THE PROBLEM:
- Inconsistent application of processes and standards for triaging patient phone calls in the Vanderbilt Medical Group (VMG) ambulatory environment
- Lack of established guidelines for addressing patient phone calls
- Variable and inconsistent levels of care advice based on nursing experience, not on evidence-based practice guidelines
- Inconsistent and informal process to manage patient calls, which resulted in:
  - Delay of patient care
  - Symptom management based on urgency
  - Medication management
  - Numerous questions/concerns
- Call management system that was not measurable; inability to track/identify nurse-related phone calls

THE SCOPE:
VMG consists of approximately 125 ambulatory clinics throughout the community and surrounding areas, which generate over 1 million points of contact annually.
- **Progress:** to date, the clinics that have had Performance Improvement Office (PIO) involvement equal only 21% of the annual visit volume.
- **Remaining Efforts:** 77% of clinic volume remains as work to be completed, in which there is no ability to self-select to speak with a licensed nurse or distinguish between call types.

**Vanderbilt-Ingram Cancer Center (VICC):**
- Is a multi-site oncology center with over 6 cancer sub-specialties and more than 90 providers.
- Not only is the only National Cancer Institute designated Comprehensive Cancer Center in Tennessee, it is also a member of the National Comprehensive Cancer Network, a non-profit alliance of 21 leading centers working together to improve quality and effectiveness of cancer care.

CONTRIBUTORS:
- Stephanie Hyde, RN, ADN
- Helena Bruner, RN, BSN, OCN
- Patricia Myers, RN, BSN
- Debbie Brandle, RN, ADN, OCN
- Susan Cosenza, RN, BSN
- Dauphine McGavic, RN, MSN
- Cheryl Bates, BS, Central Appointment Scheduler
- Amy Spence, Central Appointment Scheduler

**THE METHODOLOGY:**
- **Access Model**
  - Access Redesign Methodology
  - Transition
- **Triage Model**
  - Evidence-Based Telephone Nurse Triage Protocols
  - Protocol Development Process
  - Transition to Current State

**FINDINGS & RESULTS:**
- >30% of patient symptoms do not have a protocol in place
- Both facts above support the need for:
  - Additional protocols (e.g., edema, congestion, mental status changes)
  - Annual revision of existing protocols to broaden nursing scope
- Continuation of quarterly nurse triage audits
- Integrate clinic and triage nurses into meetings to define roles/expectations and resolve issues

**CONTRIBUTORS:**
- Patricia Myers, RN, BSN
- Helena Bruner, RN, BSN, OCN
- Susan Cosenza, RN, BSN
- Dauphine McGavic, RN, MSN
- Cheryl Bates, BS, Central Appointment Scheduler
- Amy Spence, Central Appointment Scheduler

**THEORY OF CHANGE:**
- At point of contact, patients are given a timely plan of care and appropriate disposition.
- Protocols include:
  1. Bleeding
  2. Constipation
  3. Diarrhea
  4. Dysphagia
  5. Fatigue/Malaise
  6. Fever
  7. Nausea & Vomiting
  8. Pain
  9. Mucositis/Xerostomia
  10. Rash/Skin Irritation
  11. Drains

**PRELIMINARY FINDINGS:**
- <50% of cancer-related calls are resolved at initial point of contact
- >30% of patient symptoms do not have a protocol in place
- Numerous questions/concerns

**THE SCOPE:**
- The Vanderbilt-Ingram Cancer Center (VICC) is a leading multi-site oncology center with over 6 cancer sub-specialties and more than 90 providers. Not only is it the only National Cancer Institute designated Comprehensive Cancer Center in Tennessee, it is also a member of the National Comprehensive Cancer Network, a non-profit alliance of 21 leading centers working together to improve quality and effectiveness of cancer care.

**CONCEPTUAL FRAMEWORK:**
- Evidence-Based Practice Guidelines
- This process consisted of a team of nurses and providers from many areas of expertise utilizing evidence-based practice guidelines.

**TECHNIQUES USED:**
- Access Redesign Methodology
- Transition to Current State