

Clinical Advice Services: Using Lean Chassis to Optimize Nurse-Driven Telephonic Triage of After-Hour Calls from Patients

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Abstract : It is challenging for patients to navigate through healthcare systems after-hours. This leads to delays in care, patient/provider dissatisfaction, inappropriate resource utilization, readmissions, and higher costs. It is important to provide patients and providers with effective clinical decision-making tools to allow seamless connectivity and coordinated care. In August 2015, patient-centric Stanford Health Care established Clinical Advice Services (CAS) to provide clinical decision support after-hours. CAS is founded on key Lean principles: Value stream mapping, empathy mapping, waste walk, takt time calculations, standard work, plan-do-check-act cycles, and active daily management. At CAS, Clinical Assistants take the initial call and manage all non-clinical calls (e.g., appointments, directions, general information). If the patient has a clinical symptom, the CAS nurses take the call and utilize standardized clinical algorithms to triage the patient to home, clinic, urgent care, emergency department, or 911. Nurses may also contact the on-call physician based on the clinical algorithm for further direction and consultation. Since August 2015, CAS has managed 228,990 calls from 26 clinical specialties. Reporting is built into the electronic health record for analysis and data collection. 65.3% of the after-hours calls are clinically related. Average clinical algorithm adherence rate has been 92%. An average of 9% of calls was escalated by CAS nurses to the physician on call. An average of 5% of patients was triaged to the Emergency Department by CAS. Key learnings indicate that a seamless connectivity vision, cascading, multidisciplinary ownership of the problem, and synergistic enterprise improvements have contributed to this success while striving for continuous improvement.

Keywords : after hours phone calls, clinical advice services, nurse triage, Stanford Health Care

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