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Call Me Telephone triage skills for pediatricians across multiple settings

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**Call Me! Telephone triage skills for
pediatricians across multiple settings**

PAS 2024



Presenters and Introduction



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Workshop Objectives:

- 1. Examine current evidence regarding telephone triage skills across a variety of pediatric settings (outpatient parent calls, inpatient admission calls, ICU calls)**
- 1. Analyze methods to teach learners critical telephone skills that are customizable for different institutions**
- 1. Adapt existing tools for ensuring quality triage calls to your own institutional needs and practice implementing this tool in the evaluation of learners**

Telephone Triage:



- 1,000 after-hours calls per Pediatrician per year¹
- 3,000 – 4,000 after-hours calls per week for Children’s Hospital Pediatric After-Hours Call Center which serves a large portion of the state of Colorado²

¹Hertz, et al, *AAP News*, 2004

²Bunik, et al, *N Engl J Med*, 2007

Lack of Best Practice Guidelines

Trainees feel uncomfortable with telephone triage:

- Residents who felt they could take a history over the phone well or very well was 20-25%³
- Residents who felt they could triage patients over the phone well or very well was 0-12%³
- PGY3/4 Internal Medicine (IM) residents who felt they had adequate training in triaging during residency was 58%⁴
- Percentage of residents who felt more nervous when triaging compared to other roles was 50%⁴

³Roth, et al, *MedEDPortal*, 2020

⁴Wang, et al, *Am Journal of Med*, 2022

Lack of Best Practice Guidelines

Lack of formalized training:

- Only 1 out of 10 IM academic medical centers surveyed had triage training as a requirement⁴
- Less than 50% of pediatric residencies have a dedicated telephone triage curriculum

³Roth, et al, *MedEDPortal*, 2020

⁴Wang, et al, *Am Journal of Med*, 2022

Why Does it Matter?

JCAHO recognized poor communication among clinicians as root cause of most sentinel events, medical mistakes, and “near misses.”

5% of malpractice claims involve telephone calls - AAP Periodic Survey fielded in 2015

Patient Safety

Medical Liability

⁵Crane, et al, *Archives of pediatrics & adolescent medicine*, 2000

83.6% of parents followed the after-hours telephone advice they received⁵

Patient and Family Support

Preparing Trainees for Independent Practice

Trainees require formalized training in telephone triage which has been shown to improve history taking & over the phone management

Why does it matter?

Interfacility transfers: A high-risk time

- Interfacility transfers have become more common with regionalization of tertiary pediatric care
- Greater than 80% of acutely ill children in the U.S. are brought to community EDs, with ~190,000 transferred between hospitals each year^{7,8}

⁷Gausche-Hill M, et al., *JAMA Pediatr*, 2015

⁸Rosenthal JL, et al., *Hosp Pediatr*, 2016

⁹Philpot C, et al., *Pediatr Crit Care Med*, 2008

¹⁰Usher M, et al, *J Gen Int Med*, 2018

¹¹Humphrey KE, et al, *J Patient Saf*, 2022

¹²The Joint Commission, 2012

Miscommunication:

- Contributes to adverse events and diagnostic discordance^{9,10}
- Poor communication during handoffs identified as a contributing factor in 50% of pediatric malpractice claims¹¹
- Low quality handoffs are associated with 80% of in-hospital medical errors, which leads to unnecessary tests and interventions¹²

Bridging the gap:

Call Me Maybe... A Simulation Based Curriculum for Telephone Triage Education in a Pediatric Residency

Joel S. Blumberg^{1*}, Michelle Barajaz², Danielle Roberts³, Cody Clary² and Shelley Kumar⁴

Letting Residents Lead: Implementing Resident Admission Triage Call Curriculum and Practice

Sarah Corey Bauer, MD,* Vanessa McFadden, MD, PhD,* Kavi Madhani, MD,³ Caitlin Kaeppler, MD,* Kelsey Porada, MA,* Michael C. Weisgerber, MD, MS*

The Joint Commission Journal on Quality and Patient Safety 2024; 000:1-10

Development and Evaluation of I-PASS-to-PICU: A Standard Electronic Template to Improve Referral Communication for Interfacility Transfers to the Pediatric ICU

Nehal R. Parikh, DO; Leticia S. Francisco; Shilpa C. Balikai, DO; Mitchell A. Luangrath, MD; Heather R. Elmore, DNP, ARNP; Jennifer Erdahl, MSN, RN, CCRN-K; Aditya Badheka, MBBS, MS; Madhuradhar Chegondi, MBBS, MD; Christopher P. Landrigan, MD, MPH; Priyadarshini Pennathur, PhD; Heather Schacht Reisinger, PhD; Christina L. Cifra, MD, MS

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A Curriculum to Improve Pediatric Residents' Telephone Triage Skills

Lauren T. Roth, MD*, Mariellen Lane, MD, Suzanne Friedman, MD

Triaging Inpatient Admissions: an Opportunity for Resident Education

Emily S. Wang, MD^{1,2}, Sadie Trammell Velásquez, MD^{1,2}, Christopher J. Smith, MD³, Tabatha H. Matthias, DO³, David Schmit, MD^{1,2}, Sherwin Hsu, MD⁴, and Luci K. Leykum, MD, MBA, MSc^{1,2}



Small Group Session #1:

Clinical Scenario: Pediatric Patient with Wheezing

Small Group Session #2

Clinical Scenario: Pediatric Patient with a Fever

Large Group Discussion:

Possible Next Steps for Improvement:

Evaluate Current Practices



- Explore current communication behaviors, methods, and expectations
- Involve stakeholders
- Align providers' views for handoff communication across specialties

Consistent & reliable hand-offs



- Establish leadership involvement
- Develop organizational policies to promote best practice handoff communication
- Ensure correct, timely, and complete information is available

Train Staff



- Consistently involve medical trainees in triage and hand-off processes
- Get feedback from interdisciplinary team members to evaluate your process

Take Home Points

- Telephone triage is an important skill for trainees across multiple pediatric practice settings
- Despite its importance, few programs have dedicated triage training curricula
- Practicing simulated calls has been shown to improve resident confidence and perceived competency
- The use of adaptable tools can aid both in the assessment of trainees and in taking calls



Evaluation form



Toolkit

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