



Service Priorities and Programmes Electronic Presentations

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Enquiry phone call from oncology patient: examining telephone calls in NTWC Oncology Centre.

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Introduction

Increased complexity of anticancer treatment, willingness among patients to report issues and getting disease and treatment information. The patient are usually call back the outpatient center for more clear information about their disease and treatment. Therefore nurses frequently provide advice and education over the phone. Telephone triage is an area of potential litigation for the nurse. Information must be clear, concise, and accurate. Telephone triage is an integral part of oncology care that covers a broad range of activities, including symptom management, medication renewal, and coordination of care, education, and psychosocial support.

Objectives

1. To define the telephone calls volume and service usage then to help identify areas for service improvement.
2. To summarize the reasons for telephone calls, then to develop the different protocol and guideline for colleagues to answers them.

Methodology

A descriptive retrospective design was used to analyze TMH oncology outpatient unit telephone calls in 10 months periods.

Result

The sample included 2549 (n=2549) phone calls from March to December 2016 (209 workdays). The number of calls received on a single day ranged from 8 to 17 (mean, 12.2). The nurses returned the call on the same day 99.7% of the time. Nurses usually used 5-15 minutes to answering the calls but not included information analysis. The majority of calls were received from patient and family members (80% and 20%, respectively).

The majority of calls were coded into 7 categories (Symptom (38%), prescription renewal (8%), change appointment (12%), plan of care (6%), medication information (28%, among 20% is about chemotherapy pre-medication issue), procedure information (5%), request order/ referral (3%)) and figure 1 shows the variation in reasons for telephone calls between clinical services.

Conclusion: The volume and reasons for calling demonstrate variation by oncology services. The wide range of time required to manage individual telephone calls also confirms the highly variable nature of the workload of responding nurses. The workload involved clinically and administratively significant, complex, and highly variable. Also it provides foundational information about the oncology center for further development. Also these data had to identify the educational needs of nurses while designing strategies to educate and improve telephone triage skills and develop protocols which would enhance consistency among answering the phone call.