



THE RIPPLE EFFECT IN CLINICAL INFORMATICS



2018 Clinical Informatics Conference

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**IMPLEMENTATION OF AUTOMATED
PATIENT SATISFACTION SURVEY IN
PATIENT ADVISORY NURSE DEPARTMENT**

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CONFLICT OF INTEREST DISCLOSURE

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I have no real or apparent conflicts of interest to disclose



<http://rpgplanner.com/conflicts-of-interest/>



OBJECTIVES

Discuss the process of implementing an automated phone survey to measure Patient Satisfaction with Patient Advisory Nurse Department service.

Discuss the results of PAN automated satisfaction phone survey.

WHAT IS TELEHEALTH?

Delivery, management and coordination of health services that integrate electronic information and telecommunications technologies to increase access, improve outcomes and contain or reduce the costs of healthcare.



TECHNOLOGIES USED IN TELEHEALTH

Telephones

Computers

EMR portal

Emails

Interactive video transmissions

Direct links to health care instruments

Transmission of images

Teleconferencing by telephone or video

WHAT IS TELEHEALTH NURSING?

Care and services within the scope of nursing practice.

Telecommunication technology to remove time and distance barriers.

Nursing care and service delivered across the distances and involves a communication device.

Includes provision of patient care, health education, patient advocacy and coordination of services.

CORE DIMENSIONS OF TELEHEALTH NURSING PRACTICE

Systematic assessment

Identify and prioritize need and acuity

Use evidence-based techniques/instruments

Identify expected outcomes

Coordination of care

Health teaching/health promotion

Documentation

Use of Technology

Evaluation of quality

Confidentiality



WHAT IS TELEPHONE TRIAGE?

Safe, effective, and appropriate disposition of health-related problems via telephone by experienced, trained RN's using Evidence based guidelines or protocols.

Interactive process between nurse and patient that involves identification of the nature and urgency of the patient's health care needs and determination of the appropriate disposition.

WHY USE PROTOCOLS IN TELEPHONE TRIAGE?

Provides standardization and structure

Meets goal of providing safe, effective and appropriate disposition of patient health problems

Eliminates common practice errors

Provides legal protection

Ensures documentation ease, efficiency and retrievability

Meets accreditation standards

DISPOSITIONS

Emergent

- Life threatening

Urgent

- See as soon as possible 1-8 hours

Acute

- Seen within 8-24 hours

Non-acute

- Telephone advice or future appointment



Cardinal Rule of Triage

When in Doubt, Always Err on the Side of Caution

WHAT IS PAN?

The Patient Advisory Nurse (PAN) Program is a telephone advice line supporting patients in making informed health care decisions.

Nurse relies upon auditory, verbal and emotional cues communicated through speech and immediately identify emergent situations.

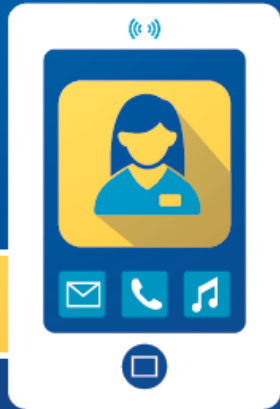


PAN MISSION

PAN's critical mission is coordination of care for patients in accessing the right level of care, at the right time and place for care based on the RN triage of the patient's symptoms.



Health Questions *or* Concerns After Hours?



Call our Patient Advisory Nurse

When health questions arise after your provider's office is closed, **Baylor Scott & White Health** has a **Patient Advisory Nurse** that's available to you for **FREE** 7-days a week.

The Patient Advisory Nurse will:

- help you address non-life threatening symptoms
- give instructions on first aid and home/self care
- advise the time and place to get care



Call 254.724.7037 or 1.800.724.7037 any time – day or night.

If you're experiencing life-threatening symptoms, call 911 or go to the nearest emergency room immediately.



HEALTH INFORMATION LINE

PAN STRUCTURE

Utilizes EPIC Triage Documentation

Schmitt-Thompson Evidence Based telephone triage protocols integrated in EPIC

Mosaic functionality – ability to access NTX EMR and PAN EPIC documentation to be visible in NTX EMR

Audio Recording of calls for 10 years



BENEFITS OF PAN TO PROVIDER

Not taking the primary call

Patients are taken care of (triaged) in a systematic, evidence-based approach with access to patients EMR

Having PAN access to patient EMR when it is not readily available to Provider

Having PAN connect Provider to patients or pharmacies when needed

Risk Management – all documentation in EMR

Support transition & coordination of care for discharged patients

PAN supports team-based approach to patient care 24/7

PAN: REASON FOR CALLS FY 2017

Medication related	14%
Post op and surgery	8%
Fever	5%
Vomiting and diarrhea	4%
Cough and cold symptoms	3%
Cardiac related	3%
Abdominal pain	3%
Difficulty breathing	3%
Dizziness	2%
Blood sugar	1%

PAN: PATIENT DISPOSITIONS FY 2017

Call 911	2%
ED Referral	8%
Go to ED now or Provider Triage	16%
See Provider within 4 hours	4%
See Provider today/within 24 hours	23%
Duplicate calls/Unable to reach	14%
Home Care Information Advice	23%
All Other Dispositions to include Poison Control, Call Provider within 24 hours, go to L&D	10%

METRICS COLLECTED

Number of Calls

Reason for Call

Patient Disposition

3-4 Calls Triaged/Hour/RN

Speed to Answer ≤ 15 seconds

Abandon Rate $\leq 5\%$

RN Callback $\geq 80\%$ in 30 minutes or less for Urgent Calls

RN Callback $\geq 80\%$ in 60 minutes or less Non-Urgent Calls

Average Hold Time ≤ 2 minutes

% Calls go to Audex $< 5\%$

PATIENT SATISFACTION

- Press Ganey Survey
- HCAHPS Survey



- BUT..... Doesn't provide Patient Satisfaction for PAN

REQUIREMENT OF NCQA CERTIFICATION HEALTH INFORMATION LINE

Factor 3: Evaluates eligible individual satisfaction with the health information line, at least annually.



NOW WHAT?

Review of Literature

Feedback from American Academy of Ambulatory Nursing
Discussion Board

Input and approval from Patient Experience Department



PAN SURVEY QUESTIONS

Baylor Scott and White cares about our patients and strives for the best possible experience. You recently called our Patient Advisory Nurse Advice Line and we would like to know how you rate us! The following survey will help us improve our service.

1. Would you use Nurse Advice Line Services again? 1-5 with 5 being very high and 1 being very low
2. Did you get called back in a timely manner? 1-5 with 5 being very high and 1 being very low
3. Do you think that if you were unable to speak with a nurse you would have gone to the Emergency Room? Press 1 for yes, 2 for no, or 3 for not sure
4. Did you feel more comfortable about your concern after speaking with the Nurse Advice Line? 1-5 with 5 being very high and 1 being very low
5. How likely are you to recommend the Patient Advisory Nurse Line to friends or family? 1-5 with 5 being very high and 1 being very low

TECHNOLOGY

Merger of 3 Cisco UCCE (Unified Contact Center Enterprise) Technologies.

- Cisco CVP (Cisco Voice Portal)
- Cisco ICM (Intelligent Contact Manager)
- Cisco UCCE Dialer (Unified Contact Center Enterprise)



TECHNOLOGY

The actual survey is an application built inside Cisco CVP that when called, plays the pre-recorded survey questions, and logs the users responses to a reporting database.

Once the survey is configured in CVP, it will be referenced in a Cisco ICM script, that will route the patients called by the Dialer to the CVP survey script.

Assigned an internal number to transfer the dialed number to, when a live person answers a dialed call.

Progressive dialer

TECHNOLOGY

Target campaign numbers, which have been exported from Epic as patients noted to have previously called into PAN.

This list of contacts is placed into a folder the dialer is monitoring and will start to dial as soon as it sees a valid file.

As the dialer power dials through the numbers and calls are answered, the system recognizes the call has been answered, transfers to the ICM script which references the CVP survey application, which plays the pre-recorded message and questions, while logging the responses to be reported on later.

TECHNOLOGY

All this system interaction takes less than a second from the time the call is answered to when the recordings start playing.

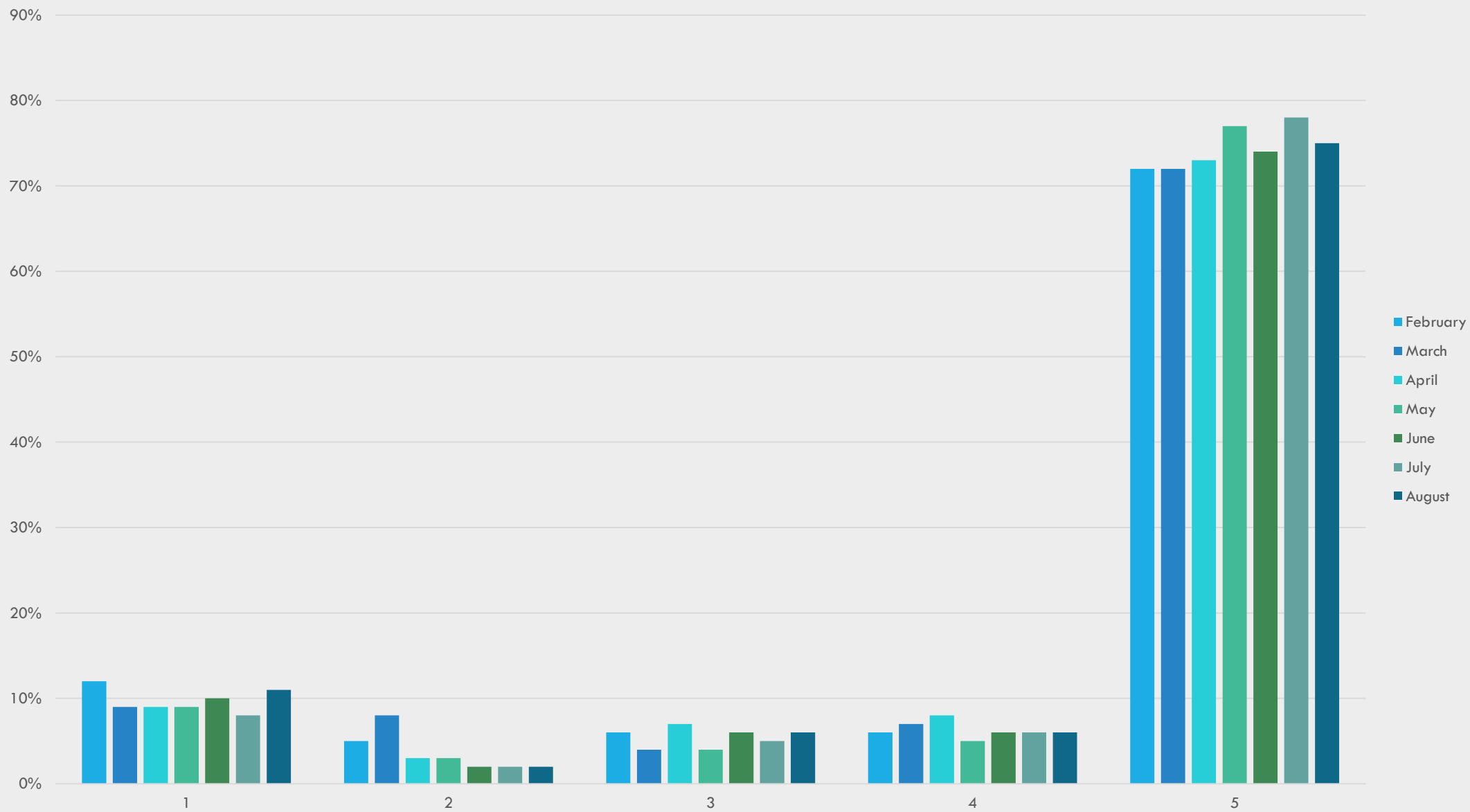
The dialer does have answering machine detection, which will terminate the call and try at most 2 more time to get a live person.

Reports are generated by a 4th application, Cisco CUIIC. Cisco CUIIC is Cisco's UCCE reporting engine that will query the data and email it out.

RESULTS-QUESTION ONE

Would you use Nurse Advice Line Services again? 1-5 with 5 being very high and 1 being very low





RESULTS QUESTION TWO

Did you get called back in a timely manner?
1-5 with 5 being very high and 1 being very low





80%
70%
60%
50%
40%
30%
20%
10%
0%

1

2

3

4

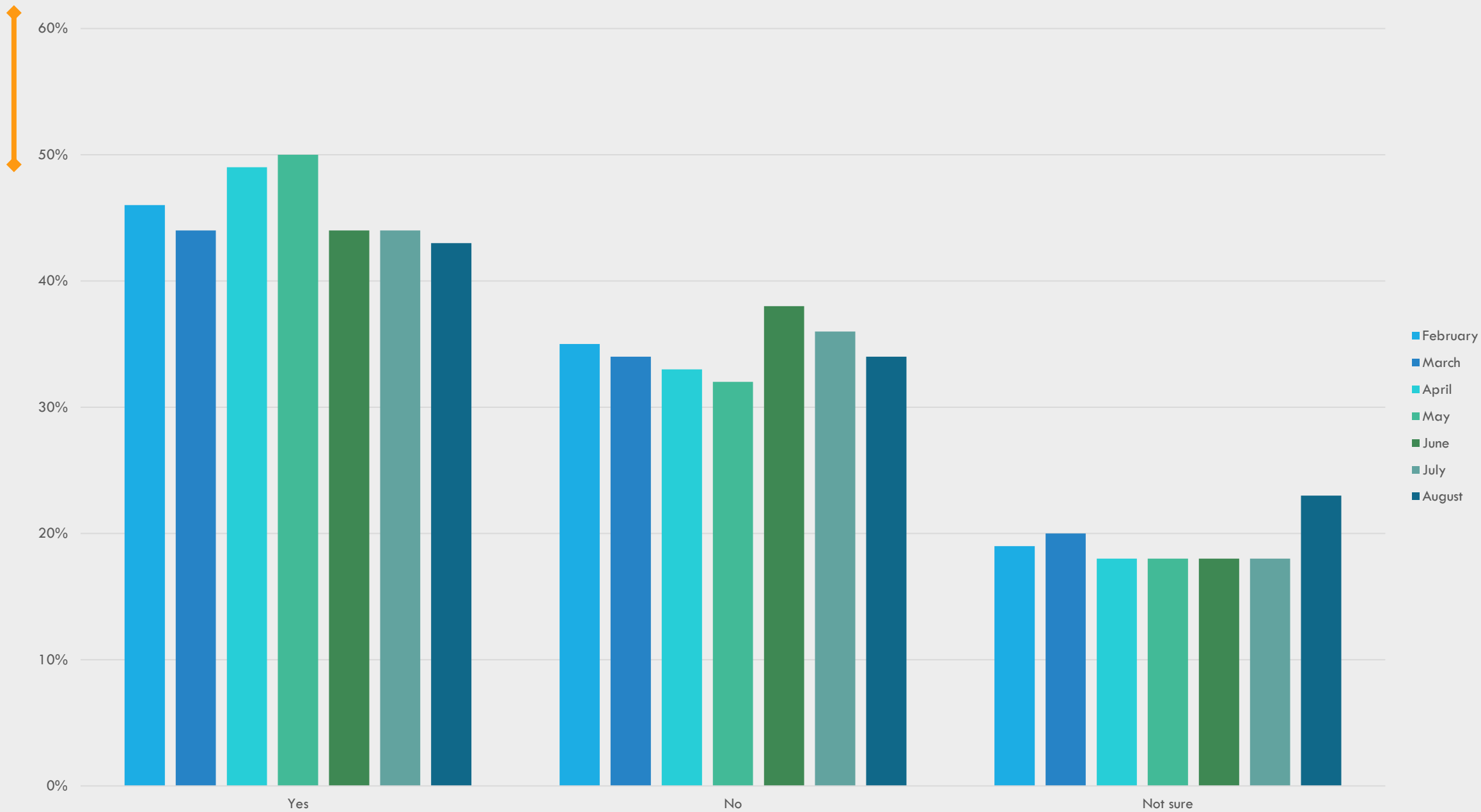
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- February
- March
- April
- May
- June
- July
- August



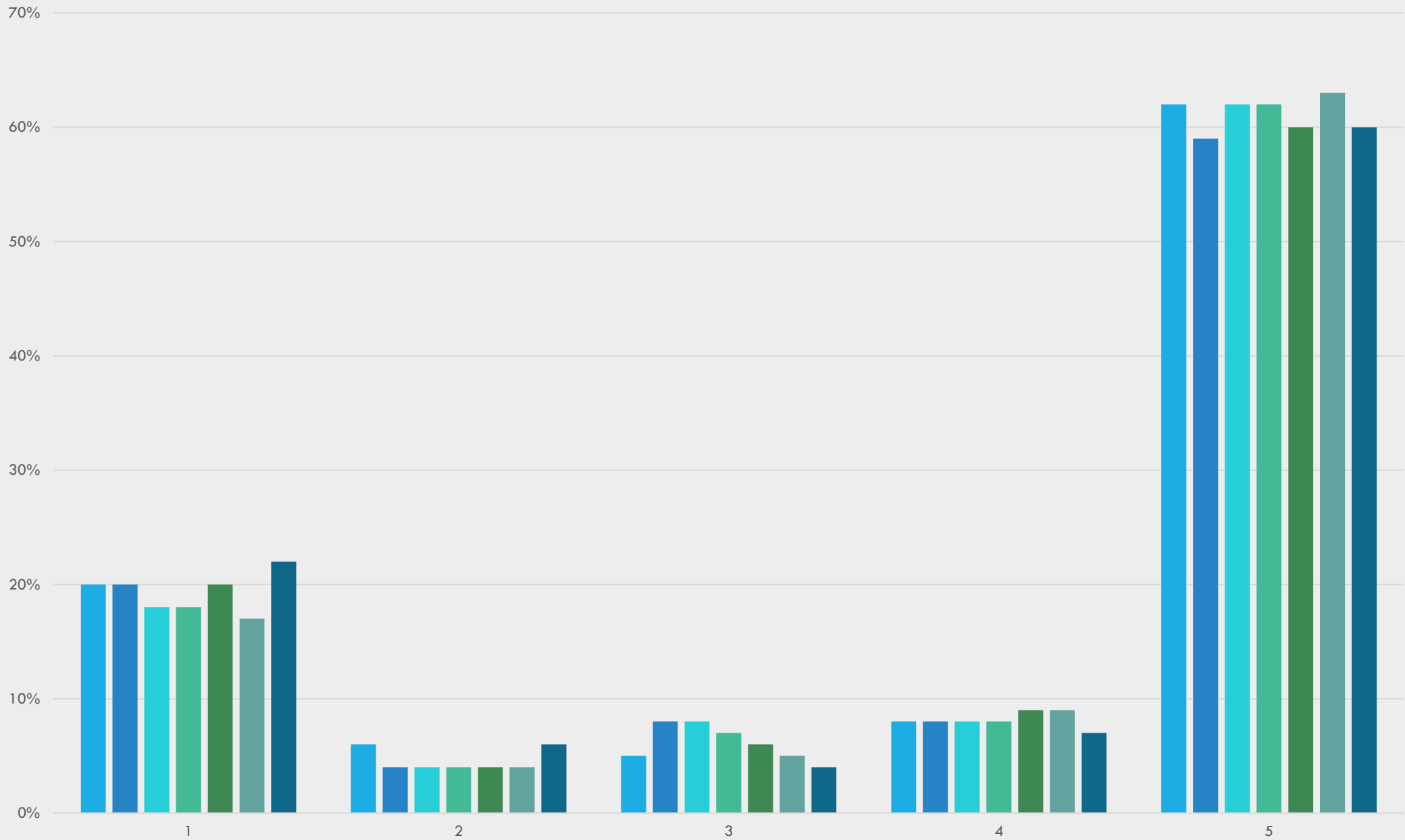
RESULTS QUESTION THREE

Do you think that if you were unable to speak with a nurse you would have gone to the Emergency Room? Press 1 for yes, 2 for no, or 3 for not sure



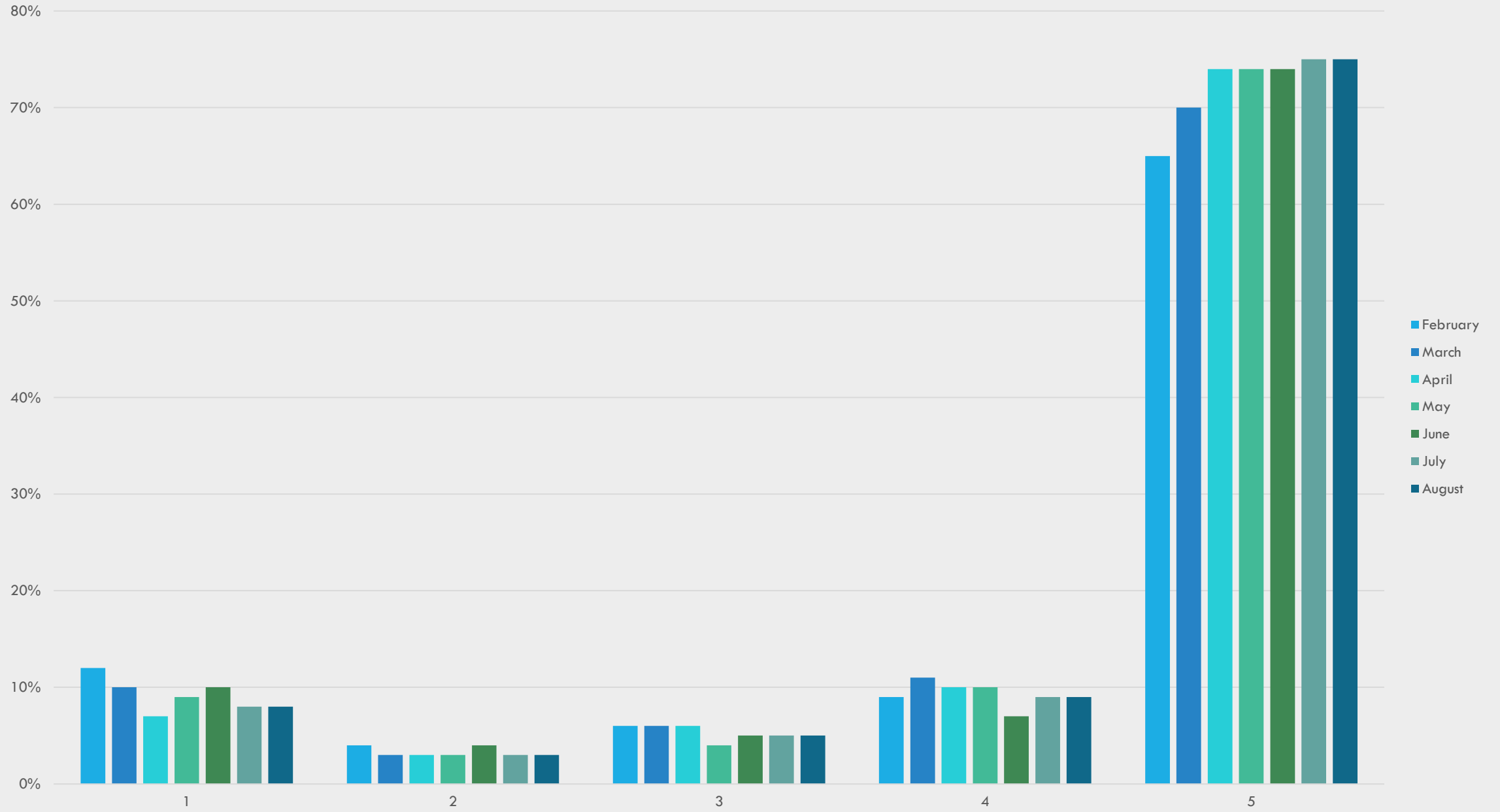
RESULTS QUESTION FOUR

Did you feel more comfortable about your concern after speaking with the Nurse Advice Line? 1-5 with 5 being very high and 1 being very low

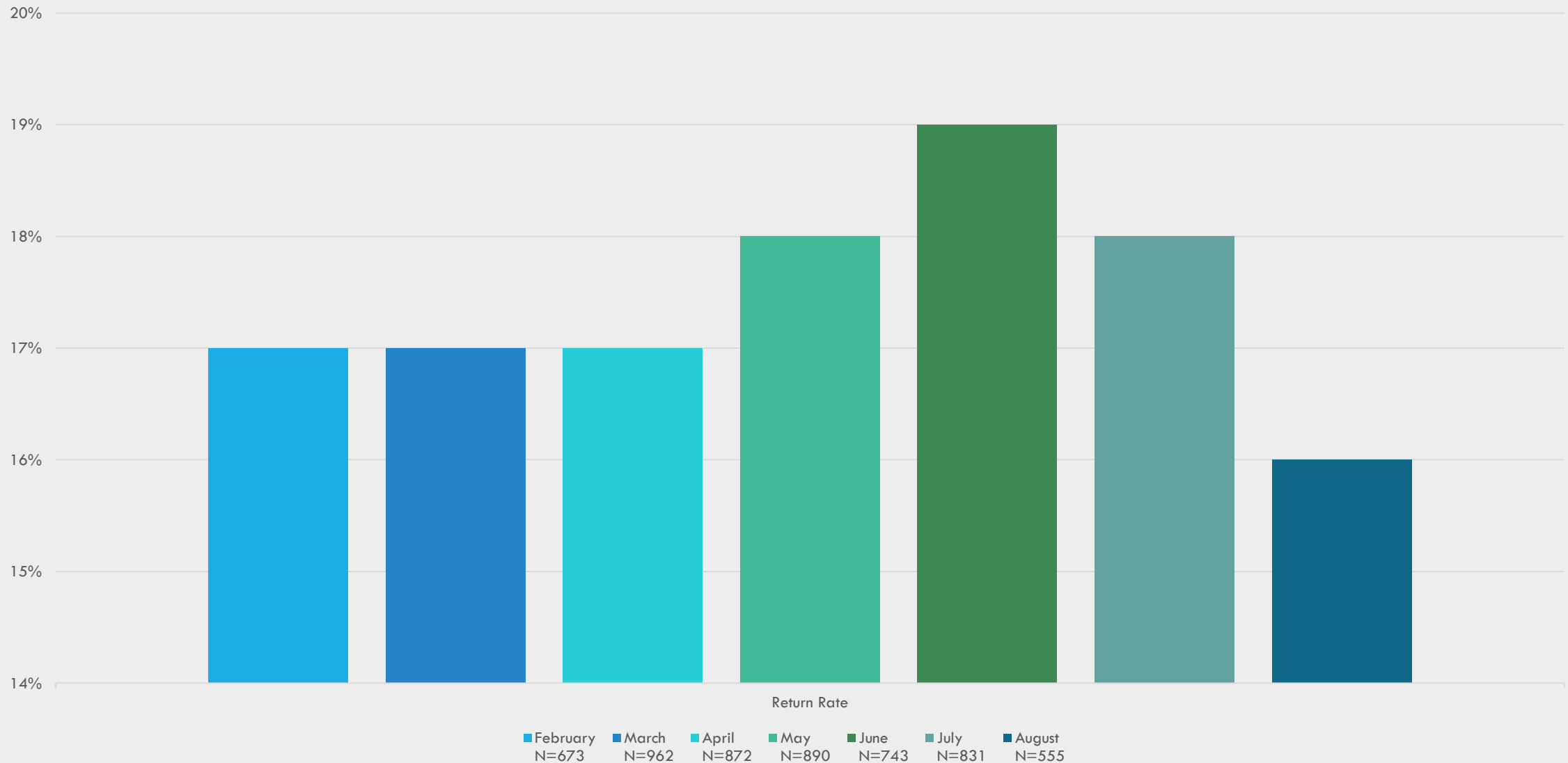


RESULTS QUESTION FIVE

How likely are you to recommend the Patient Advisory Nurse Line to friends or family? 1-5 with 5 being very high and 1 being very low



PAN Automated Survey Return Rate



QUESTIONS



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