.
6. Tell me about a time when you had to use your spoken communication skills in order to get a point across that was important to you
7. If I were to contact your boss today, what would he/she say about your job performance and attendance?

### **Qualifications**

Recent trends in nursing have dictated a push for all Registered Nurses to have a BSN in the very near future. If you have a call center in an academic setting, or one that is attempting Magnet Status for nursing, it is recommended that all new hires have a BSN.

What type of work does your call center do? What is the primary focus? Pediatrics? General Medicine? The nurses you hire should come with no less than 3 years of experience in the fields you service. Many call centers are moving towards a five year background in critical care or equivalent in the field of service.

It is important to keep in mind the high level of assessment these nurses will do. This is a function that only an RN can perform. If you have a multi-specialty call center you will want the well rounded nurses.

Typing is a skill that should be tested. Many secretarial offices or on line resources may have a test that you can use. Remember, you are not teaching someone how to be a nurse, but to run your systems. Basic computer skills should be part of the evaluation of your candidates.

In Appendix F are position descriptions provided with permission from the following: Consulting Nurse, provided by McKesson, Contact Center Manager, provided by McKesson, Contact Center Medical Director, provided by McKesson, Care Advisor, Registered Nurse, provided by Carenet, and Resource Nurse, provided by SSM Health and Wellness Line.

Phone voice is another quality that should be assessed. Calling your applicant and scheduling the interview personally will give you an idea of how they sound on the phone. The ability to translate bedside or office competence to the phone is not universal, and it is important to screen for the ability to work in this unique environment during the applicant's interview. It may be prudent to conduct a 30 minute initial phone interview with the interested applicant to ascertain their level of knowledge and interest in telephone triage. This is also a perfect time to evaluate their phone presence and customer service approach. Ask them about their comfort level with autonomy, and conversely how they feel about working within prescribed protocols and guidelines. Be honest about the difficulty of sitting for long periods of time or the challenges of scheduling for off shifts, weekends and holidays. If the initial phone interview is promising, you can schedule a face to face interview.

Consider having key members of your team in the interview; the orientation coordinator, automation support nurse, and quality improvement coordinator are all good choices. In addition to the behaviorally based questions, it may be helpful to select five to six scenarios that are common in your area of practice. These might be "Difficulty breathing, Chest pain or Vaginal bleeding," depending on your area of specialty. A review of your top 20 guidelines can guide you in your selection. Explain to the candidate that you do not expect them to arrive at the correct disposition, or know the guidelines; you are evaluating their critical thinking and thought process. It helps if you prepare them for this during the initial phone interview so they are not taken by surprise.

Role-play some common scenarios. For example, "I am a mom calling at 11p.m. about my three year old who just woke up with a cough. What would you ask me?" You can learn much about your potential candidate through this exercise.

Can the candidate identify the most concerning symptom? Can they frame questions in a way to get the answers necessary to evaluate the symptoms? Are they supportive of the caller, or do they get frustrated when the lay person cannot understand their line of questioning? Can they quickly identify concerning symptoms and decide who needs further evaluation in an appropriate healthcare setting? Are they comfortable with the level of autonomy needed to make a decision based on their assessment or do they end every scenario with “Maybe you should call your doctor?”

If the candidate is unable to complete a basic assessment of the symptoms and/or identify red flag symptoms, there is most likely reason for concern. There are some individuals who are excellent nurses with great bedside skills who cannot successfully assess patients without seeing them. To some, this seems like an easy task, but to others this is a very different way of thinking and a difficult change of thought process. Reviewing the results of the case scenarios along with the answers to the behavioral question will give you an overall picture of how this person will perform in your department. All aspects of the interview process must be considered equally. Spending extra time and thought on interviews can save you significant time, expense and heartbreak. Incorporating clinical scenarios into your interview process may help ensure that every hire is the right hire.

### Section 3: Orientation Plans and Competencies

J. Eisele, RN, MSN, S. Goset, RN, & K. Koehne, BSN, RN

The goal of orientation to a telehealth position is to develop nursing team members to practice in a professional, safe, and competent manner, with the objective of assessing their critical thinking, technical, and interpersonal skills. The competencies, skills and knowledge assessed during orientation should be aligned with national standards/best practice as well as those of your organization. The American Academy of Ambulatory Care Nursing (AAACN) offers two excellent resources for developing a telehealth orientation plan: *The Ambulatory Care Nursing Orientation and Competency Assessment Guide* and *Telehealth Nursing Practice Essentials*. Organizational policies, procedures and standard work should be included in the plan. The last component of a good orientation plan is the preceptor. Trained, competent preceptors are essential in the orientation to the organization and department; and the assessment of skills, competencies, and knowledge of the new nursing team member.

Documentation at the end of the training period should reflect:

- Understanding of the national standards for Telehealth Nursing Practice
- Completion of the organizational and departmental orientation
- Job description signed as read and accepted
- Completion of the competency checklist/assessment, signed off as able to perform independently by both orientee and preceptor
- Evaluation of new team member's progress - any further educational needs/goals and
- Evaluation of the orientation process by the new team member

The following tools and resources are examples of orientation programs used by various organizations, some of which may be found in Appendix C:

- 1.Eight week Model Week-by-Week Orientation Plan
- 2.Preceptor Role Description (Everett Clinic, Everett, WA.)
- 3.Preceptor training (Everett Clinic)
- 4.AAACN Scope and Standards of Practice for Professional Telehealth Nursing
- 5.Ambulatory Care Nursing Orientation & Competency Assessment Guide, 2010
- 6.Competency Based Orientation Tool (Gundersen Lutheran Health System, Lacrosse, WI.)
- 7.Telephone Triage medication exam
- 8.Call Analysis Form to be used with Call Analysis Report

A well balanced telephone triage plan will help to make a successful nurse and will also help reduce frustrations and increase safe triage performance. A dedicated preceptor, progress journals, spreadsheets, and connectivity between preceptor, orientee, and manager are crucial to the plan.

## **Eight Week Model Week-by-Week Orientation Plan**

Requirements:

- A dedicated preceptor
- Separate reflection/progress journals for both the new staff member and preceptor
- Connectivity between preceptor, orientee and manager

Due to various elements (e.g., nurse's previous experience, budget, scheduling, staffing, etc.), the length of time allowed for the orientation process may vary and the journey may need to be modified and adjusted to meet the needs of the work setting. The proper amount of time spent during orientation lays a solid foundation for the practicing nurse. Telephone triage is an area of complex practice that requires intense and adequate time spent in the orientation and training process to prepare a nurse on delivery of safe and high quality patient care.

During the telephone triage orientation, it is beneficial for the orientee and preceptor to keep journals. The following are benefits of journaling:

- Manager is able to review and track progress
- In preceptor's absence, if other staff steps in to orient she/he can review notes and be able to have a greater understanding of the strengths/weaknesses of the new employee and plan accordingly
- Orientee has an opportunity to see their own professional growth
- Preceptor should keep a record of the successes and struggles and key learning needs

Depending upon the size of your setting, visits to other departments may or may not be necessary. In a larger organization, spending time in the emergency department or urgent care may be of benefit. The purpose of this is so new triage staff will be able to explain the setting and possible experiences that patients may have when they visit these areas.

Documentation at the end of the training period reflects:

- Understanding of AACN Practice Standards
- Completion of the organizational and departmental orientation
- Job description, signed as read and accepted
- Completion of the competency checklist/assessment, signed off as able to perform independently
- Evaluation of new team member's progress - any further educational needs/goals and plan for attaining those goals
- Evaluation of the orientation process by the new team member

The following table represents the eight week roadmap. The activities for each week are predetermined with the focus on each area.

Table 1

*The Roadmap*

<b>Week</b>	<b>Activities</b>	<b>Focus</b>
<b>One</b> Planning the Route	<ul style="list-style-type: none"> <li>•Meet with the manager, preceptor and staff</li> <li>•Tour department and building</li> <li>•Observe by utilizing dual headsets and listen to triage calls</li> <li>•Read independently the following resources from the AACN publications:               <ul style="list-style-type: none"> <li>• Telehealth Nursing Practice Essentials</li> <li>• Scope and Standards of Practice for Professional Telehealth Nursing</li> <li>• Communication Principles and Techniques</li> </ul> </li> </ul>	Introduction to the department and the practice of telephone triage
<b>Two</b> Turning on the Switch	<ul style="list-style-type: none"> <li>•Participate in comprehensive overview of all computer applications and triage skills by demonstrating and role playing</li> <li>•Read next section of AACN publications</li> </ul>	<ul style="list-style-type: none"> <li>•Technology</li> <li>•Protocols</li> <li>•Documentation</li> </ul>
<b>Three</b> In the Passenger's Seat	<ul style="list-style-type: none"> <li>•Begin tandem triage (Orientee listens and provides feedback)</li> <li>•Continue role playing and learning the computer applications with hands-on care</li> <li>•Complete required readings</li> <li>•Completes ergonomic assessment</li> </ul>	<ul style="list-style-type: none"> <li>•Clinical knowledge</li> <li>•Technology</li> </ul>
<b>Four</b> In the Driver's Seat	<ul style="list-style-type: none"> <li>•Begin taking calls</li> <li>•States understanding of workflow</li> <li>•Demonstrates use of Guidelines</li> <li>•Completes medication test</li> <li>•Reviews "Top 10" Adult and Pediatric calls and respective guidelines and able to state understanding of the process of these calls</li> </ul>	Learning how to manage calls and selecting appropriate guidelines and advice
<b>Five</b> Side Trips	<ul style="list-style-type: none"> <li>•Visits various other departments in the clinic/hospital</li> <li>•Reads selected telephone triage resources (Telephone Triage Chapters 1-3 by Sheila Wheeler)</li> </ul>	Introduction to other areas in the health system
<b>Six</b> Driving Along	<ul style="list-style-type: none"> <li>•Triage calls with coaching by preceptor</li> <li>•Complete interdepartmental visits</li> <li>•Observe breastfeeding and peritoneal dialysis videos (this may be other viewing materials per your setting)</li> <li>•Complete other mandatory organization education</li> </ul>	<ul style="list-style-type: none"> <li>•Clinical knowledge</li> <li>•Skill development</li> </ul>
<b>Seven/Eight</b>	<ul style="list-style-type: none"> <li>• Completes orientation</li> </ul>	<ul style="list-style-type: none"> <li>• Independence with</li> </ul>

Destination: Telephone Triage	<ul style="list-style-type: none"> <li>• Takes calls independently with preceptor available as resource</li> <li>• Completes call analysis (i.e., listens to recorded calls of self with coaching from preceptor or manager)</li> <li>• Completes all unfinished details (readings, videos)</li> <li>• Reviews Competency Based Orientation Tool and identifies areas that are still required for completion</li> </ul>	call management
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Table 2

*Competency Based Orientation Tool*

<b>Subtopic</b>	<b>Elements</b>	<b>Competency Statement</b>
<b>Telecommunication Technologies</b>	<ul style="list-style-type: none"> <li>•Telephones</li> <li>•Computers, internet and email</li> <li>•Facsimile and copiers</li> <li>•Patient Portals</li> </ul>	Efficiently- technology to perform role
<b>Software Programs</b>	<ul style="list-style-type: none"> <li>•Disease Management</li> <li>•Health information systems</li> <li>•Physician referral modules</li> <li>•Physician to physician consult modules</li> </ul>	Understands, selects, and uses relevant software programs appropriately
<b>Care Management &amp; Analysis</b>	<ul style="list-style-type: none"> <li>•Protocols</li> <li>•Algorithms</li> <li>•Guidelines</li> </ul>	<p>Uses selected program decision support tool to address caller/patient needs in order to identify actual and potential health risks</p> <p>Writes/contributes to the development of protocols and guidelines using current standards of evidence-based practice</p>
<b>Call Processing</b>	<ul style="list-style-type: none"> <li>•Assessment</li> <li>•Planning</li> <li>•Implementation</li> <li>•Evaluation</li> <li>•Documentation</li> </ul>	Manages clinical calls using the nursing process
<b>Assessment</b>	<ul style="list-style-type: none"> <li>•Systematically assesses and addresses patient's needs with decision support tools:             <ul style="list-style-type: none"> <li>•Elicits reason for call (e.g., chief complaint) and quickly identifies emergent signs and symptoms</li> <li>•Obtains history of symptoms, associated symptoms, allergies, and medical history                 <ul style="list-style-type: none"> <li>• Determines priorities</li> </ul> </li> <li>•Uses active listening skills</li> <li>•Collects and interprets data</li> <li>•Validates patient/callers information</li> <li>•Keeps encounter client-focused</li> </ul> </li> </ul>	Demonstrated critical thinking skills in assessing covert as well as overt parameters relevant to the needs of the caller

<b>Planning</b>	<ul style="list-style-type: none"> <li>•Utilizes problem-solving skills</li> <li>•Develops a collaborative plan of care with patient/caller</li> <li>•Employs coaching as needed</li> </ul>	
<b>Subtopic</b>	<b>Elements</b>	<b>Competency Statement</b>
<b>Implementation</b>	<ul style="list-style-type: none"> <li>•Implements plan of care</li> <li>•Give support and guidance</li> <li>•Provides care advice to caller/patient specific to their needs               <ul style="list-style-type: none"> <li>•Consultation</li> <li>•Triage</li> <li>•Referrals</li> <li>•Coordination of care</li> </ul> </li> </ul>	
<b>Evaluation</b>	<ul style="list-style-type: none"> <li>•Elicits caller feedback and evaluates understanding of recommended advice</li> <li>•Follow-up and evaluation</li> <li>•Surveillance</li> </ul>	
<b>Age Specific Competencies</b>	<ul style="list-style-type: none"> <li>•Applies knowledge of growth and development in customer interactions:               <ul style="list-style-type: none"> <li>•Toddler – 1-3 years</li> <li>•Preschool – 3-6 years</li> <li>•School Age – 6-12 years</li> <li>•Adolescence – 12-18 years</li> <li>•Early adulthood – 18-44 years</li> <li>•Middle Adulthood – 45-64 years</li> <li>•Late Adulthood – Over 65 years</li> </ul> </li> </ul>	Provides care consistent with the functional requirements of the person's developmental age

## Implementation Model

The implementation model reflects the implementation of evidence-based protocols into a family practice setting where formal telephone triage training had not previously occurred. The protocols implemented were *Pediatric Telephone Protocols: Office Version* (Schmitt, 2010) and *Adult Telephone Protocols: Office Version* (Thompson, 2008). The implementation began with an eight-hour mandatory training conducted by an expert nurse who had many years of telephone triage experience and managed a nearby call center. The expert nurse reviewed the basics of triage including definition, risk management, documentation, program/regulatory standards, and case studies. This training was video-recorded and has been used for orientees as they come into the organization.

The follow-up to that training was a four to five month intensive organizational effort to familiarize approximately twenty nurses with the most common protocols and then provide an opportunity for intensive practice (40-hours). The nurses were given assessment tools that were created for each of the most common protocols. Ten tools were from the pediatric book and five were from the adult book. The nurses were given a week to complete each assessment tool. The tools were then scored and returned to the nurse. Corrective feedback was given to the nurse in person when needed.

In order to provide nurses with an opportunity to cement their knowledge and skills with practice, each participated in a 40-hour block of Telephone Triage with an on-site expert preceptor. The nurse began by shadowing the preceptor and listening in on calls the first day. The second day the nurse began taking some calls and then gradually worked their way into autonomous triaging. At the end of the forty hours, the nurse met with the Staff Development Nurse to review five triages self-selected by the nurse. The nurse was instructed to select some notes that they felt confident about and some that they were hoping to learn more from.

The notes were reviewed utilizing the Telephone Triage Documentation Worksheet. Benchmarks were created understanding that the sample size was small. Telephone Triage Documentation Guidelines (Appendix C) guided the rating of the note for each category as “Satisfactory” or “Needs Improvement.” The program was overwhelmingly successful with few people needing additional training. There were a few nurses that needed an additional week. This was attributed to a difference in learning style and was accommodated. The expectation is that on completion of training, the nurse whose primary role as a Primary Care nurse is to triage patients by telephone when needing assistance in primary care, and also to provide coverage to telephone triage as needed.

Through the course of implementation it became clear that the protocols were written very generally to the extent of the scope of practice allowable in any state, for example calling in prescriptions independently. They were also written with certain organizational resources assumed (lab, x-ray, etc.). Over a period of a year, the protocols were reviewed and revised based on state designated nursing scope of practice and the resources of the clinic. Policies, procedures and protocols include the following: OTC Med Education, Revised Eye with Pus or Discharge and Revision approval page. These illustrated some of the review that was performed in order to lend the protocols to the setting.

## **Preceptor Orientation Program**

The goal of the preceptor program is to provide a means of orienting new staff to the philosophy, goals, policies, procedures, position expectations, physical facilities, and services of a particular work setting and the organization. By providing a robust preceptor program the clinical teams should see staff new to their team who are well trained, confident in their skills, competent to work independently and who are contributing members of the team.

Choosing staff that have the qualities necessary to become preceptors is important. A good preceptor has the knowledge, attitudes, and skills necessary to train the new nurse transitioning to the world of telephone triage. They serve as a role model and a resource person to the new nurse. There should be some type of formal training for the preceptor so they understand the expected outcomes of the department's orientation process.

Documents for the preceptor/orientation program expectations may include the following:

- Orientation goals and outcomes
- Nursing practice standards for related professional associations and organizations
- Patient care standards for the organization and AACN standards
- Standards for various accreditation and regulatory organizations that may apply
- Organizational healthcare policies, procedures, guidelines, and protocols
- Written job description for the preceptor that defines the role, functions and responsibilities, and specific expectations for performance
- Orientation Program content outline
- New Employee Orientation Skills Performance (checklist)
- Written tests

The Preceptor Training (Appendix C) was developed for staff working in clinical departments. While it was not designed specific to telehealth staff it was built around the guidelines noted above.

The staff member is nominated to the preceptor program by their clinical supervisor. Each new preceptor has an instructional meeting with one of the program directors. The orientation skills checklist, job description, program expectations and goals are reviewed at this meeting. Preceptors are required to attend quarterly preceptor meetings where updated processes and procedures are reviewed. Safety issues should be an area that is emphasized during training, questions and concerns from the preceptor team are also discussed.

Communication between preceptors and the new employee are a part of each day. The preceptors are encouraged to huddle with the new employee at the start of the shift to review learning needs and at the end of shift to sign off skills and review the next day's learning goals. The preceptors are encouraged to keep the clinical supervisor advised of the orientee's progress.

The clinical supervisor and preceptor collaborate to determine when the new employee is ready to work independently. At the end of the orientation period, the completed skills checklist becomes part of the employee's personnel file.

A survey is sent to the new clinical staff about 10 days into their orientation process. This allows us to see how the program is doing and where there might be gaps. It also provides us with metrics required by administration.

The program directors meet at least quarterly to review the program and make adjustments as needed. This team assigns each new employee to preceptors at the start of every new employee class (every two weeks). The preceptors are paid an additional \$2.00 per hour when they are precepting.

The following documents are available from the authors of this section:

1. Telephone Triage Medication Exam (Gundersen Lutheran Health System, La Crosse, WI.)
2. Call Analysis Form to be used with Call Analysis Report (Gundersen Lutheran Health System, La Crosse, WI.)
3. Vomiting Assessment Tool (Edward M Kennedy Community Health Center, Worcester, MA.)
4. Telephone Triage Documentation Worksheet (Edward M Kennedy Community Health Center, Worcester, MA.)
5. Telephone Triage Documentation Guidelines (Edward M Kennedy Community Health Center, Worcester, MA.)
6. OTC Medication Education Policy (Edward M Kennedy Community Health Center, Worcester, MA.)
7. Revised Eye, Pus or Discharge ADULT (Edward M Kennedy Community Health Center, Worcester, MA.)
8. Revisions Approval Page (Edward M Kennedy Community Health Center, Worcester, MA.)
9. Telephone Triage Training Manual (Edward M Kennedy Community Health Center, Worcester, MA.)
10. Telephone Triage Note Sheet (Edward M Kennedy Community Health Center, Worcester, MA.)
11. Preceptor Job Description (The Everett Clinic, Everett, WA.)
12. Telehealth Triage Training (The Everett Clinic, Everett, WA.)
13. Preceptor Training (The Everett Clinic, Everett, WA.)

## **Section 4: Effective Teams**

J. Coleman, RN, & L. Mendez, RN

A leadership team is only as strong as its key players. In order for a team to be effective, all the players must be willing to work together considering each other's opinions as important. Team members must be able to rise above challenges and work together to keep the workplace running smoothly. Call Centers are organized in many different ways. Below are examples of team member roles.

Vice President - Works in conjunction with the team to make us aware of any changes within the organization that affect the day to day operation of the call center.

Director - Maintains the day to day operation of the call center, negotiates contracts with practices, budgeting, staff concerns, and attends meetings and conferences to keep staff up to date on Telehealth Nursing as well as strategic interventions for the organization as a whole.

Nurse Educator - Orients new staff to the call center, serves as a resource for the nursing staff as well as Medical Support Assistant staff, listens to call recordings and reviews triage records to provide feedback and learning opportunities, maintains the nursing schedule, FMLA tracking and time and attendance records.

Clinical Nurse Analyst - Develops and runs reports for benchmarks and other call center reporting needs, maintains and updates the protocol database, serves as a liaison between telecommunications, ISD and the staff, helps in developing and maintaining the remote nursing staff, helps to set up and assist with various databases, survey modules, used in conjunction with the organization.

Administrative Coordinator - Assist with running reports for call statistics, maintaining the monthly physician on call schedule for the call center, scheduling interviews, submits biweekly electronic payroll to payroll office, maintains the Medical Support Assistant schedule, monthly billing for contracted practices.

Information Technology (IT) - Assist in making sure the computers are working properly and are readily available to handle any emergencies that arise.

Telecommunications - Assist in making sure the telephones and automated call distributor (ACD) are working properly and are readily available to handle any emergencies that arise.

Clinic staff and physicians - Serve as a resource for the management team by providing the team with clinic changes that need to be relayed to the staff.

## **Section 5: Quality Assurance and Quality Improvement in Telehealth**

K. Martinez, BSN, RN, CPN & T. Hegarty, BSN, RN, CPN.

The QA/QI process in Telehealth Nursing abounds with uncertainties and urban legends. There is a great deal of confusion in the industry surrounding the actual number of calls that need to be reviewed per month, per quarter or per year. The bottom line is that no national standard addresses the absolute number of calls that require documentation or audio review per year. The most important element of a QA/QI program is that it needs to be consistent, fair and impactful. AACN Telehealth Nursing Practice Administration and Practice Standards state that Performance Improvement activities need to meet certain requirements. A QA/QI program should be consistent. It should use data collection tools that are valid, reliable, efficient, simple and easy to interpret. It should address specific indicators and measures that impact outcomes. And perhaps most importantly, it must include follow up communication on the results of the improvement activities.

URAC, formally known as the Utilization Review Accreditation Commission and now known as the American Accreditation HealthCare Commission, Inc., states that a telehealth agency needs to have an annual Continuous Quality Improvement Plan and develop action plans to improve or correct identified problems. In order to meet these recommendations, we suggest that rather than use random call review, your QA/QI program be symptom focused, education based, and outcome driven. Use scientific inquiry when choosing a topic. Consider a high risk population or age group, a guideline that yields high referral rates, or a symptom that may have a serious cause. Use any office concerns or complaints as a springboard for your monthly or quarterly review. Establish a survey or database that can store information and allow data to be easily retrieved. Remember to create a follow up loop for feedback and education. Below are some points to consider when establishing a QA/QI program for your department:

What does QA/QI look like in a call center? The majority of QI projects in a telephone triage call center revolve around call review.

### **Elements of call review**

- Documentation review gives you the biggest bang for your buck. It is quick; you can review several calls in a short period of time
- Documentation review is a skill that is easily taught and mastered. This allows all staff to be involved in QI projects
- Using a simple review tool allows for data collection and the ability to look for trends
- Audio reviews are time intensive and should be used in specific situations to yield the greatest results
- Use audio review on any call with concerning documentation or questions about RN decision making
- Follow-up on concerns about appropriateness of RN interaction
- Most programs conduct random supervisor review of 1-3 calls/RN/quarter for QA for audio

## **Establishing Benchmarks for Quality**

Benchmarks clearly communicate the performance expectations. They can be used to evaluate individuals or overall department performance. Benchmark standards should reflect best practice in your program. Currently there is a lot of work being done around development of quality metrics for telephone triage.

It is important to have consistency among reviewers. This helps staff feel safe and establishes equity in the review process. Take time as you are beginning the review process to go over documentation and highlight the essential pieces. Schedule periodic interrater reliability sessions to ensure consistency. Some programs have a nurse educator or the medical director review any calls marked with 'no' or 'unsure' in any area. Establish the following in the process:

- Frequency and timelines
- Determine the number of calls that can reasonably be reviewed per year. Divide this into months or quarters
- Establish a timeline and assign someone to keep the department on track
- If staffing allows, consider developing the role of a Quality Coordinator
- Quality Assurance reviews should be handled by a supervisor or manager

## **Orientation**

- Every call during the first phase of orientation

## **Percentage of the calls in the 2nd phase of orientation**

- First year weekly reviews
- Three calls every shift until one year

## **Manager/supervisor monthly reviews**

- Random reviews
- Pointed reviews following up on concern/complaints

## **Concerns/Complaints**

- This is usually a documentation and audio review

## **Performance Improvement plans**

- Time limited review as required, to align individual staff to department benchmark standards
- Frequency is dependent on the established plan

## **Individual Coaching and Education**

- Early intervention for high risk triage behavior to improve nursing process



## **Quality Improvement reviews are exciting and dynamic opportunity for staff involvement in review and education**

- Identifying high risk population or guideline for targeted review (e.g. croup less than two years old, newborn crying, etc.)

### **Peer Reviews**

- Targeted review of recent changes to guidelines or high use guidelines

### **QI Reviews**

- Selected topic by the QI committee for identified concerns
- This may follow a complaint from an office or a trend identified by a manager

### **24 hour reviews**

- Identifies patients who were admitted to the hospital within 24 hours of a telephone triage encounter
- This is a review full of rich data concerning outcomes, provides valuable positive feedback and identifies strong RN performance

### **Self-Reviews**

- Often associated with outcome reviews or developmental plans

### **Outcome Reviews**

- The goal is to compare the RN triage evaluation with what is seen in the emergency department
- This can be used on an individual level for looking at performance such as referral rates, interviewing skills and increasing RN comfort with clinical situations
- Outcome review can be used for a targeted patient population to evaluate effectiveness of guideline use and nurse assessment (Head trauma – Dangerous mechanism of injury)

## **Who should be involved in the Quality Review?**

### **Why have QI committees?**

Using an identified committee creates champions for the process and increases enthusiasm, consistency and best practice. Committees also broaden the perspective and increased creativity and supports shared governance because RN's have a say in the care they deliver.

### **I. Coordinator**

- Responsible for keeping the process on track
- Orchestrates QI projects and collates results
- Communicates with all staff members and identified point person
- Champion for the process
- Continue to have an active clinical role with a limited number of hours per week dedicated to QI

## **II. Medical Director/RN Educator**

- Helps to identify topics for review
- Involved with guideline utilization and review
- Provides input into education
- Analyze results, looks for patterns and develops department education

## **III. Staff RNs, representing all shifts**

- Support the QI process through call review, identifying patients in the 24-hour review process, recognizing great catches, and provide related education to the staff

### **How much time can you afford?**

#### **I. Your investment in quality always yields a high return in improved performance, improved patient outcomes and increased safety**

- Be intentional in your work: Many management tasks support the QI process
- Incorporate all management call review into your QI review program
- Negotiate a reasonable amount of time for QI work and flex up for time intensive projects
- Recruit staff for QI that have built in down time in their shifts (for example, night shift staff)
- Schedule time wisely- short meetings to keep everyone on track and productive

### **Closing the loop: Providing feedback**

#### **II. Using education to impact process**

- QI based education is a non-threatening way to increase interest in improving delivery of care
- Changing our care delivery based on QI results supports evidence based practice philosophy
- Allows for individual recognition for top performers through documentation exemplars

#### **III. Making recommendations for guideline/practice change**

- Highlights areas of confusion
- Able to pull together data in a concise, logical format to support concerns
- Empowers nurses as members of the multidisciplinary team to bring solid data

### **Performance Improvement Plan**

Through the QI process, there is the ability to rapidly identify deteriorating or poor performance. Engage the RN on all identified concerning calls. Analysis of composite data leading to better identification of specific concerns, allowing for more targeted interventions and overall better success rate will improve patient care and nursing performance.

Most important provide timely feedback on performance. Any concerning calls should be addressed within a week of identification. Do not wait until the annual review to bring up concerns. For monthly and quarterly reviews, the review process ideally is completed within six weeks. This includes 2<sup>nd</sup> review for all elements marked as not meeting standards.

**Have Fun!! QI is an engaging and exciting process!!**

## **Section 6: Triage Policy**

R. Crawley, MBA, BSN, RNC-OB, NEA-BC

The focus of telephone triage is on the assessment and disposition of symptom-based calls, rather than message taking. While message taking is a current practice in some settings, most state boards of nursing support using a professional nurse as a medical decision maker. The qualified person to conduct triage is a registered nurse, mid-level or higher. Any type of patient assessment requires a registered nurse (RN) to perform. The message taking role is more appropriately delegated to unlicensed assistive personnel.

Tele-nurses provide for the safe, timely disposition of health-related problems. Telephone triage aids in getting the patient to the right level of care with the right provider in the right place at the right time (AAACN, 2007). Telephone encounters, if handled appropriately, can reduce inappropriate appointments, reduce anxiety, educate patients, and increase patient satisfaction, in addition to reducing risk when there are medical complications. All departments and call centers should ensure that a written policy is developed and signed off by the appropriate individuals.

See Appendix D for sample triage policy

## **Section 7: Managing Urgent Calls and Red Flag Words**

P. Kuchta, MBA, BSN, RNC-TNP

Many call centers and clinics use non-licensed staff as the ‘front-line’ for incoming calls. This is time saving and economical if staff is fully trained on how to handle these calls. It is important during the training of this staff that they understand the difference between taking a message and asking an assessment question. These agents should not take it upon themselves to triage symptoms or assume the clinical safety of a patient. If in doubt, they must consult their clinical resource staff.

One of the challenges of call centers or in ambulatory settings where the nurse is not the front line person is the urgent call. It is imperative to educate staff in these positions on how to identify urgent callers or words that can be considered urgent in some situations. These words are referred to as “Red Flag” words. A complete list along with an example of an Urgent Call Guide for non-licensed staff can be found in Appendix A and B.

Call centers and triage nurses should have a written process in place to handle urgent or priority calls. This is to ensure the standardization of the process used by the upfront agent or first contact person to prioritize calls. Depending upon the call center environment, this could be done by directly transferring a caller to a nurse; if utilizing a callback queue, assign the call with a higher priority level.

## **Section 8: Remote Nurses**

T. Hegarty, BSN, RN, CPN, K. Martinez, BSN, RN, CPN, & M. Harkins, RN, MN

A recent survey by the Telework Research Network found that working from home one day per week can save your company \$6,500 a year per employee. Half-time home based workers could save employers over \$10,000 per year per employee. Findings from Forrester Research support these statistics. The biggest savings are from increased productivity, reduced facility costs, lower absenteeism and reduced turnover. Indeed, hiring and retention are the biggest drivers in initiating and maintaining telework systems.

Workers who have the opportunity to work remotely at least one day per week are very satisfied with their jobs. They report that they are happier with their work-life balance even though they tend to work longer and harder. Thirty seven percent of workers state they would be willing to take a pay cut if they could telecommute or telework two times per week. The majority of teleworkers are professionals and high level managers and executives. Not every health care provider has the luxury of being able to work remotely. Since telephone triage is one area that meets the criteria, it might be worth evaluating for your department. The most commonly identified obstacles are around trust issues. Be sure to have clearly defined expectations and metrics in place before launching a remote effort.

### **Why establish a Remote option for your program?**

#### **Pros**

- Economic incentive – RN's working from home are more efficient (less distractions)
- Decreased turn over due to increased staff satisfaction
- More effective response to volume bursts and short staffing situations
- Able to fill short shifts during high volume times
- Experienced RN tend to work in the call center longer due to flexibility, short shifts
- Weather and driving considerations- coverage in a storm is much easier
- Ability for small towns to access experienced staff at a distance
- One day a week of telecommuting allows \$6,500 per year in savings per employee
- Technology permits this to happen effectively and efficiently
- Decreases need for space in the call center
- Useful for After Hours programs due to the unique need to respond to variable call flow and concentrated high volume times
- Decreases overall space requirement and expense for the department

#### **Cons**

- Expensive to set up – the department ideally pays for initial home set-up costs, but not always
- Vulnerable to instability of internet connections
- Decreased sense of “community” for staff in the department
- Change in work relationships, decreased cohesiveness, and increased risk of creating silos,

wherein people are working to meet their own needs versus the needs of the department

Communication on all levels is difficult:

- Department wide communication
- Interpersonal communication
- Real time communication
- Concerns about maintaining quality and performance standards
- Decreased availability of experienced staff for orientation of new staff

### **Setting up a Remote Workspace**

#### **System requirements**

- Stable/secure connection: HIPAA compliant internet based secure connection to your database and software program (Ex. VPN, Citrix, Window 7 virtual workspace)
- High speed internet connection to the home
- Suggest a dedicated internet connection for call processing

#### **Cost and who pays?**

Initial set up and ongoing costs:

- The ability to work remotely is a privilege. It is not necessarily the department's responsibility to shoulder all costs to set up a home office. Consider a pre-set maximum amount for reimbursement per person.
- If possible consider monitors, computers, and phones as capital equipment that is then loaned to staff. The department should absorb the costs of ongoing maintenance of this equipment. Hospital owned equipment must be returned upon termination.
- Other equipment such as calculators, resource books or headsets costs could be reimbursable costs. Depending on hospital philosophy, your department may reimburse part or all costs for installation and maintenance of the high speed internet line.

#### **Phone compatibility**

- Ideally the remote user connects into the established phone system for the institution. This allows for call ID and long distance charges to be associated to the institution, better phone quality, phone conversations to be secure, and increases chance that the call can be recorded. Direct answer call centers need to ensure remote connection will support the functions of ACD.

#### **Recording capability**

- There are multiple recording products available on the market. The best products are flexible and able to record calls that come into your system in different ways. The recording system also needs to have ample space to save the recordings. Each institution needs to consider how

long to keep recordings. The legal department can help determine the length of time based on purpose of the call, for QI vs. legal part of the record.

## **Down time Procedure**

Problem solving individual technology issues:

- If an individual is having trouble during a shift, an initial effort should be made to problem solve the situation. Consider having an on call automation person or experienced technical support resource. If after a reasonable amount of time (15-30 min) and the issue cannot be resolved, the employee may be required to report to work. Pay is variable and based on the resolution and the cause of the downtime. This is open to manager discretion; a written policy is highly recommended. Take the time to establish a policy before implementing telecommuting in your program.

## **Catastrophic Downtime**

- Back up for a catastrophic event is dependent on what system(s) are down. It is important to have guideline support, phone lists, redundancy in server access and ability to process calls. These down time support tools can be used for such events as a power outage for some areas of town, data server outages, and internet outages. In addition, the use of staff in different areas of town may be helpful in these situations. Consider quarterly drills for outages. For catastrophic events that impact the entire metro area (e.g., city wide power outage) follow your hospital emergency procedure.

## **Home stations**

Ergonomics

- It is important to document initial workstation composition. This is overseen by the clinical manager/automation coordinator and can be done through a site visit or submission of a photo of the workstation for review prior to initiating telecommuting. Different institutions handle ergonomic requirements in different ways. Some may provide financial support for equipment, while others will not provide home ergonomic accessories, as these are considered the responsibility of the employee.

## **Dependent care**

- In general child care arrangements should be made for children in the home less than 12 years of age. Many institutions also require back up plans for any elderly or disabled person in the home requiring specialized care. On the rare occasion internet technology fails and the employee must report to the worksite, they must be able to leave their home and come into work. The inability to report to the workplace is considered an unexcused absence.



## **Resources**

- On-line resources may contain information that are not part of your guidelines. It is easiest to develop a web-based page that lists multiple resources, so that it is quick and easy to find the information you need.

Resources may include:

- Drug resources (Lexicomp and lactmed on toxinet)
- Breastfeeding resources
- Car seat guidelines
- Updated department policies
- Medical dictionary
- Directions to clinics
- Current media information on health topics impacting the community

## **Paper**

Paper resources can quickly become out of date or lost. However there are times when technology fails and certain resources need to be readily available. The recommended paper resources include:

- Documentation form
- Phone list
- Drug dosage tables

## **General requirements for telecommuting:**

- Compliance with hospital attendance policy
- Meeting productivity expectations and quality standards
- Minimum “Solid performer” on annual performance appraisal
- New employees must complete a 90 day orientation
- Most call centers require a minimum of 3 to 9 months on site to be considered for Tele-commuting
- If performance issues are identified, staff must increase the number of shifts in house until the performance issue is resolved

Some programs consider the remote program as a privilege. If benchmarks or program requirements are not maintained, telecommuting privileges may be revoked and the staff person must work in-house for a certain period of time before being reconsidered for telecommuting

## **Scheduling: What role will it play in your department?**

### **Points to consider:**

- Schedule staff for burst times only or entire shifts
- Length of remote shifts – short shifts to increase staffing flexibility vs. full shifts

## **Need for staff to work in house**

- Staff may need to support orientation, support non-clinical personnel and have an on-site person for equipment issues. In addition, they function as a central hub for communication to work together to enhance staff community.

## **Percentage of remote shifts versus “in house”**

- Some institutions work 100% remote while others recommend 30%-50% remote shifts depending on department needs or personal preference. Some call centers require the remote nurse to come in every other month for staff meetings and work one shift in house at that time. More discussion has been made in recent months that ‘the disconnect’ of the remote nurse has increased. Special consideration may be given on an individual basis as to what the remote nurse needs.

## **Pay structure, hourly versus usage**

### **Pay per call**

- With close quality monitoring, pay per call is a feasible alternative especially for high volume. This option helps the department stay within budget during fluctuating volume times.

### **Hourly pay**

- We recommend you seek out a payroll department representative for wage and hour laws in your area.

## **Monitoring quality**

- Prior to permitting a staff person to work remotely, all performance and quality benchmarks must be met and maintained for 3-9 months. Quality is best ensured when call recording is provided remotely as well as in the department.
- If concerns are identified during remote shifts, these need to be addressed in a timely fashion. Be sure to provide them with the necessary resources and tools to improve their practice. It may be necessary for this person to work in house for a period of time.

For more information regarding call quality, see Section 5.

## **Stay connected**

### **Professional requirements:**

- Staff meetings: Consider setting a minimum requirement for in person staff meeting attendance

- Percent of remote vs. in house: Be clear and consistent with your in house vs. remote shifts
- Yearly education day: Consider a yearly education day for all staff. Highly recommend that all staff attend
- Encourage group attendance at conferences

**Social event ideas:**

- Christmas Party
- Summer Picnic
- Baby Showers following staff meetings
- Social hour before or after staff meetings
- Department web page to post pictures and stories
- Celebrate birthdays and important occasions

## Section 9: Educational Resources and Conferences

J. Coleman, RN

Telephone triage is a specialized area of nursing. There are very few resources available specifically for telephone triage nurses. However, the resources that are available have proven to be very good sources of information to help the triage nurse gain a better understanding of the many aspects of the field of triage and the legalities it presents. Medical conferences also include telehealth topics and seminars. These resources and conferences provide opportunities for continuing education credits as well as certification in the field of Telehealth Nursing.

### Educational Resources

1. Schmitt, B. (2005). *Your child's health: the parents' one-stop reference guide to symptoms, emergencies, common illnesses, behavior problems, healthy development.*
2. Thompson, D. (2009). *Pediatric Protocols Barton Schmitt and Adult Protocols.*  
[www.lvmsystems.com](http://www.lvmsystems.com). For more information call 480-633-8200 or email [info@lvmsystems.com](mailto:info@lvmsystems.com). Additional information can be found at <http://www.stcc-triage.com>.
3. Venes, D. (2009). *Taber's cyclopedic medical dictionary* (21st ed.). Philadelphia: F.A. Davis Company.
4. Hale, T.W. (2010). *Medications and Mother's Milk.* Amarillo, TX: Hale Publishing.
5. Micromedex resource –for more information visit <http://interest.healthcare.thomsonreuters.com/content/GAWMicromedex>
6. Pickering, L. (2009). *Red Book: 2009 Report of the Committee on Infectious Diseases.* American Academy of Pediatrics
7. Clinical Update for Telephone Triage Nurses – Monthly Bulletins: Doctor Barton Schmitt and Doctor David Thompson also author a monthly bulletin, Clinical Update for Telephone Nurses. This contains useful information about hot health topics in the media and important updates to the triage protocols. These bulletins can be found at [www.lvmsystems.com/bulletin.aspx](http://www.lvmsystems.com/bulletin.aspx)) and click on Clinical Partners tab to the left.
8. Dialogue: Solutions for Your Healthcare Call Center (newsletter from LVM systems <http://www.lvmsystems.com/dialogue>. Dialogue is published bi-monthly, at no charge by

LVM Systems, Inc. 4262 E. Florian Ave, Mesa, AZ 85206. Please extend all editorial questions to: 480-427-3125, or [dialogue@lvmsystems.com](mailto:dialogue@lvmsystems.com) or [www.lvmsystems.com](http://www.lvmsystems.com).

9. Answer Stat the Medical Call Center Magazine: *AnswerStat* magazine is distributed bimonthly to hospital, healthcare, and medical related call centers. It is distributed free to those involved with healthcare and medical related call centers; subscribe at [www.answerstat.com/subscribe](http://www.answerstat.com/subscribe). For more information visit ([www.answerstat.com](http://www.answerstat.com)) or email them at [Answers@AnswerStat.com](mailto:Answers@AnswerStat.com). Answer Stat also publishes a bimonthly Medical Call Center News e-newsletter. Information on subscriptions can be found at [www.answerstat.com](http://www.answerstat.com).
10. Healthcare Call Center Times Magazine –formerly known as Physician Referral and Telephone Triage times for more information visit [http://www.hmrpublicationsgroup.com/Healthcare\\_Call\\_Center\\_Times/index.html](http://www.hmrpublicationsgroup.com/Healthcare_Call_Center_Times/index.html) or call 770-457-6106 or email [info@hmrpublicationsgroup.com](mailto:info@hmrpublicationsgroup.com)
11. American Academy of Ambulatory Care Nurses (2012). [www.aaacn.org](http://www.aaacn.org).  
AAACN also produces a newsletter entitled *ViewPoint* magazine. This is published bi-monthly for all AAACN members.  
An email newsletter is published monthly for all AAACN members and subscribers. This newsletter is written by Pat Reichart who is the Association Services Director. For newsletter questions or submissions contact Pat at [reichartp@ajj.com](mailto:reichartp@ajj.com).
12. Tele Triage systems website by Sheila Wheeler RN, MS- ([www.teletriage.com](http://www.teletriage.com)). Ms. Wheeler also publishes an e-newsletter entitled Telehealth Nursing E Newsletter. Subscribe to this newsletter from a subscription link on the website.

## Conferences

American Academy of Ambulatory Care Nursing Annual Conference

Carol Rutenburg Telephone Triage as Professional Nursing Practice: *Improve Quality & Reduce Risk*

Children's Physician Network Annual Telehealth Conference

Healthcare Call Centers Conference

LVM Users' Conference

Knowledge Wealth from Relay Health Customer Conference - This annual customer conference includes a marketing, clinical, and technical track, and features customer success stories.

## APPENDIX A

### URGENT CALL ROUTING GUIDE

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#### ADULTS

**A**irway- Swallowed foreign object / cannot swallow

**B**reathing- Shortness of breath / Wheezing / Difficulty breathing

**C**irculation- Chest pain / Numbness / Tingling /  
Blood pressure 140/100 or greater or Blood pressure 100/60 or lower

Bleeding / Pregnancy issues more than spotting / Labor / Confusion / Sweaty

Oxygen level less than 95% / Heart rate >100 or less than 65

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#### ADDITIONAL URGENT

**Trauma / Assault / Suicide / Fractures / Seizure / Dizzy / Overdose / Emotional issues**

**Fevers –**

- *Over 101 in geriatric (over 65, history of HIV, pregnant, chemo patient, surgical patient post op, diabetic)*
- *Over 104 for all others*

**Blood Sugar -** Under 80 or above 250

**Burns -** Chemical / Electrical / Heat / Flame / Ice

**Eye -** Eye pain / Loss of vision / Sees shadows / Vision changes

**Bleeding -** Rectal / Vomiting / Pregnant other than spotting / Lacerations and cuts / Nose bleeds

**Signs of Stroke -** Recent onset of Slurred Speech / Numbness / Tingling / Blurred Vision / Dizzy / Memory Loss

***Remember Urgent Calls go straight to a nurse, there are no stupid questions - Ask a nurse if you are unsure***

Created by University of Texas Medical Branch Access Center Nurse Triage

## **APPENDIX B: RED FLAG WORDS FOR URGENT CALLS**

Abdomen: Severe pain  
Allergic Reaction: Acute  
Angry, upset patient – Customer service issue, difficult patient  
Back Pain: Severe  
Bleeding: Severe  
Breathing: Shortness of breath, difficulty breathing, can't get enough air, wheezing  
Chest Pain, tightness, pressure, palpitations, squeezing, heaviness, fluttering, "elephant sitting on my chest"  
Confusion: sudden onset within the past month  
Customer service issue – Service recovery opportunity  
Fainting: Passed out  
Depression  
Dizzy  
Elderly: Patient over the age of 80  
Eye injuries/trauma  
Fever: Above 103  
Fracture: Obvious/Probable  
Heartburn with dizziness and/or nausea  
Headache: "Worst headache in my life"; Severe/sudden onset  
Head injury  
Hives  
Lip swelling  
Lightheaded  
Loss of consciousness  
Numbness  
Pregnant: Bleeding, Trauma of any sort or decreased baby movement  
Surgery: Post op vomiting, fever, wound problem, bleeding, severe pain  
Rash: New with fever, infected, painful, joint pain, on face  
Seizure  
Speech: Slurred/difficulty  
Suicidal: Thoughts or statements  
Swallowing: Difficulty  
Testicle: Pain and/or swelling  
Tongue: Swelling  
Vision: Sudden loss  
Visiting Nurse: Home Health or Hospice nurse with new or worsening patient problem  
Weakness



## **APPENDIX C: TEC Clinical University Preceptor Training**

### **TEC Core Values**

1. We do what is right for each patient.
2. We provide an enriching and supportive workplace.
3. Our team focuses on value; service, quality and cost.

Training new employees will mean our clinical teams are competent and capable of giving our patients the best care possible.

By giving each new clinical employee the best orientation/training possible provides all of us an enriching and supportive workplace.

### **Purpose**

- The purpose of the university model is to prepare each new Everett Clinic employee with an in-depth knowledge of standard work in the Primary Care, Specialty Care and Walk-In clinic setting.
- This will provide the foundation for standardized training and work flow in all settings allowing opportunities for cross coverage.

### **Preceptor Program:**

- The training program at TEC involves every member of the new employee's home department.
- The Preceptor helps manage the training program by:
  1. Communicating training progress to the team
  2. Giving appropriate feedback to the trainee
  3. Assuring the trainee is competent to work independently at the end of the training period

### **Definitions:**

- **Preceptor** - Designated individuals who assist the CPM/Supervisor with orientation of new healthcare team members by organize the orientation to the department.
- **Buddy(s)** - Team members in department who help with training but are not designated preceptors.
- **Orientation** - An introduction to new surroundings and employment.
- **Competency** - The state or quality of being well qualified in a specific range of skills, knowledge, or ability.
- **Competency Assessment** - The measurement of the trainee's performance against an agreed set of standards.

### **What is the Preceptor's Role?**

1. Role model - a person whose behavior, example, or success is or can be emulated by others.
2. Follows TEC policies and core values.
3. Planner of learning experiences - organizes the training schedule for the new employee and who she or he will work with on a day-to-day basis. Arranges for specific learning needs and classes.

4. Assessor of learning needs - works with new employee and team to determine if any additional learning experiences are needed.
5. Assures learning needs are implemented
6. Evaluate job performance

**Feedback**

- Preceptors need to provide feedback; evaluative and corrective information on the performance of the orientation process

**Examples of feedback include:**

- Positive feedback
- Negative feedback (unless performance is dangerous or risky, this type should be avoided)
- Constructive feedback (use whenever possible)

**Elements of good feedback:**

- Describe what was observed (who, what, when, where, and how)
- Be specific as possible (avoid judging and generalizations)
- Suggest alternative behaviors if indicated
- “I” messages are more effective than “you” messages when exchanging information with the new employee

**Effective communication:**

- Between preceptor and trainee
- Between preceptor and manager/supervisor/lead
- Between preceptor and buddy(s)

**How to communicate:**

- Daily Huddles at start and end of shift
- Meetings with the manager once a week or more often if concerns
- Make notes in the narrative notes at end of checklist
- E-mail

**Preceptor job expectations:**

1. Review professional standards & expectations as a team member
2. Establish daily routine
3. Have a morning huddle
  - Review goals for the day
4. Have an evening huddle
  - Review goals achieved
  - Sign off completed items on skills checklist
  - Communicate next day meeting place and where preceptor should report to
  - Answer any questions

**Putting it all together:**

- Evaluation of skill performance: Help determine when the new employee is ready to function independently
- Feed back to the new employee: Document progress and give feedback on a daily basis. The new employee should always know the expected skill level
- Feed back to manager/supervisor/lead: Document progress and give feedback on a regular basis to the manager and lead

**Tools of the job**

- The Preceptor Tool Kit is located on the **Education (TEC ED) page**

**Clinical Orientation Checklist**

Important points to remember when signing off checklist:

1. Emergency Procedures and Mock Code training:
  - Work with the department to arrange Mock code training
2. Demonstration of skills:
  - Observe skills a minimum of three times before signing off
  - If there is not an opportunity to demonstrate a skill the trainee should be able to verbalize and demonstrate how to perform the skill with minimal input from preceptor

**Training to include:****Standard Care of Patients:**

1. **Enhanced rooming** – RN/LPN & MA
2. **Medication administration**
  - Review the Five Rights of Medication Administration
  - Review medication administration audit tool
  - Printing the medication order, why, and how it is done
  - Demonstrate administration of IM, SC, Intradermal, Oral, Topical, and Inhaled medications
3. **65+ PEMC discharge patients**
4. **Telephone calls and Triage:**
  - Use dual head set to monitor calls and teach telephone skills
  - Epic smart sets
  - Demonstration of resources consulted
  - Prov Care
  - Review scope of practice as related to Triage
  - Access resources in Epic
5. **Scheduled Immunization and WIC Training**

## **Immunization Training**

- All clinical staff who will be working in Pediatrics and Family Practice will be scheduled two days with an immunization preceptor.
- Completion of the [Skills Checklist for Immunizations](#)
- Review of the Standard work for administering immunization.
- How to determine what immunizations to give by using the forecasting process
- How to Reconcile Immunization Records using
- Accessing and using Child Profile
- Epic immunization record
- Immunization records – paper or scanned media
- How to properly prepare, administer, and document using the 5 Rights

## **Walk In Clinic Training**

- To better understand the role of WIC at TEC and when to refer patients to WIC all new primary care clinical staff to train in the WIC for one shift whenever possible

## **Review Code Blue/Emergency Procedures**

1. **Mock Code Blue**
  - Role they would play in a code situation
  - Talk through the Code Blue process with the trainee
2. **Emergency kits in the satellites**
  - Where is the nearest Emergency Kit located? Satellite, Gunderson and Founders
  - Know who is the Code Blue Team
3. **AED** - nearest location to their work location
  - If additional AED training needed contact security
4. **O2 equipment:** demonstrate how to
  - Turn on and off
  - Apply oxygen via mask and cannula
5. **Demonstrate how to call a code using overhead paging system**
6. **Contact your CEC for help with code blue and emergency training**

## **Sign up for training classes as appropriate:**

1. Splinting
2. IV Therapy
3. Allergy shot training
4. Epic review class
5. ACLS
6. PALS
7. BLS

**Training with the preceptor:**

By the end of week two, the primary care trainee should be able to understand and perform:

- Standard rooming independently
- Understand appropriate documentation
- Administration of Immunizations using the 5 Rights
- Administration of oral and injectable medication using the 5 Rights
- Understand how to process Telephone calls & Telephone triage
- Understand the WIC Scope of Service and the role of WIC as it relates to their home department
- Be able to navigate in software
- Understand the emergency procedures for their area

During last days of training:

- Identify areas that need more learning opportunities
- Set goals for any remaining learning opportunities and develop an outline to achieve goals
- Review any testing, quiz/course completion
- Arrange for one to two days with HUC or admin MA for refills, referrals, prior authorizations when appropriate

Ending the training period:

- The formal training period is over when the trainee is able to work independently for two to three consecutive days with minimal assistance from preceptor
- Arrange for a final meeting with the CPM to evaluation skill level, goals, and overall training experience
- Sign completed checklists and place in the CPMs personnel file for the trainee

## **APPENDIX D: Ambulatory Triage Policy and Procedure**

### **1. PURPOSE:**

To establish a standard process for determining the appropriate level of care and intervention or referral for care for the Ambulatory clinic patient who is requesting treatment.

### **2. POLICY:**

- A. Triage in the Ambulatory clinic setting will be performed by individuals meeting the requirements of this policy.
- B. Other designated clinic or office staff may obtain and communicate information between the patient and the licensed provider based on written protocols or guidelines established by the provider(s).

### **3. DEFINITIONS:**

#### **Levels of Urgency**

- A. Emergent: Triage assessment determines the patient is in a potentially life or limb threatening condition requiring immediate medical attention.
- B. Urgent: Triage assessment determines the patient is high risk if the patient meets one of the following criteria. Will be referred to the emergency department or seen urgently in the clinic (as soon as the patient can arrive):
  - 1. New onset confusion
  - 2. Lethargy
  - 3. Disorientation
  - 4. Severe pain or distress
  - 5. Complaint is suggestive of a high risk condition (chest pain, severe asthma, trauma, labor & delivery, etc.)
- C. Non-Urgent: Triage assessment determines the patient requires evaluation but time is not a critical factor.
- D. Phone caller who does not require an appointment: Caller asking clarification, information, or making a request but does not require an appointment.  
**Telephone Triage:** Utilize listening, assessment, and critical thinking skills to assess the caller's needs and to determine action or disposition over the telephone.

**Triage:** the process that encompasses the assignment of a priority for treatment, including the use of appropriate personnel and supplies. This process includes the use of critical thinking skills to assess needs and prioritize treatment.

### **4. REQUIREMENTS FOR PERFORMING TRIAGE:**

- A. Qualifications as outlined by the Commonwealth of Virginia, Department of Health Professions:

1. Registered Nurse, Registered Dental Hygienist, Nurse Practitioner, Physician Assistant, Physician, Podiatrist, Doctor of Osteopath, Dentist, Clinical Psychologist or Licensed Clinical Social Worker (LCSW), Licensed Professional Counselor (LPC), Athletic Trainer Certified, licensed in the Commonwealth of Virginia.
2. Demonstrated assessment skills
3. Demonstrated critical thinking skills
4. Demonstrated judgment skills
5. Demonstrated current competency with medications (excluding Registered Dental Hygienist, Clinical Psychologist, LCSW, LPC, and Athletic Trainer)
6. Demonstrated clinical expertise in related area

B. Education and Competency

1. Each clinical area that triages patients either by telephone or walk-in must have a documented plan for orientation and education of staff qualified to perform triage in that specific area.
2. Triage staff must be assessed for competency prior to independent practice.

C. Unit Based Guidelines

1. Each clinical area that triages patients by phone will have clearly identified triage protocols/guidelines to direct decision making and implementation of the triage
2. The guidelines must include the following:
  - a. Emergency contact information for clinic providers
  - b. A list of resources and emergency numbers accessible to the triage nurse/MD
  - c. A statement regarding time frame to return patient calls
  - d. A statement of responsibility for non-clinical employees regarding their role in information gathering and refraining from triage behaviors
  - e. The guidelines will be reviewed and updated yearly, then approved and signed by the individual/divisional chair and nurse manager

5. PROCEDURE

A. Documentation:

1. A note should be documented either manually or automated on a triage tool and placed in the patient's medical record
2. Each clinical area will record all triage calls either manually, electronically, or in a log format
3. Manual triage logs will be maintained for three years, then destroyed by shredding or pulping

B. Disposition of Patient

1. See definitions for Levels of Urgency for specific disposition instructions.
2. When the situation is not an emergency, the triage nurse/MD will determine an appropriate referral considering factors such as primary care physician, third

party and managed care requirement, availability, convenience, and location of services

6. REFERENCES:

- A. Emergency Nurses Association
- B. Stock, Carol M., JD, MN, RN Legal and Health Care Consultant
- C. American Academy of Ambulatory Care Nursing, Telephone Nursing Practice Administration and Practice Standards, 2007.
- D. Rutenburg, Carol, RN C, MNSc, Telephone Triage Consulting. Telephone Assessment of Common Complaints: A Structured Approach for Nurses, 2006.

7. REVIEW REQUIREMENTS:

- A. Ambulatory Administration
- B. Medical Director, Ambulatory Clinics
- C. Nursing Directory, Ambulatory Clinics
- D. Ambulatory Care Practice Council



## APPENDIX E: Patient Telephone Encounters

### Standard:

All staff will utilize and adhere to the Scope and Standards of Practice for Professional Telehealth Nursing and organization wide process for documentation of all patient telephone encounters. The process will include all departments and will reside in the electronic medical record (EMR).

### Policy:

All telephone calls from patients requesting medical advice, nurse advice, emergency advice/inquires, test results, medication refills, care management/coordination inquires, and referral inquires will be documented in the EMR using the call processing module. The task type selected will follow logical and sequential processing. Tasks will be routed to the appropriate department recognizing the time and day of week.

Telephone Encounters from patients for medical/nursing advice will have the following response times:

- Sick Calls/Medical Complaint Task Type-within 60 minutes during routine hours and after hours.
- Test Result, Referral, Medication, and Form Inquiries-within same day

### Procedure:

1. Staff will select Call Processing Module to document all patient telephone encounters.
2. All messages should clearly indicate patient's clinical request and include a telephone number and time that the patient can be reached at. Messages should also indicate if it is acceptable to leave a confidential voice mail if answering machine/voice mail is reached.
3. Task types selected should be in accordance to the [EMR Task Names, Definitions](#), and best practices for EMR.

### Assigning Task Types to calls

1. Select **Medical Complaint** - Task type for all telephone encounters from patients requiring medical advice.
2. Select **Result Inquiry** - Task Type for all telephone encounters from patients requesting test results.
3. Select **Referral Inquiry** - Task Type for all telephone encounters from patients regarding referrals and/or care coordination.
4. Select **Medication Inquiry** - Task Type for all telephone encounters from patients regarding refills, medications, renewals, dose changes, mail orders. Symptoms from a new medical advice would require a Medical Complaint Task Type.
5. Select **Form Inquiry** - Task Type for all telephone encounters from patients regarding health forms, immunization forms, WIC forms, Utility Forms, etc.
6. Select **Patient Request Appt** - Task Type for all telephone encounters from patients requesting scheduling assistance.

## Direct Connect Calls

1. Any patient telephone encounter that meets the Direct Connect Criteria will follow the process established for Direct Connect medical complaints. Connect calls will require the staff receptionist who received the call from the patient to **directly transfer the call to a Registered Nurse**. Patients with criteria meeting Direct Connects will not be told they will receive a "returned call" from the nurse. These calls must be directly connected without terminating the initial call.
2. Reception staff will document in EMR using call processing task while the direct connect call is being transferred to the RN.
3. Patients that present as walk-ins to a department front desk will follow the same Direct Connect Criteria as telephone calls. Reception staff will leave the front desk and locate a Registered Nurse to evaluate/assess patient with Direct Connect complaint.

When Task Type is selected and patient message is completed, task is to be routed to the RN TRIAGE TEAM for review and assessment per department policy.

## Time Frame for Returning Patient Calls

1. During routine business hours, Medical Complaint Tasks will be responded to **within 60 minutes** by the RN staff and/or designee. RN staff may delegate response to appropriate staff to meet 60 minute requirement.
2. After hours or on weekends, Medical Complaint Tasks will be responded to **within 60 minutes** by the RN Staff and/or designee. RN staff may delegate response to appropriate staff to meet 60 minute requirement.
3. All other Tasks will be responded to **same day**. RN's may delegate response to support staff as appropriate to meet same day requirement.
4. At the end of the shift if an RN determines that they are unable to meet expected time frame for returning call then the RN will direct receptionist to set patient expectations for next day as clinically indicated.

## Task Documentation

1. RN staff will document in task advice given, results provided, status of result, referral, medication refill, and other information.
2. Completed tasks should be copied to note if medical advice provided, or if the task is reassigned/routed to a clinician.
3. All tasks, whether copied to note or not, should be completed prior to end of shift and have documentation if task remains for next shift.
4. Test results given should be annotated directly on result/test as appropriate in addition to documenting in call processing tasks. For example, task documentation might include "patient notified, see annotated result."

## APPENDIX F: Job Descriptions

CARENET

### JOB DESCRIPTION

**Job Title:** Care Advisor, Registered Nurse

**Department:** Clinical Services

**Reports To:** Director – Clinical Services

**FLSA Status:** Non-Exempt

**Approved By/Date:** \_\_\_\_\_

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**Summary (Core 4.d):** The Care Advisor, Registered Nurse is responsible for providing telephonic clinical assessment, health education and utilization management services to a variety of clients.

**Essential Duties and Responsibilities** include the following. Other duties may be assigned.

- Assesses callers' needs and assists them with issues related to patients care.
- Adapts communication style to persons representing diverse personal, professional, cultural, and socio-economic backgrounds.
- Ability to multi-task; simultaneously thinks, talks, and types.
- Uses excellent hearing and listening skills to receive detailed information.
- Utilizes the computer database to assess, educate and document all information in an accurate manner.
- Responds to the needs of a 24/7/365 operation.
- Meets minimum established quality and productivity standards.

**Qualifications (Core 4.a, 4.b, 4.c, HCC 5.a)**

To perform this job successfully, an individual must be able to perform each essential duty satisfactorily. The requirements listed below are representative of the knowledge, skill, and/or ability required. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

**Education/Experience:** Minimum of an Associate's degree from a two-year college or technical school or Diploma Nursing Program and three years of related clinical experience in acute or ambulatory area or tele-health is preferred. Experience with Health Insurance and Managed Care concepts is preferred.

**Language Ability:** Ability to read, analyze, and interpret company software, guidelines, health references, professional journals, technical procedures, or governmental regulations. Ability to effectively present information and respond to questions.

**Reasoning Ability:** Ability to deal with and solve problems using solid judgment skills.

**Technical skills:** Basic PC and keyboarding skills required. Ability to handle multiple line phone systems, pagers and paging systems preferred.

**Supervisory Responsibilities:** N/A

**Certificates and Licenses:** Current, unrestricted, RN licensure in Texas. Licensure in other states as required by law or client contract.

**JOB DESCRIPTION****Working Conditions**

The work environment characteristics described here are representative of those an employee encounters while performing the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

The noise level in the work environment is moderate. This job requires working in a business office with computers, printers, and light traffic.

**Physical Demands**

The physical demands described here are representative of those that must be met by an employee to successfully perform the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

While performing the duties of this job, you must be able to sit for extended periods of time and communicate with callers through the use of a headset.

You must be able to lift up to 10 pounds, have close vision, color vision, depth perception, and ability to adjust your focus with good hand-eye coordination.

**Performance Assessment**

Staff performance will be assessed in a written format at the end of the 90-day probation period and annually.

**License/Certification Status (Core 6.b, 6.c)**

It is the responsibility of the employee to notify the company immediately if there is an adverse change in license/certification status. If a license/certification should expire, clinical staff will not be scheduled to work until current licensure/certification is obtained and verified. Failure to maintain a current license/certification may result in a job re-classification or possibly termination.

*The job duties listed in this job description may not be inclusive of all requirements of this position. Other duties may be assigned by your supervisor.*

ACKNOWLEDGED:

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor/Manager

\_\_\_\_\_  
Date

## Sample Job Description: Consulting Nurse

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**Department:** (Use organization structure chosen)  
**Position Title:** Consulting Nurse

### Relationships

**Supervises:** None  
**Responsible to:** Contact Center Manager or Clinical Supervisor

### Position Summary

A registered nurse who is responsible for triaging incoming calls from clients, assessing needs, giving appropriate clinical dispositions and facilitating referrals to primary providers, specialists, healthcare facilities and community resources. This nurse will also educate the client when appropriate regarding immediate care advice and preventive behaviors.

### Professional:

- Current RN licensure in the state of employer and other states as needed for interstate practice
- BSN degree preferred
- Superior nursing process skills
- Critical thinking skills
- Problem solving skills
- Minimum five years of clinical experience in acute or ambulatory care
- Excellent written, verbal, telephone and interpersonal communication skills
- Familiarity/experience with client interaction on the telephone
- Participation in continuing education programs
- Involvement with unit-based quality improvement process
- Membership in professional organizations
- Basic telehealth counseling skills
- Knowledge of available basic community services
- Basic typing skills (such as 30 wpm)
- Basic personal computer skills and comfort with Microsoft Windows® operating system

### Personal:

- Pleasant telephone voice
- Positive, enthusiastic, helpful personality
- Organized, able to set priorities
- Works effectively with minimum supervision
- Works well as a team member
- Ability to work in a limited space
- Customer service focused/oriented

**Performance Responsibilities:**

- Demonstrates thorough knowledge and use of the nursing process
- Answers telephone inquiries regarding client needs
- Conducts sound nursing assessments
- Able to develop, implement and evaluate a plan of care for each call
- Refers inquiries to appropriate resources
- Documents all inquiries according to department standards for medico legal/statistical purposes
- Participates in department in-services and other continuing education activities
- Complies with respective state's Nurse Practice Act, department standards, policies and procedures
- Participates in department QI processes
- Maintains a sense of pride and ownership for the program
- Performs data entry at time of call
- Maintains confidentiality of all interactions
- Becomes knowledgeable of contact center office equipment
- Other duties as requested

**Note:** The preceding statements are intended to describe the general nature and level of work performed. They are not intended to be construed as an exhaustive list of accountabilities, duties, and skills required of job applicants.

**Sample Performance Criteria:**

- Introduce service and self, followed by title RN, with each call
- Complete Person Profile information (name, address, phone number, DOB, gender, PCP and insurance) for at least 90 percent of inbound calls
- Determine needs of the client by listening, asking open-ended questions and responding positively
- Record significant Clinical Profile information for person being triaged
- Record nursing assessment of client according to contact center's documentation standards
- Reference the appropriate triage guideline for 100 percent of clients. Select the first positive guideline question/statement. Facilitate appropriate disposition based on assessment information, triage parameters and clinical judgment
- Document client understanding of *Disposition* and *Care Advice*
- Document client *Intended Action*
- Provide accurate and complete information about available resources
- Indicate the client *Original Inclination*.
- Schedule a callback within 24 hours for 10 percent of all emergency referrals, as specified by site policy, to determine compliance with recommendations
- Close call by giving the client the opportunity to ask questions, followed by thanking client and offering service for future inquiries for 90 percent of inbound calls

## Sample Position Description: Contact Center Manager

**Department:** (Use organization structure chosen)  
**Position Title:** Contact Center Manager

### Relationships

**Supervises:** Contact Center Staff  
**Responsible to:** (indicate supervisor's job title)

### Position Summary

Under the guidance of the department's supervisor, is responsible for the effective organization and supervision of assigned employees and resources within the contact center. Ensures an optimum environment for the efficient and orderly performance of contact center management activities. Performs the nursing responsibilities and the technical duties of a Consulting Nurse when required. Upholds the standards of the organization-wide customer service program

### Education:

- Graduate of a state accredited School of Nursing
- Registered Nurse with current state licenses
- BSN or Bachelor's degree in related field required
- MSN or MS degree preferred

### Experience:

- Recent health care related experience required. Minimum of 5 years clinical experience in acute care or outpatient nursing required. (MSN or MS with a minimum of 3 years clinical experience.)
- Current RN licensure in the state of employer and other states as needed for interstate practice
- Recent supervisory or administrative experience including competence in strategic planning, program development, quality and risk management, program evaluation and conflict resolution
- Proficient with computers (experience with Microsoft® Windows operating system, database and word processing software preferred)
- Experience with client telephone interaction and/or patient or community education desired

**Note:** Some sites prefer to have a non-clinical Contact Center Manager with a strong Marketing focus or background, or another area of concentration that meets business objectives. Clinical sites must then have a Clinical Supervisor (RN) to manage the clinical issues.

### Skills:

- Ability to plan, coordinate, direct and evaluate operational activities
- Ability to analyze financial and utilization data
- Demonstrated nursing professionalism and clinical excellence
- Excellent leadership and interpersonal skills
- Superior Nursing Process Skills



**Skills (continued)**

- Good organizational skills with ability to set priorities and solve problems
- Good communication skills, both verbal and written
- Ability to exercise sound, independent judgment
- Knowledge of organization and community resources
- Ability to function in matrix organization; results oriented; hands-on

**Principle Responsibilities:**

- Assess the need and coordinate the allocation of department employees and resources
- Maintain adequate levels of staffing and assure equitable scheduling of assigned employees in accordance with the approved staffing patterns and policies of the department
- Supervise, discipline and evaluate the performance of the assigned employees
- Identify and assist in the resolution of departmental or interdepartmental issues or problems
- Assess, coordinate and evaluate the orientation and continuing education needs of assigned employees
- Make recommendations regarding employment, performance evaluation, employee development, salary changes, promotions, transfers and terminations
- In coordination with the department supervisor, prepare and monitor the annual operating budget and implement direct expense reductions as necessary
- Assist in the analysis, development and implementation of department policies, protocols, and procedures; make recommendations designed to maximize operational efficiency and effectiveness
- Assist in the organization and monitor the department's call management processes to maintain the integrity of specialized computer database
- Act as a resource to employees and provide technical and procedural guidance to the staff of the contact center for various system applications
- Interface as needed with the organization's information services and telecommunication department and/or outside vendors to troubleshoot/resolve system and software problems
- Assist with the development, implementation and monitoring of departmental procedures to facilitate call tracking and reporting of outcomes
- Assist in the formulation of performance standards and monitor compliance to ensure quality services that improve customer service and satisfaction
- Track and monitor the outcomes of the department's programs through needs assessments, utilization statistics, program evaluations, and cost/benefit analysis
- Collaborate with other organizational departments to improve or expand services
- Assist in identifying the need for and implementation of processes to inform and educate internal and external users of the department's services
- Communicate, coordinate and interact with the supervisor of the department and department staff in a manner that promotes and maintains a high level of departmental morale, communication, operational efficiency and a consumer oriented environment
- Demonstrate commitment to professional growth and competence; keep abreast of current health care and business developments and practices that may impact the department
- Perform other functionally related duties as requested



## Recommended Computer Knowledge for Contact Center Manager

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- **PCs:** More than basic level personal computer (PC) skills. Has introductory knowledge about operating systems in general (such as DOS), has worked with Windows, word processing, text editors, spreadsheets, and other related applications. Generally understands hard drive data storage; for example, what and where multiple drives exist and where information is stored when they are used. Has knowledge to provide first level or primary troubleshooting without consulting Information Services (I.S.).
- **Database:** CECC requires strong database management skills and understanding.  
**Note:** McKesson strongly recommends a Database Manager role through the customer's I.S. Department for overall database management. Day-to-day maintenance can be managed by the contact center manager or designated staff person as system administrator.
- **Network / LANs:** General understanding of networks and how they function. Detailed understanding of network administration and software is not required.
- **Hardware:** Familiarity with computer peripherals such as modems, faxes, printers.
- **Reporting:** Able to generate reports using a prompt/selection menu. Has a basic understanding of "presentation" graphics.

**The following items reflect advanced knowledge and skills.** These skills are desirable prior to hire but can be learned after hire, if basic skills are met:

**Note:** Some of these functions may be delegated if the contact center has a designated *System Administrator* in the department to perform the direct computer related functions, but are important for the Contact Center Manager if I.S. support is limited.

- **PCs:** Intermediate to advanced computer skills. Understands basic components of Windows and the contact center's workstations. Examples include: how to change colors, monitor settings and attributes, troubleshoot or assign printers. Also is familiar with the use of text editors. Can change or create text files for merging. Has the skill to make necessary setup changes after training without assistance from I.S.
- **Database:** Strong database management skills. Examples: Knows the methods and reasons for creating meaningful domain tables. Is able to modify data input or classification to report desired information. Is able to extract and modify reports if no report analyst, system administrator, or I.S. is available. Is able to select a specific population from the database and print addresses, letters or reports on that population. Is familiar with data integrity and security issues.

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*Continued on next page*

## Sample Position Description: Contact Center Medical Director

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The position will generally require a 4 to 8 hours per week commitment for 2 to 3 months during the contact center start-up phase, and then 2 to 4 hours per month ongoing commitment, with on-call availability as required. The position may be filled by a single physician or shared by several physicians.

### Qualifications

- Board Certified in Emergency Medicine, Family Practice, Internal Medicine, or Pediatrics
- At least 5 years in active medical practice
- Strong interpersonal, verbal and written communication skills
- Significant administrative/program development experience
- Experience with the development and implementation of a CQI program

### Responsibilities

- Act as liaison or advocate for the contact center to the Medical Staff regarding clinical issues
  - Act as a *champion* for the contact center to internal and external audiences
  - Coordinate the review and approval of triage guidelines and health information topics biannually or as needed
  - Available for on-call medical consultation (or assigned designee) by contact center clinical staff at all times; response time to on-call pages 20 minutes or less
  - Participate in the development and ongoing maintenance of a comprehensive CQI program for the contact center in conjunction with the Contact Center Manager inclusive of, but not limited to:
    - identification and review of all sentinel and adverse occurrences
    - review of all medical complaints, guideline overrides and deviations from standards of practice
    - conduct on-line call monitoring as needed
  - Participate in monthly staff meetings
  - Review and provide input to Contact Center Operations Policy and Procedure Manual
  - Annually review all collateral health information resources used in the contact center
  - Suggest reference material to the Contact Center Manager for use in the contact center
  - Participate in contact center orientation and continuing education programs
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**Title: Resource Nurse, SSM Health & Wellness Line    Job Code: 20361N**

**GENERAL SUMMARY:**

Under general supervision, is responsible for answering telephone inquiries from patients of private physicians according to established protocol; entering patient medical and demographic information in an electronic data system; assessing caller information and offering clinical advice and interim care, and referring callers to appropriate services; maintaining log of calls and actions taken and performing quality assurance activities. Also responsible for performing job duties in accordance with the values of the SSM Health Care System, and principles of CQI.

**CORE COMPETENCIES:**

***Growth:***

The employee looks for ways to create a caring friendly place. He/She tries to increase the number of people helped and speaks with customers in an upbeat, pleasant and agreeable way.

***Efficiency:***

The employee does a good job managing time and materials. He/She makes sure their work is good for both internal and external customers. (This means the people you work with both inside and outside the company.) The employee gets work completed on time in a way that doesn't cost a lot of money.

***Quality:***

The employee completes his/her work neatly every day, with no mistakes. The employee looks for ways to do better. He/She does this by doing things to improve customer's satisfaction and outcomes.

***Employee Partnership:***

The employee is a good team member. He/She helps co-workers to reach entity goals by being helpful, dependable and flexible. The employee also feels responsible for doing a good job. He/She can also lead others when necessary.

**KNOWLEDGE, SKILLS, AND ABILITIES REQUIRED:**

Demonstrates the philosophy of the sponsoring religious congregations, through SSM Health Care values, and tenets of integrated health care while giving leadership and innovation of the health care ministry.

***Education:***        (minimum requirements for education and experience)

_____	Basic Skill Set
_____	High School or equivalent (GED)
_____	High School plus specialized training (minimum of 6 months)
<u>  X  </u>	Associate Degree or Diploma School Program
_____	Bachelor's Degree
_____	Master's Degree
_____	Doctoral Degree
_____	Preferred:
<u>  X  </u>	Certification/Licensure/Registration required for job: <u>  RN licensure  </u>

**Experience:****Technical Field**

\_\_\_\_\_ no experience  
\_\_\_\_\_ 3 months to 1 year (training program)  
\_\_\_\_\_ 1 year to 3 years  
  X   3 years to 5 years

**Supervision**

\_\_\_\_\_ 0 years to 1 year  
\_\_\_\_\_ 2 year to 3 years  
\_\_\_\_\_ 3 years to 5 years  
\_\_\_\_\_ greater than 5 years

**Primary Customer Served:**

  X   Patients                        X   Family                        X   Physicians  
  X   Team/Co-Workers          X   Visitors                        X   Community Agencies  
\_\_\_\_\_ Insurance Co.

**Age Category of Patient Served:**

Demonstrates the knowledge and skills necessary to provide age appropriate care to the following patient population: *(Required by JCAHO for patient care givers.)*

  X   Neonatal                X   Pediatric                X   Adolescent                X   Adult  
  X   Geriatric              \_\_\_\_\_ N/A

**Interpersonal Skills:**

Requires effective oral and written communication skills to exchange information with customers by telephone in a caring, courteous and professional manner.

**Analytical Abilities:****Physical Effort:** (Check all that apply.)

Move object      \_\_\_\_\_ Avg. \_\_\_\_\_ lbs.      Squat/Bend/Kneel        X    
Push/Pull      \_\_\_\_\_ Avg. \_\_\_\_\_ lbs.      Sit        X    
Reach overhead \_\_\_\_\_      Stand        X    
Climb      \_\_\_\_\_      Walk/move about        X    
Requires use of computer terminals   X    
Requires hearing in normal range   X    
Requires near-visual acuity (including depth perception, color, and field of vision)   X    
Requires manual dexterity   X    
Requires motor coordination   X  

**WORKING CONDITIONS:**

Work Location:   inside    
Temperature: Cold   controlled   Heat   controlled    
Noise:   routine    
Exposure to: Fumes \_\_\_\_\_ Air-borne particles \_\_\_\_\_ Hazardous Toxins/Chemicals \_\_\_\_\_  
Blood borne pathogens: Level I \_\_\_\_\_ Level II \_\_\_\_\_ Level III \_\_\_\_\_

**REPORTING RELATIONSHIPS:**

Reports to: Director, SSM Health & Wellness Line  
Supervises: No supervisory responsibilities.

Effective Date: 10/01/98  
Last Revision Date: September 2005



STANDARD IS EXCEEDED BY:

- Scoring 95% or higher on the proficiency test and:
- Attending outside computer classes on own time, without compensation for either time or tuition.
- Attending keyboarding classes or utilizing typing tutorial software to increase keyboarding proficiency on a regular basis.

4. *Utilizes available resources appropriately to assist callers in making health care decisions.*

Weight: 20%

Score: \_\_\_\_\_

Uses department approved general and clinical resources to provide information to callers/patients; refers clients to appropriate hospital based services, local medical practices, educational and health screening events or community resources, appropriately accesses information through software or hard copy.

MEETING STANDARD REQUIRES:

- a) Referring to SSM EDs when appropriate, and choosing appropriate ED.
- b) Demonstrating knowledge of SSM resources and programs, such as Glennon Care sites.
- c) Using Resource Guide in Sharp Focus, workstation binders, and website manuals appropriately.
- d) Reading departmental operational emails.
- e) Using departmental forms appropriately.
- f) Communicating department updates and call schedule changes to oncoming shift.
- g) Using resource books, department approved web sites, internet sites, intranet material, department web page, Clinical Advisor, poison center, and help from co-workers as appropriate.
- h) h) Demonstrating knowledge of disaster routing procedures and where manuals are located.

STANDARD IS EXCEEDED BY:

- Attending conferences and presenting new material at staff meetings
- Making a presentation on any newly acquired information at a department staff meeting
- Arranging for an outside speaker at a department staff meeting
- Teaching a required or relevant possessed skill to the department staff

**Comments on Employee's Performance:**

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5. *Demonstrates clinical competence in the assessment of caller's/patient's symptoms.*

Weight: 40%

Score: \_\_\_\_\_

Assesses information given by callers; offers information, options, and alternatives within limits of department approved protocols and established criteria and makes appropriate recommendation; keeps current with mandatory department in-services; communicates clinical information to co-workers and physician/call center clients. Each item below represents 20% of the 40% for the category.

**MEETING STANDARD REQUIRES:**

- a) Attaining at least 90% on the quality score b)  
Call times less than 15 minutes
- c) Completion of RNC certification when eligible (within one year of eligibility) and maintaining certification within appropriate timeframe.
- d) Meeting department requirement to listen to three calls and do self-evaluations of calls each quarter
- e) Maintain nursing license in both Missouri and Illinois

**STANDARD IS EXCEEDED BY ONE OR MORE BELOW:**

- Acquire 15 job related ceu's in the evaluation year toward hours needed for RNC recertification to improve clinical competence
- Attend 50% of the physician advisory meetings during the year and contribute at least one new GOC protocol.
- Participate on the QA team with an attendance at 2/3 of the meetings for group peer review.

**Comments on Employee's Performance:**

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**6. Professionalism and Leadership**

Weight: 20% Score: \_\_\_\_\_

a) Uses policies and procedures as guidelines, and demonstrates teamwork in providing and promoting professional nursing and health information. Each of the items below represents 12.5% of the 20% for this category.

**MEETING STANDARD REQUIRES:**

- a) Exhibiting team-building behaviour with co-workers.
- b) Being a resource to other staff members in sharing of clinical knowledge.
- c) Following guidelines found in department policies, procedures and standards.
- d) Attending all staff meetings.
- e) Attending educational opportunities and/or viewing the SSM videotapes.
- f) Demonstrating flexibility in the scheduling process while following departmental schedule guidelines.
- g) Arriving on time and beginning work on time.
- h) Taking one's fair share of inbound and outbound calls as measured by departmental call metrics.

STANDARD IS EXCEEDED BY ONE OF THE ITEMS BELOW:

- a) Volunteering as a preceptor for new employees
- b) Being active in any one of the professional organizations

**Comments on Employee's Performance:**

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**SUMMARY**

**SCALE for Category Rating**

I = Needs Improvement (0 rating)  
M = Meets Standards (1 rating)  
E = Exceeds Standards (2 rating)

	I (0)	M(1)	E (2)	Points
A. Principal Duties (55%)	___	___	___	
B. Customer Service (40%)	___	___	___	___
C. Core Competencies	___	___	___	
D. Age Specific	___	___	___	
E. Work Attendance (5%)	___	___	___	
<b>OVERALL POINT RATING</b>				

**Does the employee meet the following requirements?**

	No	Yes
F. Career Growth and Development	___	___
G. Continuous Quality Improvement	___	___
H. Equipment/Safety	___	___
I. Mission/Values	___	___

**Summary/General Comments: (Supervisor)**

Due Date:

Evaluation Date: \_\_\_\_\_ Supervisor Signature: \_\_\_\_\_



**Summary/General Comments: (*Employee*)**

*Employee Signature:* \_\_\_\_\_



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## Contributing Authors and Contact Information

Julia Ann Coleman, RN  
UNC Clinical Call Center  
Clinical Nurse Educator  
(919) 843-0481  
(919) 966-2063 (FAX)  
[jcoleman@unch.unc.edu](mailto:jcoleman@unch.unc.edu)

Rocquel Crawley, MBA, BSN, RNC-OB, NEA-BC  
Ambulatory Care Director of Nursing and Operations  
AAACN Telehealth Nursing Practice SIG, Co-Chair  
VCU Medical Center  
830 East Main Street  
Richmond, VA. 23298  
(804) 628-0591  
(804) 827-8411 (FAX)  
[rcrawley@mcvh-vcu.edu](mailto:rcrawley@mcvh-vcu.edu)

Julie Eisele, RN MSN  
Staff Development Nurse  
Edward M. Kennedy Community Health Center  
19 Tacoma Street  
Worcester, MA 01604  
(508) 595-0788  
(508) 595-0788 (FAX)  
[www.edwardmkennedychc.org](http://www.edwardmkennedychc.org)

Suzanne Goset, RN  
Clinical Education  
The Everett Clinic  
4005 Hoyt Ave. | Everett, WA. 98201  
(425) 317-3466  
(425) 259-1172 (FAX)  
[sgoset@everettclinic.com](mailto:sgoset@everettclinic.com)

Traci Haynes, MSN, RN, BA, CEN  
AAACN Telehealth Nursing Practice SIG – AAACN Board Liaison  
Director, Clinical Services  
LVM Systems  
4262 E. Florian Ave.  
Mesa, AZ 85206  
(480) 633-8200 x236  
[traci@lvmsystems.com](mailto:traci@lvmsystems.com)  
[www.lvmsystems.com](http://www.lvmsystems.com)

Michelle Harkins, RN, MN  
Nurse Manager | Consulting nurses Seattle Children's  
OFFICE: 1100 Olive Way, Suite 900, Seattle, WA. 98101  
MAIL: M/S MPW 9-2, PO Box 5371, Seattle, WA. 98145  
(206) 884-5842  
(206) 884-5252 (FAX)  
[michelle.harkins@seattlechildrens.org](mailto:michelle.harkins@seattlechildrens.org)

Teresa Hegarty, BSN, RN, CPN  
Clinical Manager-After Hours Telephone Care Program  
Children's Hospital Colorado  
13123 East 16th Avenue, Box B075  
Aurora, CO. 80045  
(720) 777-5135 Pediatric Call Center (720) 777-3950  
[Teresa.hegarty@childrenscolorado.org](mailto:Teresa.hegarty@childrenscolorado.org)

Kathryn Koehne, BSN, RN  
Nursing Systems Specialist-Department of Nursing  
Gundersen Lutheran Health System  
(608) 775-7696 or ext. 57696  
[krkoehne@gundluth.org](mailto:krkoehne@gundluth.org)

Pam Kuchta, MBA, BSN, RNC-TNP  
Nurse Manager Triage UTMB Access Center  
Maritime Clinic//Tele-Radiology  
AAACN Telehealth Nursing Practice SIG, Co-Chair  
University of Texas Medical Branch  
20740 Gulf Frwy, Suite 200  
Webster, TX. 77598  
(281) 316-8333  
[pakuchta@utmb.edu](mailto:pakuchta@utmb.edu)

Kathleen Martinez, BSN, RN, CPN  
Clinical Coordinator  
After Hours Telephone Care Program  
Children's Hospital Colorado  
13123 East 16th Avenue, Box B075  
Aurora, CO. 80045  
(720) 777-4873 Pediatric Call Center (720) 777-3950  
[kathleen.martinez@childrenscolorado.org](mailto:kathleen.martinez@childrenscolorado.org)

Diane Mathews RNC-TNP MSN  
Clinical Manager  
VISN 12 Telephone Care Service  
(608) 256-1901 ext 11489

Linda A. Mendez, RN  
Clinical Nurse Manager Seton Call Center Triage  
Seton Family of Hospitals  
1345 Philomena Street, Suite 305.1  
Austin, TX. 78723  
(512) 324-3021  
[lamendez@seton.org](mailto:lamendez@seton.org)

Melissa Masson, RN, BScN, CCP, MN(c)  
Clinical Practice Consultant  
Sykes Assistance Services Corporation  
(226) 927-0175  
[melissa.masson@sykes.com](mailto:melissa.masson@sykes.com)

Deborah Tinker RN, MSN  
UWHealth UW Hospital and Clinics  
Director, Ambulatory Nursing  
E-mail: [DTinker@uwhealth.org](mailto:DTinker@uwhealth.org)  
(608) 239-3528 (cell/text)  
(608) 265-1293  
Assistant: Helen Price (608) 265-1292  
(608) 265-1279