



# Call Center Policy and Procedure Manual-

**TriageLogic, LLC  
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Approved by: *Cham Ralya*

**CALL CENTER POLICY MANUAL**  
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# CALL CENTER POLICY MANUAL

## I. Non-Clinical Staff (NCS)

**A. Qualifications** - HCC4a The answering service is a delegated service and establishes their policies and procedures for hiring and training the non-clinical staff. TriageLogic only contracts with answering services that provide medical answering services as a core business.

### B. NCS Roles and responsibilities

<b>This policy/procedure applies to:</b>  ___ Triage Logic ___ Phone RN ___ PRN	Effective Date: 11/13/13
<b>Name of Policy/Procedure: Answering Service Policy for Incoming Phone Calls</b>	Most Recent Revision Dated:
<b>Policy #: 19</b>	Most Recent Review:

HCC4b HCC18a

1. **General summary:** Patients/callers access triage services either by calling an assigned telephone number specific to the participating physician's office, or as a call forwarded to our contracted medical answering service. The answering service staff obtains demographic data and a basic "chief complaint" and enters this information into our Triage Logic software system and forwards the callers message to the triage nurse call queue.
2. **Procedure:** The patient's calls are answered directly by a live medical operator HCC13a or in the event all operators are assisting other callers, the caller will be greeted by a tape recorded announcement. The announcement script informs the caller that they have reached the TriageLogic Call Center and that a medical operator will be available to assist them momentarily. However if the caller feels that their signs/symptoms are life threatening the caller is advised to hang up and dial 911, HCC14a.) or remain on the line and our medical operator will be with the caller shortly. HCC14b The NCS collects and confirms specified demographics from the caller including: first name, last name, DOB, call back number and reason for call. All collected information must be validated with the caller including spelling of names, date of birth, and phone number to ensure accuracy of collected facts. In accordance with HIPAA NCS members are permitted to only collect defined necessary data to complete the operator intake form. HCC18.a
3. The NCS enters the collected data directly into the Triage Logic software website which makes that call immediately available to be reviewed by all the nurses in the call center. HCC4d
4. The NCS member informs the caller that the request has been submitted to the nurse and they can expect a call back in about 30 minutes or less. HCC13c
5. NCS members are not permitted to perform any clinical activities or make any medical decisions. All calls must be put into the system for the nurses. HCC3b The following situations, which are specified by the client in the software used by the NCS, are the only

exceptions.

- a. Caller reports no medical symptoms and needs non clinical information such as routine office hours, fax number and location.
- b. Practice has specified that any non-clinical situations where caller should be told to call back during office hours such as referrals and appointment scheduling. HCC3b

### C. NCS Training

<b>This policy/procedure applies to:</b>  __ Triage Logic __ Phone RN __ PRN	Effective Date: 11/13/13
<b>Name of Policy/Procedure: Non Clinical Staff Training Policy and Procedure</b>	Most Recent Revision Dated:
<b>Policy #: 20</b>	Most Recent Review:

HCC4c

#### 1. General summary

Customer relations are one of our highest priorities and extended efforts are required to identify and meet patient needs. Focus is placed on providing optimal customer services partnered with exceptional patient care. In order to ensure these priorities are delivered to our patients it is paramount that we provide a detailed, comprehensive, focused training process for our non-clinical staff and medical call center agents. Our training process concentrates on our staff utilizing their individual specialized skills, and developing professional team members. The training time frame depends on the applicant's previous call center or healthcare experience. We expect a similar training process from contracted answering service for medical call center agents. Our training program outline is as follows:

#### 2.Procedure

- a. The medical call center agent training begins with the trainee learning about the basics of what makes a successful telephone call. We also focus on call control and the techniques for handling difficult callers
- b. The trainer then works one on one with the trainee discussing quality benchmarks and what makes a successful call.
- c. Training to orient to medical terminology, call management in the context of patient care, physician practice and healthcare organization protocols. The trainee is also educated about the importance of HIPAA as they may at times *be* privy to potentially sensitive personal medical information. Staff members are trained to understand the

importance of HIPAA and are equipped to understand the laws regarding confidentiality.

- d. At this point training on our software begins. Training is done with the trainer and trainee working side by side. The trainer goes through the software and shows samples for performing the work and documenting properly.
- e. Training is then performed on special accounts such as clients with specialized processes and clients with unique needs. After completing this portion of the training, the trainee officially graduates from the training program. The trainers typically monitor a few calls per day and are available to new agents to spot check and answer questions.

## **2. Training Environment**

The Non-Clinical training for client relations managers is done in the office or remotely when the agent works from home. Non-Clinical training for agents that work in Call Centers is managed by the Call Center Vendor in their own facility using their own computer and equipment.

**Approved by:**\_\_\_\_\_

## **D. NCS Staff Supervision**

**Non-Clinical Supervisors** - Provide direct supervision of medical call center agents. Supervisors are dedicated to supervisory duty and available 24/7 on an as needed basis to handle agent questions and call escalations. In addition, they monitor service levels with the Quality Dashboard to optimize service levels. Supervises employees, monitors traffic patterns and handles employee/client issues. The non-clinical staff is provided with the appropriate phone numbers for reaching the nurse manager on call in the event there is a need to reach a licensed clinical staff member.

HCC 3a

**E. NCS Performance Standards**

<b>This policy/procedure applies to:</b>  <input type="checkbox"/> Triage Logic <input type="checkbox"/> Phone RN <input type="checkbox"/> PRN1	Effective Date: 11/13/13
<b>Name of Policy/Procedure: Policy for Monitoring Telephone Performance Standards</b>	Most Recent Revision Dated:
<b>Policy #: 21</b>	Most Recent Review:

HCC10 a, b, c/HCC11a, b, c

### 1. General Summary

In order to provide superior customer service and meet our patient needs on a consistent basis stringent telephone performance standards have been established, continually monitored, analyzed and reported on a monthly basis. Established performance standards are outlined below.

### 2. Procedure

The Call Center computer system monitors the defined established quality performance standards outlined below on weekly basis and comprises monthly reports analyzing established benchmarks.

- a. Average speed to answer: The average number of rings in which a patient's call will be answered on the Call Center ACD. Benchmark 93% of calls will be answered within 3 rings on Ambs Call Center's ACD. Current results - 95% of Calls Answered within 3 rings.
- b. Average Speed of Answer: The timing for answering the call begins when the call is queued for the ACD queue and ends when an agent (either in the primary or overflow ACD queue) answers the call. If an agent in an overflow group answers the call, ASA is counted in the overflow group. Benchmark - 15 seconds. Current results - average speed to answer 5 seconds. HCC 10b / HCC11b
- c. Call Abandonment Rate: An abandoned call is when there was an attempt made to call, but the call was not answered by the call center for any reason within two rings. Benchmark 5%. Current results - 1% call abandonment. HCC10c/HCC11c
- d. Percentage of calls on Hold: The measurement of the percent average of incoming calls that entered the hold queue. Benchmark - 8%. Current results - 5% of incoming calls enter the hold queue.
- e. Execution of Client Protocols and Preferences: Providing service in accordance with practice / department specific protocol and preferences for call handling.
- f. Average blockage rate - The failure to receive a call made to an inbound telephone call center because the caller receives a busy signal. Benchmark 5%. Current Results less than 1% of calls are blocked. HCC10a /HCC11b

3. If the above-defined monthly Telephone Performance Standard benchmarks are not met the answering service management must submit a written Quality Improvement Plan defining the explanation as to why the benchmark standards were not met along with a defined plan of action to ensure enhanced quality performance. HCC10a

Approved by: \_\_\_\_\_

## II. Clinical Staff (CS)

### A. Medical Director Oversight -HCC2

#### 1. Medical Director/COO Job Description HCC2a

Division/Department: TriageLogic  
Reports To: Chair/CEO

##### Summary

The Medical Director is responsible for medical guidance and directing the clinical program for the Triage Logic Call Center consistent with the values, missions and strategic plan of the Triage Logic Organization. The Medical Director does not provide direct or indirect patient care yet provides oversight of QA analysis, policy and procedures and delegated efforts. The Medical Director/COO suggests resources or ideas for quality improvement ensuring, safe, quality-oriented telephone triage.

As part of the COO's responsibility, the medical director also oversees the technology and software for TriageLogic

##### Primary Responsibilities

- a. Maintains accountability for the medical oversight of the Triage Logic Call Center, ensuring appropriate level of quality care, compliance with protocols, policies and procedures, and practice standards.
- b. Serves as advisor to the Nursing staff by participating in the oversight of operational activities to ensure the efficient use of resources and development of goals and objectives.
- c. Maintains accountability for review and approval of all telephone triage protocols. Reviews, evaluates and resolves potential grievances associated with participating physicians or triage staff.
- d. Maintains contact and consultation with practitioners by speaking to customers, attending medical conferences and keeping abreast of changes in medicine.
- e. Active member of the Planning/Strategy/Regulatory Committee and Executive Board. Serves in the capacity of Triage Medical Director On-Call.
- f. Monitors all delegated entity activities; pre-assessment and ongoing assessments of delegated entities, specifically PRN.
- g. Oversees periodic quality assurance and review of randomly selected patient triage telephone encounter forms. Serves as a member of the Quality Committee and participates in quality assurance and quality improvement activities as appropriate and necessary. Approximately 45% of the Medical Director/COO's time is spent on quality assurance initiatives and client complaint resolution activities.
- h. Establishes and maintains effective communication channels with all associates and reviews/reports program status as appropriate. Provides oversight for compliance with regulatory agencies regarding standards for telephone phone triage and advice



services.

- i. Responsible for corporate compliance with information confidentiality and security, and reports any breach to Compliance Officer.
- J Tracks applicable laws and regulations in the area of nursing and telephone medicine and informs any changes in law to the CEO and to any parties affected by law.

#### Knowledge and Skill Requirements

- a. Demonstrates advanced leadership and management skills, interpersonal and customer service skills to interact with administration, call center staff, medical staff, board members and all employees to affect change.
- b. Possesses emotional and mental abilities to perform effectively in a stressful changing environment.
- c. Ability to analyze complex problems and develop recommendations and solutions.
- d. Desirable Functions: Performs related duties as required.

#### Education Required

- Current unrestricted Medical Licensure status.
- Minimum five years post graduate direct patient care experience.
- Board Certified.

The Medical Director is required to inform TriageLogic of adverse changes to licensure/certification status immediately so reassignment of duties can be made. Medical Licensure status is monitored by the CEO.

Medical Licensure status is monitored by Triage Logic Clinical Nurse Manager. HCC2a.  
Minimum five years post graduate direct patient care experience HCC2c.

#### Working Conditions

Working conditions are normal for an office environment. Work may require frequent weekend and evening work. Work may require frequent overnight travel.

Approved by: \_\_\_\_\_

Date: \_\_\_\_\_



## 2. Physician Consultation Policy

<b>This policy/procedure applies to:</b>  _ Triage Logic _ Phone RN _ PRN	Effective Date: 11/13/13
<b>Name of Policy/Procedure: Physician Consultation Policy</b>	Most Recent Revision Dated:
<b>Policy #: 28</b>	Most Recent Review:

### HCC-2ab

- a. **Overview:** Telephone Triage facilitates appropriate access to medical care by assisting patients in determining the urgency of their current symptoms and directing them to the appropriate location for optimal patient care. Patient empowerment resulting in an informed and responsible healthcare consumer is a desired outcome of our organization.
- b. **Description:** Patient care is delivered by RNs utilizing the nursing process. Telephone Triage is performed via a systematic approach to assessment of the patient's signs and symptoms in accordance with established decision-support tools and nursing judgment. The Telephone Triage Nurse manages calls and provides care and advice to callers. Telephone Triage RNs maintain accountability for patient assessment, application of protocols, and use of sound professional judgment in clinical decision making. Telephone Triage is an independent and interdependent nursing activity which is performed by a Registered Nurse in collaboration with a licensed physician or nurse practitioner. It is the responsibility of the contacting provider or organization to provide TriageLogic with access to an on-call provider with the appropriate medical license requirements. TriageLogic does not provide on call physicians as part of the service, does not have a specialty program and only staffs with RNs for providing telephone triage.  
HCC5b HCC 5 c

Although guided by nursing judgment and established protocols, it will occasionally be necessary for the Triage RN to consult with the patient's physician regarding patient management. While the physician is ultimately responsible for the patient's healthcare management, the nurse maintains accountability for her/his decision making and may not implement an order which is felt by the nurse to be contraindicated for that patient.

- c. **Procedure:** The Triage Nurse may contact the patient's on-call physician via the physicians defined preferred means of contact at any point during her/his scheduled shift in which the nurse in his/her professional sound clinical judgment feels a case review is in the patient's best interest. The following scenarios are case examples (not an inclusive list) in which the Triage Nurse may need to contact the patient's on-call physician to perform a case review: Patient or Parent Requests to Speak with Physician On Call - The nurse will call patient/ parent, obtain information regarding patient/child's symptoms and attempt to triage patient using the triage process. If the patient/parent insists on speaking with the physician on call, the nurse will page the physician, discuss the situation and request the physician to call patient back. Child/Patient with Complex Medical Needs. Since underlying symptoms or disease processes may affect the management of a patient,

the nurse may choose to consult with the physician on call for a patient/child with complex medical needs.

Customer Relations are a high priority. Efforts to identify and meet patient needs are paramount. Focus is placed on providing care on terms that are acceptable to the patient. If at any time the customer requests specifically to speak directly to the physician the customer request will be honored and the physician on call will be paged.

Downgrade of a Protocol Disposition: The nurse cannot downgrade a disposition at any time. If the nurse feels like a 2<sup>nd</sup> level triage is necessary, then the nurse will contact the on call Dr. to discuss the case. The on call Dr. may choose a lower disposition if he/she feels it is warranted and the caller will be advised. This must be included in the nurses' documentation.

Special circumstances / risk management: The Triage Nurse should contact the patient's on-call physician to review cases that involve special circumstances and potential risk management scenarios: suicidal / homicidal patients, angry / aggressive / abusive callers, patients refusing care, threats of violence, suspected domestic abuse /violence.

In the unlikely event that there is a disagreement between the RN and the patient's physician regarding patient management, and the nurse and physician are unable to settle this disagreement through negotiation with each other, the patient situation will be addressed by Triage Logic Manager/Administrator on call.

Approved by: \_\_\_\_\_

## **B. Clinical Staff Qualifications - HCC5**

### **1. Telephone Triage Nurse Job Description**

**Division/Department: TriageLogic and PRN**

**Reports to: Nurse Manager**

#### General Summary

The Telephone Triage Nurse provides triage and advice services to callers by utilizing the nursing process conducting patient assessments in accordance with protocol, researching clinical situations in order to educate the caller on the seriousness of the condition, and directing patient care with in a defined period of time to be delivered at the patient's home or in an appropriate clinical setting.

#### Principal Duties and Responsibilities

Functions independently, utilizing the Nursing Process. Triage patient telephone calls in accordance with approved protocols ensuring, safe quality patient care in the most cost appropriate setting. Completes patient assessments in accordance with protocols utilizing, sound professional judgment and clinical decision-making skills. Responds to calls from patients in a professional and timely manner. Assesses the caller's needs; determines the seriousness and extent of the patient's condition, concerns, and current or progressive status. Directs care and triage in accordance with established protocols to support the primary



provider's practice which allows for the ultimate clinical decision making by the nurse. Assesses the actual caller to determine the caller's understanding of the seriousness and extent of the patient's current condition and the caller's ability to carry out all instructions provided by the triage nurse. Notifies the patient's on-call physician, reviews telephone assessments and obtains follow-up orders. Notifies the designated after-hours site with pertinent patient information. Generates and completes patient telephone encounters documenting all applicable patient information.

#### Desirable Functions

Performs related duties as required.

#### Special Skills and Abilities Required

Knowledge of professional telephone triage and ability to provide clinical advice. Highly-developed analytical skills necessary to assess the clinical care needs of patients to assist with the research and to disseminate advice to minimize health risks to patients, and to assist with the evaluation of the adequacy and success of patient telephone triage. Advanced interpersonal skills necessary to query callers in a constructive manner, to interact sensitively with ill concerned patients and caregivers, and to collaborate with members of the medical community. Ability to prioritize and perform effectively under stress of emergency situations.

#### Qualifications, Practical Experience and licensure/registration required

Three - five years clinical nursing experience preferred. Current unrestricted RN License, issued by the State or jurisdiction within the US to practice nursing. If at any point during employment the status of the RN License is restricted by the State Board, the employee will immediately be dismissed from the position and no longer eligible to function in the capacity of a Triage Nurse. The RN State Licensure status is monitored by Triage Logic Clinical Nurse Managers. HCC5a

#### Working Conditions

Home office environment, in a private area to comply with HIPPA regulations.

## 2. Clinical Staff Credentialing

<b>This policy/procedure applies to:</b>  _X_Triage Logic _X_Phone RN _X_PRN	Effective Date: 11/13/2013
<b>Name of Policy/Procedure: Clinical Staff Credentialing</b>	Previous Versions Dated:
<b>Policy #: 16</b>	Most Recent Review:

### CORE 30 a-d HCC5a

#### a. Purpose

To provide a mechanism to maintain current licensure and certification information for Medical Staff members/Practitioners, and to deal with adverse reactions against these licenses and certificates.

#### b. Policy

It is the policy of TriageLogic to verify the current licensure or certification of staff whose job description requires licensure or certification upon hire and thereafter no less than every three years. In addition, it is the responsibility of the individual staff member to notify TriageLogic immediately should an adverse change in licensure or certification status should occur.

The following Practitioners fall under this policy:

1. ) **Medical Director:** Medical Director is a licensed physician. **CORE 31b and c** Current licensing information is available on the medical board of state of license website. The Medical Director license is verified by the Compliance Officer and reported to the CEO.
2. ) **Nursing Licensure:** TriageLogic uses each applicable State Board of Nursing as the primary source to verify licensure and the Nursys eNotify for keeping track of renewals and alerts only, reporting any changes in status to the Medical Director. Nursys eNotify provides helpful real-time automatic notification of status and discipline changes about nurses working with TriageLogic. However, it is not used as the primary source upon hire. Some state boards have an arrangement with Nursys to provide their verifications, this will be documented and used as a primary source when applicable; this is not equivalent to eNotify..

**CORE 30 a** TriageLogic uses e-Notify to alert us when the following changes are made to a nurse's record:





- License status
- License expirations
- Publicly available disciplinary and alert action and resolution

**CORE 30 d** TriageLogic requires that upon hire, staff who are required to have credentials/ certification sign an attestation noting that TriageLogic be informed of any changes to licensure/certification status immediately.

The following employees of TriageLogic are required to have current licensure or certification:

**Nursing:**

1.) All RNs **CORE 30**

Upon hire, all RNs need to sign the following requirements:

As a condition to this Agreement, the Consultant must provide the following in a form and substance acceptable to PhoneRN, prior to the initial provision of Services and as requested by PhoneRN:

- a. ) Proof of current licensure as a Registered Nurse in a Nurse Compact State, and maintenance and proof of such licensure during the Term by faxing proof of licensure upon renewal;
- b. ) Proof of current professional liability insurance in a form and amount of coverage acceptable to PhoneRN, and maintenance and proof of such insurance during the Term by faxing proof of renewals or replacement coverage
- c. ) Their permission to allow PhoneRN to conduct a background check with results acceptable to PhoneRN;
- d. ) Must have DSL or equivalent internet service (no dial up service), and telephone service. Maintenance of such services during the Term; to be obtained and maintained at the sole expense of the Consultant; and
- e. ) Completion of orientation provided by PhoneRN to the satisfaction of PhoneRN.

Proof of continued compliance with these licensing, certification, insurance, and internet and telephone requirements must be provided by the Consultant to PhoneRN in a form and substance acceptable to PhoneRN on or before the expiration of the current term of such licenses, certifications, insurance, and internet and telephone requirements. However, PhoneRN may request proof of compliance by Consultant of these requirements at any time, and such proof shall be promptly provided by the Consultant to PhoneRN upon any such request. Any failure by PhoneRN to request proof of such compliance at any time shall not constitute a waiver, estoppels, modification, or any other defense to full compliance with these requirements. The Consultant further agrees to immediately provide PhoneRN notice that it has lost the

license required by section a. above or if the insurance policy required in b. above has been terminated, cancelled or expired.

## 2.) Medical Director

### **Education required:**

- Current unrestricted Medical License. Medical Licensure status is monitored by the Compliance Officer and the CEO. **HCC2a. CORE 31a**
- Minimum five years post graduate direct patient care experience **HCC2c. Core 31c**
- Board Certification **CORE 31d**
- The Medical Director is required to inform TriageLogic of adverse changes to licensure/certification status immediately so reassignment of duties can be made. **Core 30**

### **Credentials Verification:**

The following credential verifications will be obtained for all Practitioners from the primary source or a designated equivalent source:

Florida board of medicine **Core 30 b**

- a. ) Issuing State or Entity
- b. ) Type of Licensure
- c. ) Expiration Date
- d. ) Licensure in Good Standing

In addition, a criminal background check will be conducted when required by clients or regulation.

Background checks are processed for all new applicants and for all ongoing reappointments. Any information received on these reports is flagged for review by the CEO. If information is received regarding a past DUI conviction or guilty plea, the provider must meet with the CEO and a determination will be made as to whether or not further monitoring is recommended.

### **Adverse Changes in Licensure/Certification Status**

#### **Core 30c**

The CEO is responsible for implementing corrective actions with respect to medical director and clinical privileges. The Medical Director is responsible for implementing corrective actions with respect to nursing licenses and clinical privileges: **Core 32d**

Voluntary surrender or restriction of clinical privileges in response to adverse changes in licensure or certification.

- Adverse actions including reducing, restricting, suspending, revoking, or denying privileges, or a decision not to renew privileges, if that action or decision was based on the practitioner's professional competence or conduct

- Voluntary withdraw of an initial application for medical staff membership and/or clinical privileges while provider under investigation by the hospital for possible professional incompetence or improper professional conduct or in return for not conducting such an investigation or taking a professional review action

### **Primary Responsibilities of the Medical Director**

- a.) Maintains accountability for the medical oversight of the Triage Logic Call Center, ensuring appropriate level of quality care, compliance with protocols, policies and procedures, and practice standards. **CORE 32 d**
- b.) Serves as advisor to the Nursing staff by participating in the oversight of operational activities to ensure the efficient use of resources and development of goals and objectives. **CORE 31**
- c.) Maintains accountability for review and approval of all telephone triage protocols. Reviews, evaluates and resolves potential grievances associated with participating physicians or triage staff. **Core 32b**
- d.) Maintains contact and consultation with practitioners by speaking to customers, attending medical conferences and keeping abreast of changes in medicine **Core 32c**
- e.) Active member of the Triage Logic Quality Committee and Executive Board. Serves in the capacity of Triage Medical Director On-Call.
- f.) Monitors all delegated entity activities; pre-assessment and ongoing assessments of delegated entities, specifically PRN. **Core 7, Core 8 a-h**
- g.) Oversees periodic quality assurance and review of randomly selected patient triage telephone encounter forms. Serves as a member of the Quality Committee and participates in quality assurance and quality improvement activities as appropriate and necessary. Approximately 45% of the Medical Director/COO's time is spent on quality assurance initiatives and client complaint resolution activities. **CORE 32 d**
- h.) Establishes and maintains effective communication channels with all associates and reviews/reports program status as appropriate. Provides oversight for compliance with regulatory agencies regarding standards for telephone phone triage and advice services.
- i.) Responsible for corporate compliance with information confidentiality and security and reports any breach to the Compliance Officer.
- j.) Tracks applicable laws and regulations in the area of nursing and telephone medicine and informs any changes in law to the CEO and to any parties affected by law. **CORE 4 a**

### **Related Documents**

See sample contracts and job descriptions.

See Employee Attestation Statement of Licensure

**Approval Signature:** \_\_\_\_\_



### C. CS Roles and Responsibilities -HCC9 HCC18a

1. **General summary:** The following staff members comprise the TriageLogic, LLC Clinical Staff team: Medical Director, Nursing Management Director, Clinical Nurse Manager, and the Telephone Triage RNs.
2. **Medical Director:** Medical guidance is provided by the Medical Director who collaborates with both the Nursing Management Director and the Executive Board. This physician maintains accountability for review and approval of all protocols, and participates in quality assurance and quality improvement activities as appropriate and necessary. The Medical Director serves as a resource to the Nursing Management Director and Nurse Clinical Manager. While the Medical Director does not provide any direct or indirect patient care, this physician provides indirect oversight of policy and procedures and QA analysis and suggests resources or ideas for quality improvement.
3. **Nursing:**
  - a. **The Clinical Nurse Manager** maintains overall accountability for clinical and operational program elements and assures that standards are maintained. This individual is responsible for hiring, and performance staff evaluations. Other responsibilities include quality management, data management, resource management and other elements of program operations. Assures that all nurses receive orientation and that provisions are made for adequate continuing education opportunities so that competency is maintained, as well as maintains the nursing schedule.
  - b. **The Telephone Triage RNs** manages patient telephone calls utilizing the nursing process to provide assessment and medical advice to callers. They function independently as Registered Nurses. Telephone Triage RNs maintain accountability for patient assessment, application of protocols, and use of sound professional judgment in clinical decision making.

The Triage RN functions in accordance with the authority and scope of Practice of the State Board of Nursing and the Nurse Practice Act in the state from which the patient/parent is calling, or Compact State.



<b>This policy/procedure applies to:</b>  _X_Triage Logic _X_Phone RN _X_PRN	Effective Date: 11/13/2013
<b>Name of Policy/Procedure: Operational Policy for Triage Incoming Patient Messages and Returning Patient Telephone Calls</b> <b>Policy #: 22</b>	Previous Versions Dated:  Most Recent Review:

**HCC9a, b HCC 18a HCC19a**

1. **Overview:** The Triage RN is responsible to continually monitor the call queue of the Triage Logic software application to evaluate the severity of incoming patient messages. The RN is to evaluate the patient's documented chief complaint, age, noted medical history and time call was received, when triaging messages.
2. **Procedure:**
  - a. All emergent life-threatening cases are to be returned first and callers advised to contact 911 EMS in accordance with the protocol disposition. Exception: If brief advice could be lifesaving (e.g. Heimlich maneuver), take 15 seconds to instruct the caller before activation of 911 EMS dispatch. Note that 911 EMS can dispatch a rescue team while a dispatcher assists the caller with pre-arrival first aid guidance.
  - b. Return urgent (potentially life threatening) patient messages second, finally return all non-urgent calls in the order they were received always scanning the call queue for unusual symptoms that may require an expedited call.
  - c. Upon returning a patient call the RN begins the telephone encounter by identifying themselves by their first name, title, and practices they are representing. HCC9a Next confirm the information that was received from the answering service: name, date of birth, and documented chief complaint, correct any discovered discrepancies. If the call is emergent in nature address the emergency and refer to 911 EMS in accordance with protocol. If the patient is stable proceed with obtaining the patients: weight, pre-existing medical conditions, current medications, allergies, recent hospitalizations, current signs and symptoms which are to include a respiratory and hydration assessment. In accordance with HIPAA all clinical staff members are permitted to only collect necessary data to properly utilize the clinical support tools and establish appropriate triage disposition. HCC18a At this point identify the main problem/symptom and select the applicable protocol(s). After completing the initial assessment questions determine the patient's protocol disposition and provide advice and direct care accordingly. Complete an accurate, detailed documented patient encounter in the Triage Logic system.  
  
 All patient telephone encounters are required to be documented in the Triage Logic software system and must include a documented patient assessment, protocol and disposition. HCC9b HCC19a

- d. After providing the care advice the RN is to inquire if the caller has any further questions, and if they are comfortable with the recommendations provided? If a caller is not comfortable with the recommendations, it is necessary to assist them further. This may entail: reviewing the care advice, offering to place a follow-up call to reassess and ensure the patient is improving, scheduling a next day office visit (if available) or contacting the patient's on-call physician to review the case.
- e. All callers are to be advised at the conclusion of every telephone encounter to call back if their symptoms become worse, they develop additional sign/symptoms of concern, or if they have any additional questions. All calls are concluded by ensuring the callers satisfaction and thanking the caller for the call.

Approved by: \_\_\_\_\_

#### D. CS Training HCC19/HCC20

##### 1. Clinical Staff Training Policy

<b>This policy/procedure applies to:</b>  _XTriage Logic _X_Phone RN _X_PRN	Effective Date: 11/13/2013
<b>Name of Policy/Procedure: Clinical Staff Training Policy</b> <b>Policy #:</b> 23	Previous Versions Dated:
	Most Recent Review:

- a. **General Summary:** The Triage Logic LLC provides a comprehensive, detailed, customized orientation program for our Triage RNs. Our training process focuses on providing an optimal learning experience for each of our staff members that enhance their specialized skills resulting in a confident, dedicated, professional team providing superior triage services for our patients and physicians. Our training program focuses on our staff utilizing their expert assessment skills partnered with sound clinical judgment working in accordance with the nursing process and established telephone triage protocols resulting in paramount patient / physician satisfaction and quality clinical outcomes.

Each employee is assessed based on their individual strengths, previous work experience and level of computer skills. Their orientation is then customized to provide a positive learning experience over a 4-6 week time frame. The Triage Logic Training Team is made up of our Nurse Clinical Managers and several of our most experienced Triage Staff RNs. The new employee takes a noted active role in monitoring their progress by completing the Triage Nurse - Competency-Based Orientation Checklist.

Use of the **Nursing Process:** Patient care shall be delivered by RNs utilizing the nursing process. Telephone Triage is performed via a systematic approach to assessment of the



patient's problem in accordance with established protocols -decision-support tools and nursing judgment.

- b. **Assessment:** Patient assessment over the telephone is performed by RNs who are experienced and have received specialized training in Telephone Triage. Assessment consists of the collection of subjective data (from the patient history) and objective data as available (such as respiratory efforts, slurred speech, and apparent confusion) and a conclusion is drawn from this information.
- c. **Changed Diagnosis (approved by medical Director) Symptom Based:** In Telephone Triage calls are done using symptom based triage to get to the appropriate level of care and triage category: Emergent (life, limb or vision threatening); Urgent (potentially life, limb or vision threatening); or Non-urgent (no potential threat to life, limb or vision).
- d. **Planning:** Planning is based upon the patient assessment and done in collaboration with the patient/caller. In developing the plan of care, the nurse must consider factors other than the chief complaint including but not limited to age, chronic illnesses, time of day (availability of resources) and distance from care. Also, the reliability of the patient/caller as a historian AND their ability to comply with the recommended disposition shall be taken into consideration before development of a plan of care. Finally, cultural considerations and other relevant factors impacting patient preference might influence the plan of care.
- e. **Intervention:** The plan of care is implemented with consideration of the patient's ability and willingness to comply as well as other factors such as third party payer requirements and availability of local resources. Patient disposition is based upon the plan of care and shall reflect urgency represented by a pre-established category.
- f. **Continuity of Care / Referrals:** Continuity of care is communication with the patient's health care provider and is accomplished via the Triage Logic software electronic delivery of the call record to the physician's office.
- g. **Evaluation:** In all cases (with the exception of 911 calls), patients are provided information regarding: how to appropriately access care if indicated, how to care for themselves at home, and circumstances in which they should call back for additional medical assessment and advice.

Before terminating the call, the patient's understanding, their level of comfort with the plan, and intent to comply will be assessed and documented in the medical record. Calls are not concluded until the nurse is certain that the patient understands the instructions and is comfortable with the plan of care.

- h. **Follow-up Calls:** In situations in which a reliable patient/caller is assigned an urgent or non-urgent disposition, it is usually acceptable for the nurse to address continuity of care by instructing the patient to call back if symptoms change or worsen, or if the problem fails to respond appropriately and within the anticipated time frame. It is the duty of the nurse to accurately assess the patient's ability to recognize reportable events and their likelihood to comply with instructions. At any time that the nurse has concerns about the patient's ability to self-report adverse outcomes or to otherwise act in his/her own best

interest, the patient should be given a follow-up phone call. Follow-up calls should also be made to patients in the following circumstances:

- 1.) **Disposition: 911 Calls:** The nurse (recommended, but at their discretion) should place a follow-up call to the parent/patient within 5-10 minutes to assure EMS has been contacted and dispatched.
- 2.) **Demographics:** The triage nurse may place a follow up call to evaluate understanding and compliance with plan of care for newborns (<30 days of age) or for any patient high risk patients, including the frail/elderly.
- 3.) **Clinical Concern:** A follow up call to evaluate understanding and compliance with plan of care for patients with suspected abuse or self-harm, pregnant patients with abdominal pain or bleeding, or for any patient whose clinical complaint creates a potential for risk to the patient.
- 4.) **Protocol Directive:** Some protocols have a predetermined follow up call disposition, such as the Asthma protocol. In this case the RN will follow the protocol advice and make the follow up call accordingly. You must use the Asthma protocol a 2<sup>nd</sup> time and any other additional protocols necessary to be able to determine the disposition at the time of the f/u call, this documentation can be in the additional notes section.
- 5.) **Nursing Judgment:** In all cases in which the triage RN feels that it is indicated, follow-up calls should be made by the triage nurse or the Manager/Administrator.  
  
All follow-up telephone encounters must include a documented patient assessment, protocol, disposition and be properly documented in the patient's medical record in the Triage Logic system. The information only protocol should be used, if the f/u call is not to reassess symptoms and is an information only call and no triage is required. Follow-up phone encounters may be entered in the "additional notes" section which automatically documents the date and time of all entries. HCC19a HCC20a

#### i. Protocols - Decision Support Tools

Telephone Triage of patients is guided by medically approved protocols, decision support tools but in all cases, nurses must use sound clinical judgment. Care is provided on the basis of the national benchmarking and telephonic healthcare standards protocols by Barton Schmidt, MD and David Thompson, MD. Prior to implementation, these protocols are reviewed / modified as necessary and approved by the Triage Logic Medical Director.

Protocols are used for every patient encounter. However, protocols only provide guidance to the professional nurse and should not take the place of sound clinical judgment. The professional nurse is responsible for exercising nursing judgment and application of the nursing process at all times.

Deviation: Protocols are to be regarded as tools to support decision making, and not as artificial intelligence. In the event that the nurses' judgment conflicts with the protocol, in all cases, the nurse should be guided by her/his judgment. If, due to the nurse's judgment or on the basis of discomfort on the part of the caller, the action proposed by the protocol is not aggressive enough, the RN should feel free to upgrade care i.e., send the patient to a higher level of care than that which is indicated by the protocol. **HCC8**  
Conversely, if the nurse feels that the action proposed by the protocol is unnecessarily aggressive the nurse can consult with the on call Dr for 2<sup>nd</sup> level triage.

#### Triage Categories:

##### a) Emergent / Immediate

Patients who have problems that pose an imminent threat to life, limb or vision are to be triaged as "Emergent". Other problems which must be handled immediately (such as severe pain, possible testicular torsion or domestic violence) shall be assigned an emergent category and assigned a disposition as their condition dictates.

Patients who are experiencing life, limb or vision threatening problems shall be transported to the emergency department via 911 if their condition is perceived to be unstable or of such urgency that the patient might need life-saving intervention while in route to the hospital. Additionally, patients who are currently stable but have a high likelihood of deterioration into a life-threatening emergency should be transported via ambulance.

To activate the EMS system, the triage nurse will have the patient call EMS from their home phone if possible or from available cell phone. The nurse may have to disconnect the call from the patient in order to allow the patient to make the call to 911. In the event that the nurse has to disconnect the call prior to the patient making contact with EMS/911, the nurse should call the patient back within 5-10 minutes to verify activation of EMS/911 and to evaluate if there are actions that the patient can take while waiting for arrival of EMS. If possible, the nurse will remain on the phone with the patient until EMS arrives.

Patients who are stable at the time of transport and it is not anticipated they will be requiring emergency intervention prior to arrival at the ED/UCC may be transported by private vehicle. Patients may also be directed to the ED/UCC if it is felt that diagnostic and/or therapeutic procedures will be required which are not otherwise available in the office setting, or if office or clinic evaluation and treatment is not feasible due to time of day or distance from care or other logistical considerations.

Patients for whom it is felt that their problem may be adequately evaluated in the office/clinic setting and who are anticipated to be stable in route will be instructed to proceed directly to the clinic for an immediate work-in appointment based on the physician availability or the triage nurse's communication with office staff.

##### b) Non-urgent / Routine

Patients who are not believed to have problems that pose an actual or potential threat to life, limb or vision and do not require immediate care will be triaged as Non-Urgent. Evaluation of these patients will be based in part on patient-specific variables such as age, chronic illnesses, time of day, distance from care, and availability of resources. In consideration of this information and guided by protocols and nursing judgment, these patients may be seen routinely or they may be treated at home with appropriate follow-up. Patients in this category should be given adequate home care instructions and advised that if their symptoms change or becomes worse, they should promptly call back or seek care.

## 2. Procedure for Special Circumstances / High Risk Cases

Procedure applies to:		Effective Date: 11/13/2013
c		
Policy/Procedure: Procedure for Special High Risk Cases		Most Recent Revision Date: 2
		Most Recent Review:

### a. General Summary

During the course of telephone triage, it is expected that one will encounter potential complicated cases in which the triage professional will be presented with challenging high risk scenarios. Below is an outline of such cases and policy for proper management.

### b. Patients Refusing Care

In the event that the caller does not intend to comply with the recommendation of the nurse, the nurse is expected to take reasonable measures to assure that the caller understands the likely consequences of his/her actions and is able to act in his/her own best interest. The nurse should also contact the provider on call for the patient and follow the provider's instructions. If a provider is not available for any reason then the nurse should follow the following procedures. In the event that a patient has a life-threatening condition and the caller does not comply with instructions to call an ambulance or otherwise proceed directly to care, the nurse must reassess the patient. This reassessment shall consist at a minimum, the callers understanding of the seriousness of the situation and the caller's competency/ability to act in his/her own best interest. If the caller is deemed to understand the consequences of non-compliance with the recommended disposition AND is thought to be competent to make this decision, the nurse will respect the callers wishes, document the situation comprehensively and close the call with an open invitation to call back at any time. If the caller is unable to understand the consequences of his/her decision to not comply OR is not thought to be competent to act in his/her own best interest, the nurse should attempt to intervene by calling 911 for the patient. If the patient is a minor or otherwise incompetent or unable to act in their own best interest, and the caller refuses care deemed appropriate by the nurse, the situation will be brought to the attention of the supervisor and the appropriate authorities. However, in no case should care be delayed to engage in the notification process.

### c. Frequent Caller: In the event of frequent callers, the following principles will guide their care:

- 1.) The patient's chief complaint will be carefully reevaluated with each call and handled as indicated by the patient assessment.

- 2.) The frequent caller who is thought to be accessing the system for inappropriate reasons will be brought to the attention of the Nurse Manager or physician, who will make a determination of how to best handle the situation.
- d. **Calling More Than Once in 8 Hours: (Follow SCHMIT'S GUIDELINES FROM THEIR TRAINING MANUAL PAGE 13)** Patients/callers calling more than once in 8 hours or twice in 24 hours (as disclosed to the triage nurse by the patient) may be referred to UCC or ER, or the patient's primary care provider as indicated.
- e. **Caller is not with Patient:** If unable to reach patient or the person that is with a patient that is a minor, the caller will be asked to call back when they are with the patient or to take the patient to the ER if the caller feels that symptoms are urgent and call 911 if symptoms are life threatening.
- f. **Difficult Callers:**
1. ) **Suspected Drug Seekers:** In the event of calls from suspected drug seekers, the message will be taken and passed on to the appropriate provider. Generally speaking, all patients who call with complaints of pain should be taken seriously. Triage nurses may NOT receive orders or call in prescriptions for narcotic or high risk medications.
  2. ) **Angry / Aggressive / Abusive Callers:** Callers who are demanding or angry will be handled in a manner to defuse the caller. Care will be given to avoid escalating the caller's anger. Efforts will be made to determine the reason for the caller's dissatisfaction, and reasonable steps will be taken to remedy the situation. In the event that the Telephone Triage nurse is unable to defuse the caller's anger or handle the concern to the caller's complete satisfaction, the call may be conferenced or referred to the Nurse Manager or on-call physician. The goal with these callers is to defuse their anger, determine the reason for their dissatisfaction, address their concern and provide for their safety. At no time should interpersonal factors be allowed to interfere with the delivery of safe and appropriate care.
  3. ) **Threats of Violence:** Threats of violence (to self and/or others) are to be taken seriously and reported to the proper authorities. In the event of a caller making threats to self or others, and/or refuses to follow the directions of the triage nurse for obtaining emergency care, the nurse will attempt to obtain the address/physical location of the patient. This information, along with the patient's phone number will be relayed to the Manager/Administrator on call and that Manager/Administrator will contact the appropriate EMS/911 facility for the patient to allow on-site evaluation of the patient by EMS.
  4. ) **Suspected Domestic Violence:** In cases of suspected domestic violence, the nurse will act in the interest of the suspected victim of abuse. The first priority is to assess the patient for life threatening problems and to assure their immediate safety. As required reporters, RNs must report cases of suspected child abuse and neglect to the proper authorities. The Manager/Administrator on call will be notified by the triage nurse and will assist the triage nurse with the reporting process and will notify the patient's physician as needed.

Cases of suspected elder abuse will be reported to the proper authorities. The Manager/Administrator on call will be notified by the triage nurse and will assist the triage nurse with the reporting process and will notify the patient's physician as needed.

State Department of Health guidelines and/or state law should be adhered to in these and similar situations.

Cases of suspected or known spousal abuse will be referred to the proper authorities. The Manager/Administrator on call will be notified by the triage nurse and will assist the triage nurse with the reporting process and will notify the patient's physician as needed.

- 5.) **Suicidal / Homicidal Patients:** In cases in which a patient is believed to be suicidal or homicidal, the nurse will attempt to remain on the phone with the patient until a responsible adult arrives. Every effort must be made to elicit relevant information and share this with the proper authorities. In the event that a patient is thought to be an imminent risk to him/herself or others, the nurse must take appropriate action (call 911 and/or the police) in order to protect the patient and/or the potential victim. The nurses' responsibility to the potential victim supersedes the patient's right to confidentiality.
- 6.) **Anonymous Callers:** Care will be provided to anonymous callers but the patient will be advised that the quality of the advice rendered could be influenced by the completeness and accuracy of the information provided to the nurse and the patient may be referred to the emergency room or to call 911. In all cases, anonymous calls will be documented and the record maintained and assigned to unknown physician until identified.
- 7.) **Unable to Reach Caller:** If unable to reach a patient/caller, follow the NO CONTACT protocol. The nurse will make two attempts to contact the patient and document the attempts in the triage note before completing the triage encounter. Care must be taken that no personal health information is contained within the phone message.
- 8.) **Telephone Management of Minors:** In the event of a call from a minor, efforts are made to involve a responsible adult unless it is believed that to do so would put the minor caller at risk or otherwise violate a state law regarding the ability of minors to seek treatment (i.e. for STDs, pregnancy, mental illness, substance abuse, etc.). If the problem is thought to be life threatening or to pose a potential threat to the patient's life, the nurse will act in the best interest of the minor patient while continuing to make efforts to contact the responsible adult.
- 9.) **Patient or Parent Requesting to Speak with Physician on call:** The nurse will call patient/caller, obtain information regarding patient/child's symptoms and attempt to triage patient using the triage process. If the patient/parent insists on speaking with the physician on call, the nurse will page the physician, discuss the situation and request the physician to call patient back. The steps taken for triage and notification of the physician of the patient/parent's request will be documented in the patient call record.
- 10.) **Child/Patient with Complex Medical Needs:** Since underlying symptoms or disease processes may affect the management of a patient, the nurse may choose to consult with the physician on call or a patient/child with complex medical needs.
- 11.) **Abusive Provider Calls:** If the nurse is being verbally abused by the provider, the nurse has permission to state "Based on the way you are talking to me, I do not think I can help you right now. I am going to hang up now and have the manager call you back" The nurse must tell them they are going to hang up before doing so. The nurse must also report the incident to the MOC immediately and the MOC will handle anything further regarding the issue. If the nurse is able to handle the abusive call without resorting to hanging up, the incident will still be reported to the MOC.

## E. Quality

### Quality Management Program

<b>This policy/procedure applies to:</b>  <b>X Triage Logic</b> <b>Phone RN</b> <b>X PRN</b>	Effective Date: 11/15/13
<b>Name of Policy/Procedure: Quality Management Program</b>	Most Recent Revision Date:
<b>Policy #: 29</b>	Most Recent Review:

#### Scope CORE 19 b

The goal of the Quality Management Program (QMP) is to establish leadership structure throughout the path of quality workflow that enables TriageLogic to provide a high-quality call center service. TriageLogic QMP is designed to promote quality to patients, quality to clients (doctors and hospitals) and internal quality of nursing. **CORE 21b** This includes development of a program that provides for the continuous process improvement and evaluation of accurate, reliable, cost-effective triage services in both hospital and private practice settings.

Quality management is the continuing process whereby TriageLogic ensures quality, maintains compliance with applicable laws and regulations. Multidisciplinary committee membership demonstrates integration and collaboration throughout the TriageLogic quality management structure. Our members work to solve problems, improve systems and fulfill specific strategic initiatives.

#### a. Quality Management Program Requirements CORE 19

- 1.) The Quality Management Program oversight is done by the Quality Management Committee. **CORE 19a**
- 2.) The Quality Management Committee reviews the Quality Management Program at least once a year. **CORE 19a**
- 3.) Overall responsibility for the Quality Management Program sits with the CEO, and the CEO sits in the quality management committee. **CORE 20a**

- 4.) Oversight for the QMP is shared by the Chair/CEO and COO. **CORE 19 e** The Compliance Officer also sits on this committee. The CEO is responsible for overseeing the surveys and non-clinical indicators and the Medical director is in charge of the clinical indicators. **CORE 19 e**
- 5.) The Medical Director is responsible for overseeing any clinical complaints and internal nursing quality. **CORE 19e** In addition, the Medical Director defines the goals of patient and client satisfaction rates. The Medical Director is responsible for reviewing and reporting the following:
- a. ) Review any complaints and identify areas that need improvement
  - b. ) Review areas that are strengths and promote them to continue
  - c. ) Receive input from client providers and report to the quality management committee at least once a year **CORE 20e**
  - d. ) Review a summary of the following:
    - i) Patient Surveys - compare to previous quarter
    - ii) Patient Complaints
    - iii) Practice Surveys - compare to previous quarter
    - iv) Internal Quality of Nursing - review for ongoing standards - recommend changes or improvement to the internal nursing review
6. ) The Quality Management Committee maintains, at all times, at least two quality improvement projects relating to error reduction or performance improvement. **CORE 22**

See sample form for tracking quality improvement project in the following website:  
<http://www.medicalccp.org/Files/Provider/QISPD/SPDAdvanceDirectivesQIP2012Q1Update.pdf>

The form at the end of this document establishes the items for the quality improvement projects.

7. ) At least one of the two Quality Projects must address consumer safety (such as recognizing 911 symptoms). **CORE 24a**
8. ) Medical Director has to be involved in all projects of quality improvement that are of clinical nature. **CORE 24b**

b. Quality Management Committee **CORE 20**

- 1.) OBJECTIVES - The role of the Quality Management Committee is to: **CORE 19d**
- a. ) Provide a report of the quality Management program to the CEO and COO (CEO sits on the committee, making it an automatic report) **CORE 20b**
  - b. ) Approve Quality Improvement Projects and Initiatives **CORE 20g**



- c. ) Provide Guidance to staff on quality management priorities and projects **CORE 20f**
- d. ) Monitor progress in meeting quality improvement goals **CORE 20h**

The Quality Management committee tracks trends performance related to patient access to service, complaints and satisfaction.

## 2.) STRUCTURE **CORE 17**

**CORE 19 c** The permanent members of the Quality Management Committee are: CEO, Medical Director, Client Relations Manager, and Sales & Accounts Manager **CORE 20 e**  
The committee is responsible for approving all quality improvement projects, monitoring progress and meeting the improvement goals. **CORE 20 g & h** The committee will also evaluate the effectiveness of the Quality Management Program annually in during the summer month of each year. **CORE 20 i**

- Meets quarterly. Progress reports, recommended changes in business implementation, rationale behind changes, evaluation of PRN/PhoneRN quality of care and integrity of data inputs, evaluates nursing quality **CORE 20c**
- Maintains records of committee meetings, by having committee meeting minutes. These minutes have to be approved by the committee. The CEO may sign the minutes to show that they have been approved. **CORE 20d**
- Quality improvement projects: decides on quality improvement projects, evaluates progress, goals of improvement project, etc.
- At least one of the two quality improvement projects pages must address consumer safety. In addition, Medical Director must be involved in the clinical aspects of the project. **CORE 24**
- Multidisciplinary committee membership demonstrates integration and collaboration of the quality management structure. Our members work to solve problems, improve systems, or fulfill specific strategic initiatives. **CORE 19 e**
- At least once a year, committee members are required to report on the following:
  - a. ) CEO to report after evaluating PRN/PhoneRN incentives to ensure that quality of care is not compromised
  - b. ) CEO reports on other resources and helps evaluate whether they are using properly; marketing, computer, independent consultants, etc. (these issues come from discussions in general management meetings and what we have changed in the past year)
  - c. ) Medical Director to obtain documents from PRN/PhoneRN to ensure compliance with regulations and policies and procedures and report to committee. Medical

Director also presents reports on quality of nurses such as average call back times, etc. These reports can also be presented by an outside representative of the software system (Currently Rose Moon or Liz Pevytoe)

- d.) Client Relations Manager: needs to report on survey of a sample of clients from client satisfaction survey
- e.) Committee to Review actual quality of care (review surveys, data analysis, etc. This report is presented by the Client Relations manager)

**NOTE: CORE 20e does not apply**

Committee meetings ensure the following:

- a.) Quality to Patients - ensure that we are tracking patient satisfaction through regular surveys. Ensure that when patient presents a complaint that it is evaluated promptly and thoroughly. To have a process in place to track and monitor complaints.
- b.) Quality to Clients (Doctors and Hospitals) - ensure that we are tracking client satisfaction through regular surveys. Ensure that when a practice or doctor's office has questions or concerns that they have a dedicated person they can contact to get answers. To have a formal process in place to evaluate and answer the clients questions.
- c.) Internal Quality of Nursing - To have a rigorous process in place to internally monitor the quality of nursing and care provided by the nurses.

c. Quality Management Program Resources **CORE 18**

The day-to-day operations of the quality management program are managed as follows.

- 1.) Quality to patients - a person dedicated to sending out and compiling survey results to patients. A staff member dedicated to receiving any inbound complaints from patients and evaluating those. The Medical Director is available to the RN for questions.
- 2.) Quality to Clients (doctors and hospitals) - a person dedicated to maintaining contact with the practices and receiving ongoing feedback. A person dedicated to surveying clients every six months and compiling the data for the Quality Committee to review. Currently, this duty is part of the job description of the Client Relations Manager.
- 3.) Internal Quality of Nursing - Three nurse managers are responsible for quality management of the nursing program at the clinical level. This is further outlined and explained under the clinical section.
- 4.) Quality of marketing and advertisement materials. Currently this is the responsibility of the Web/Product Design & Management Support Staff.

d. Quality Management Documentation **CORE 21**

Minutes will be taken at all Quality Management Committee meetings and approved by

the committee. The following information and procedure is required to be part of the Quality reporting (minutes) to help evaluate the effectiveness of the quality management programs and report relevant information to the staff.

- a) Objectives, goals, and methods for measuring a specific quality issue that is part of the quality management program. These measures need to be quantifiable to be used in evaluating the base level, the acceptable level of performance, and the goals of the quality improvement project. **CORE 21a and c d**
- b) Tracking and trending of the quality measure. This is important to help assess the effectiveness off the quality issue being considered. For issues related to patient care, the following need to be part of the quality measures. **CORE 21b**
  - i) patient ability to access the service (such as how fast is the nurse able to return phone call)
  - ii) patient complaints
  - iii) patient satisfaction

These measures and additional quality measures can be part of the survey asked to patients, but also reported by the software if software reporting is available for the measure

- c) Once a quality improvement project takes place, it needs to be evaluated at least once a year in order to verify that it is improving and for the committee to decide whether it wants to continue the quality improvement project, or start a new project.
- d) Certain quality measures projects such as patient and client surveys and software reports on nurse quality data (such as average callback times) are an ongoing part of the quality measures in the company. The quality improvement committee is responsible for keeping track of these ongoing projects and evaluating them at least once annually to ensure that they are reaching the minimum performance. Minimum performance of ongoing quality improvement projects are determined by the quality management committee, and can only be changed by the committee. **CORE 21e**  
Currently the following mandatory ongoing quality measures apply:

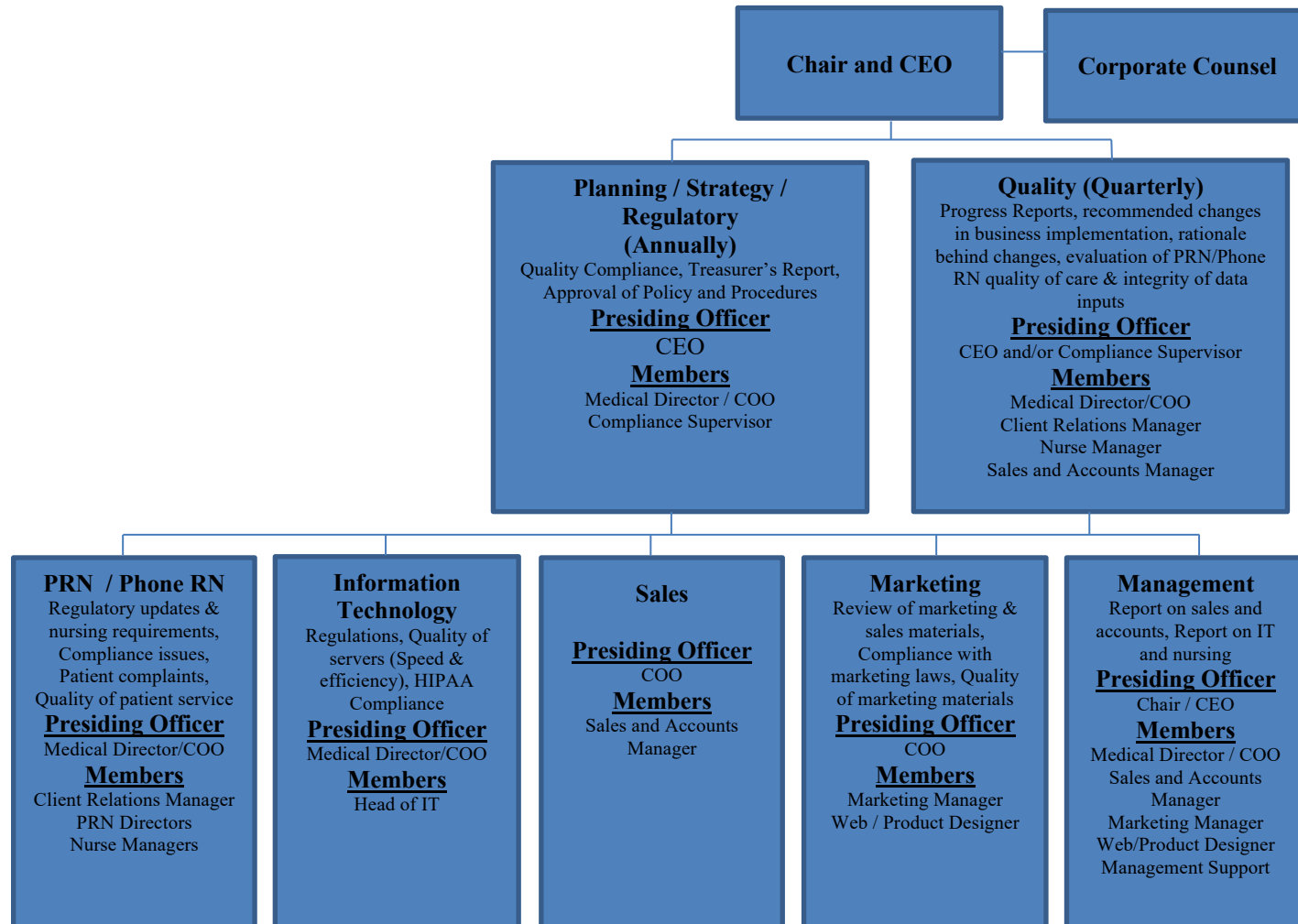
- i) Average minimum patient satisfaction rate from survey =3
  - ii) Average minimum client satisfaction rate from survey =3
  - iii) Less than 3% client or patient complaint a month (see current complaint form for how TriageLogic tracks complaints)
  - iv) average nurse call back time of 30 minutes or less (measured every quarter)
- e) The medical director and the client relations manager are responsible for evaluating the ongoing minimum standards and reporting them to the quality management Committee. **CORE 21h**

- f) If the average minimum quality is not met in a given period, than the medical director or the direct supervisor for the particular quality issue will meet with the managers and nurses involved and implement new training and evaluation methods to make sure that they are able to improve the quality to meet the minimum requirements. .

**CORE 21f**

- g) The Quality Management Committee provides feedback and guidance (in the form of summary reports) to staff , delegated staff and leadership on what they expect, what they are monitoring and, what they are looking for from nurse managers and practices. This information is communicated through weekly meetings as appropriate, with one of the members of the Quality Management Committee members reporting and explaining the measures during the meeting. **CORE 20f and CORE 21g**

The weekly meeting schedule is as follows:



**Key Committees** within TriageLogic include: Planning/Strategy/Regulatory, Quality, Nurse Management, and IT. Each committee will oversee the management of quality in their own area and their duties are delineated below.

Planning/Strategy/Regulatory - is responsible for the overall operation and administration of TriageLogic, including employment of personnel who are competent to perform their duties accurately, proficiently, and for ensuring compliance with the applicable regulations. This committee is involved in the design, implementation, oversight and annual review of the Quality Management Program.

- Ongoing monitoring of quality improvement and regulatory compliance
- Interface and coordinate with regulatory agencies
- Maintenance of an updates regulatory compliance database
- Coordinate safety investigations and corrective action plans
- Provide oversight and guidance for Quality improvement and safety activities.

Quality Committee - is responsible for the implementation, coordination and maintenance of the quality improvement program at TriageLogic. This committee oversees the design and implementation of overall company quality improvement and patient quality activities and ensures integration of QI activities with other committees/staff (direct or indirect) of TriageLogic. This committee will review performance measurements, reports of occurrence, and other indicators identified to determine if a quality or patient quality issue requires further review. The Quality Committee will also be responsible for reviewing and approving the Quality Management Program and indicators on an annual basis. **CORE 19(c)** If through performance monitoring the QM Committee encounters an opportunity for improvement that is urgent, the committee will implement quality improvement activities. **CORE 17** The committee facilitates the company QI plans, decides which processes and outcomes should be monitored, reviews results of data collection, assesses the effectiveness of actions and makes recommendations for improvement.

Subcommittees or teams may be formed when problems or opportunities for new or improved services or processes are identified.

Nurse Management Committee - is responsible for ensuring regulatory compliance, technical education and competency of nursing staff. This committee will assist in the selection of QI monitors/indicators. They may develop service expectations, review patient safety events, advise staff on timely efficient work habits and address challenges of triage calls. They determine how quality information is communicated to the staff and encourage staff to report quality and safety/risk concerns. They collect data, report measures to the Quality Committee and prepare any other summaries required.

Additionally, they perform the following duties:

- Ensure that all complaints are identified, investigated, corrected and documented.
- Solve interdepartmental Quality and Patient care problems.
- Establishing a system for identifying, correcting and documenting internal and external department problems.
- Implement and maintain a comprehensive employee orientation, training and competency program.

Ensure policy and procedure manuals are current and followed by staff.

IT Committee - is responsible for ensuring that data quality control is maintained. Review abnormalities, outliers, or other problems with quality control logs, preventive maintenance logs or other reporting formats assigned for review. Implement established policies and procedures for the area. Review monthly preventive maintenance documentation and bring problems to TriageLogic. Communicate and resolve issues that arise. Identify opportunities for improvement and equipment management

e. Quality Plan

To summarize, as indicated above, TriageLogic maintains a strong commitment to quality and patient safety and care. Employees and delegated staff are encouraged to discuss quality and safety concerns with their supervisor/manager. It is the responsibility of all personnel to do the right thing, all the time, for the patient. The quality plan should outline a process for identifying current and foreseeable customer needs using the 5 Key quality system components.

- Planning (organization)
- Teamwork (personnel)
- Monitoring (assessment)
- Improvement
- Review (organization)

Quality plans generate a process for effective, team-based decision making, sustaining ongoing monitoring of operational process and customer satisfaction, identifying process problems, implementing appropriate process improvement and practicing ongoing quality reviews. The focus is improved patient care and increased quality outcomes. This is accomplished through ongoing programs designed to assess, measure, improve and monitor improvement of care provided by TriageLogic. The goal of these plans is to ensure processes that systematically measure areas needing improvement and develop programs appropriate to enhance patient health outcomes and patient and client satisfaction.

The Quality Management Committee aligns the Key indicators with the Quality Improvement Plan for TriageLogic. The Key indicators are selected on an annual basis. Quality indicators are observations, statistics, or other data that quantify and measure the performance of a process.

**CORE 19 a**

Program Approved by:

\_\_\_\_\_  
Charu G. Raheja, PhD

Date: \_\_\_\_\_

\_\_\_\_\_  
Ravi K. Raheja, MD

Date: \_\_\_\_\_

## **I. QUALITY IMPROVEMENT PROJECTS Requirements and Goals Core 23**

- Will have clearly-defined quantifiable measures for quality improvement
- Measure organization's baseline performance
- Re-measure performance at least annually as compared to the baseline performance
- Create specific goals for performance that are an improvement over the baseline performance
- Establish strategies for performance improvement
- Articulate projected time frames for the achievement of performance improvement goals
- Conduct a barrier analysis if the organization does not achieve its performance goals

### **Significant Event**

A Significant Event is an unexpected occurrence that demonstrated a real or potential threat to customer care or staff safety — including serious physical or psychological injury. Significant Events are rare and undesirable occurrences associated with a significant deviation from usual processes. These events are "Significant" because they send a signal or sound a warning that requires immediate attention. A Significant Event may also be categorized as a series or pattern of "near misses" that could result in serious deviations from safety or quality standards.

All issues received by the QA Analysts or their designee will be assigned a preliminary score that is based on the severity of the incident or event. All events will be analyzed by the Quality Improvement Team for tracking, monitoring, resolution and the team will assign a final severity score. Severity level classifications are:

<b>Significant Event</b>	
<b>Level</b>	<b>Definition</b>
0	No issue found. Care/service appropriate

Document issues that will be tracked for trends, but additional research or discussion of this category will not take place.

An event that is associated with adverse deviations from usual processes. The event is classified as an immediate opportunity for improvement.

The event is recognized as a major event that has resulted in an unanticipated death, major loss of function to a patient, lawsuit, physical abuse, or related circumstances that have the potential adverse media involvement. The event may also be used as a training opportunity.

**Annual Program Evaluation** - The framework for establishing next year's goals is documented here. Include evaluation of resources here.



<b>Quality Improvement Project Form</b> <b>CORE 23</b> & <b>CORE 24</b>
Project Start Date:
Quantifiable Baseline Measures:
Quantifiable Baseline Goals:
Improvement Strategies & Dates Implemented:
Periodic Progress Measurements & Documented Discussions:
Any Changes in Improvement Strategy & Brief Description of Changes:

## F. Clinical Staff Performance Standards - HCC13

<b>This policy/procedure applies to:</b>  _X_Triage Logic _X_Phone RN _X_PRN	Effective Date: 11/13/2013
<b>Name of Policy/Procedure: Operational Procedure for Patient Call Intake</b>	Previous Versions Dated:
<b>Policy #: 25</b>	Most Recent Review:

### HCC13

1. **General Summary:** The Triage RN will manage all patient calls. The call intake procedure is designed to facilitate assessment by the RN of all calls deemed by the patient/caller to be of an emergent or urgent nature. Patients/callers access triage services either by calling an assigned number specific to the participating physician's office or as a call forwarded to the contracted answering service. The answering service will obtain demographic data and a basic "chief complaint" which will be entered into the Triage Logic software system and forwarded to the triage nurse call queue.
2. **Answering Service:** The medical answering service receives calls directly from the physician's office via call forwarding or via a specific phone number provided by the answering service. The patient's calls are answered directly by a live medical operator or in the event all operators are assisting other patients the caller will be greeted by a tape recorded announcement. The announcement script informs the caller that they have reached the Triage Logic Call Center and that a medical operator will be available to assist them momentarily however, if the patient feels that their signs/ symptoms are life threatening please hang up and dial 911.HCC13a

The answering service operator obtains the patient's demographic information: name, date of birth, area code and phone number, and reason for their call / "chief complaint" which is entered into the Triage Logic software system and forwarded to the triage nurse call queue. All callers are advised by the operator to expect a return phone call from the Triage Nurse within 30 minutes.

3. **Return Calls:** All emergent patient calls take priority and receive a return phone call from the Triage RN upon receipt. Non-emergent patient messages on average receive a return phone call from the Triage RN within an average of 30 minutes. HCC13c Upon contacting the patient/caller the RN identifies themselves by name, title and physician practice they are representing. The RN continues with a detailed patient assessment, protocol selection, disposition and care advice in accordance with the TriageLogic Operational Policy for Triage Incoming Patient Messages and Returning Patient Telephone Calls.
4. Each telephone encounter is documented in real time and routed to the patient's primary care provider using the TriageLogic application.

### III. Call Center Technology

#### A. Software Platform Functions and Capabilities

HCC17, HCC18, HCC19, HCC20, HCC21, HCC22

<b>This policy/procedure applies to:</b>  _XTriage Logic _X_Phone RN _X_PRN	Effective Date: 11/13/2013
<b>Name of Policy/Procedure: Software Platform Functions and Capabilities</b>	Previous Versions Dated:
<b>Policy #: 26</b>	Most Recent Review:

1. The TriageLogic Call Center contracts with a vendor for its software platform. Our highly secure and comprehensive web-based software manages patient calls consistently, accurately and efficiently. The ultimate results are enhanced, quality patient care, as well as the ability to integrate with physician electronic health records.

Our web-based HIPAA compliant Triage application facilitates the ability for all team members: nonclinical staff answering services agents, Triage RNs, clinical and nonclinical supervisors, as well as our contracted physicians to remotely access our secured software system to view real time updates in order to meet the needs of our patients.

2. The call process begins with patients accessing our triage services either by calling an assigned telephone number specific to the participating physician's office, or as a call forwarded to our contracted medical answering service. Our answering service agents access the patient ticket detail page and complete all of required fields. Upon completion and verification of patient data the call is submitted to our clinical team and is immediately visible to all staff in the unassigned nurse call queue. Each key stroke entered by the answering service agent is captured and time stamped within the software system and is accessible to supervisors within the "History" component of the application. This attribute is often utilized in the training process to monitor accuracy and efficiency.

The TriageLogic System is equipped with the "Priority Rules - Keywords" feature. This feature enables management to program the system with a numerical value directly associated with keywords. When the agent enters one of the pre-programmed keywords the system automatically places the associated patient message to the top of the unassigned call queue.

The Triage RNs continually monitor the unassigned call queue of the TriageLogic software for incoming patient messages evaluating the patient's documented chief complaint, age, noted medical history, and time call received. The RN claims the patient message based upon acuity and contacts the patient and confirms the information she/he has received from the answering service agent. At this point the triage RN opens the patient note and the previously

entered patient data auto populates on the page. The RN begins her assessment and efficiently documents all relevant information with minimal typing as the system includes hover technology; drop down lists, check boxes and auto fill capabilities. This will allow the call to be documented thoroughly while the nurse is managing the call. From a bigger picture, it allows the system to track and store data for reporting and quality assurance. Every action in the system is logged with a time stamp and user ID for accountability and reporting.

3. The TriageLogic software application utilizes the gold standard Telephone Triage Protocols by Barton Schmitt, MD, and David Thompson, MD. The user-friendly protocols assist the nurses to safely and efficiently assess the patient's current signs and symptoms and provide consistent advice in a professional quality-oriented manner. The protocols as well as the individual office and physician profiles can easily be customized and have integrated scheduling, paging, faxing features. At the conclusion of the patient telephone encounter the triage RN completes the patient note and the document is immediately available for physician review. Triage Logic software offers three separate options for physicians to view their patient telephone encounter documentation forms. Each physician profile is programmed with their selected option for accessing their patient information. Our TL system has the ability to be integrated to any EMR
  - a. ) Forms can be sent electronically via FTP format
  - b. ) Physicians are provided with user names and passwords to log into the secured TL system to review their patient encounter forms.
  - c. ) Patient encounter forms can be sent automatically via fax. HCC21
4. Within the Triage Logic application staff can easily access previous patient telephone encounter forms under the "Notes" tab. Staff can search by entering one or more of the following data fields: patient's name, date of birth, date of call, physician, name of practice, protocol, disposition, nurse who took the call, or note number. HCC20a
5. Triage Logic does not share any patient clinical or demographic information with any outside resource, entity, or individual other than the patient's Primary Care Physician. HCC17 Triage Logic refers all patients back to their PCP for all follow-up needs including: health education, information, promotion, and community services. HCC22abc

## **B. Reporting Tools HCC 16**

The Triage Logic system has the ability to provide extensive automated reporting. The system provides a user-friendly interface for ad-hoc reporting as well as for setting up automated reports. The reports enable managers to analyze: call volumes, nurse performance, protocols, clinical disposition, and clinical outcomes as well as custom studies for documenting efficient and effective care. HCC16

### C. Clinical Triage Protocols HCC6, HCC7, HCC8

<b>This policy/procedure applies to:</b>  <input type="checkbox"/> XTriage Logic <input type="checkbox"/> X_Phone RN <input type="checkbox"/> X_PRN	Effective Date: 11/13/2013
<b>Name of Policy/Procedure: Clinical Triage Protocols/Annual Protocol Review Policy</b> <b>Policy #: 27</b>	Most Recent Revision Date: 2/28/14
	Most Recent Review:

### HCC6 HCC7, HCC8 and CORE 28 b

- General Overview:** The Triage Logic application is equipped with the gold standard telephone triage protocols by Barton Schmitt, MD and David Thompson, MD. HCC8 These physicians have dedicated more than 30 years to the development of world-class support content based upon: recent medical literature, recent national guidelines, quality improvement projects, research, expert reviews and user feedback. These protocols are currently used by more than 400 health systems and health plans as well as an additional 10,000 physician practices. <http://www.stcc-triage.com/index.htm>. HCC6a,b,c The user friendly protocols assist the nurses to safely and efficiently assess the patient's current signs and symptoms and provide consistent advice in a professional quality oriented manner.
- Dr. Schmitt and Dr. Thompson review and update their existing topics on a yearly basis. Their review includes input from users (nurses and physicians), statistical evidence (research) and medical evidence (literature review), and feedback from a broad panel of reviewers. <http://www.stcc-triage.com/difference.htm> HCC6a, b, c HCC8
- Prior to the original implementation of the Schmitt/Thompson Telephone Triage Protocols the protocols were evaluated and approved by the TriageLogic Medical Director.
- TriageLogic does not make any modifications to the clinical protocols. HCC8TriageLogic uses the standardized protocols as is since they are reviewed by several authorities in the field. The Triage software allows for standing orders provided by the contracting organization. The medical director of the contracting organization provides any authorized standing orders. Any updates to the protocols are given to the nurse managers to provide to the triage nurses HCC7a HCC8
- The Medical Director performs an annual review of the triage telephone protocols. HCC7, HCC8

Approved by: \_\_\_\_\_

#### **D. Information Management**

<b>This policy/procedure applies to:</b> <b>X Triage Logic</b> <b>X PRN</b> <b>Phone RN</b>	Effective Date: 11/13/13
<b>Name of Policy/Procedure: Information Management</b>	Most Recent Revision Date:
<b>Policy #: 12</b>	Most Recent Review:

#### **CORE 13**

Triage logic uses an electronic Triage System.

Triage Logic Electronic Triage System includes a core software program, nurse triage guidelines (the "*Protocols*"), and online and paper documentation (all of which shall be collectively referred to as the "*System*").

TriageLogic conducts weekly meetings with Software Provider to ensure proper integrity and interoperability of data. **Core 13c**

The software provider is also responsible for proper storage and destruction of data. **Core 13b** All patient data is kept in the software server and no patient information is in the nurses' computers.

Any issues with the system are reported in the Management meeting during the IT briefing, and any systematic problems are addressed by the quality management committee.

**Approval Signature:** \_\_\_\_\_

**E. Business Continuity / Disaster Recovery**

<b>This policy/procedure applies to:</b> <b>X Triage Logic</b> <b>X PRN</b> <b>Phone RN</b>	Effective Date: 11/13/13
<b>Name of Policy/Procedure: Business Continuity</b>	Most Recent Revision Date:
<b>Policy #: 15</b>	Most Recent Review:

**CORE14 a, b, c ,d**

TriageLogic will only contract with a software vendor that provides the following minimum requirements

**A. Support Infrastructure:** The Software Vendor must provide the following:

1. 24/7 emergency support for any software or server related issues 365 days a year with a response time of 30 minutes for emergency support issues. The nurse manager on call will be responsible for accessing the emergency support system as needed. **CORE 14 d**
2. Testing of entire system at least once every 2 years to identify:
  - a. Any potential issues that could affect the continuity of business, including but not limited to server attacks, virus, etc. **CORE 14 C**
  - b. Assessment of potential vulnerabilities and the integrity of the system, including HIPAA compliance testing. **CORE 15 a**

**B. Server Infrastructure**

1. Primary Server: This is defined as the main server that the clinical staff and non-clinical staff access via a secure interface to perform their triage duties
2. Mirror Image Backup server: This is defined as a second server that is a mirror image of the primary server but is located in a geographically separate data center\
3. Vendor provides weekly testing of data replication process and **CORE 14c** and **CORE 13 a**

**C. Data Backup**

1. Live Back Up Process: Any data changed on the primary server is reflected within 5 seconds or less on the mirror image backup server
2. Hourly and daily database dumps of all data: this is in addition to the live replication so the data is stored in a third offline database.
3. Replication logs of every data change can be re-ran to rebuild databases.

**D. Data Center Infrastructure**

TriageLogic only uses SSAE-16 certified data centers with the appropriate security and infrastructure.

Our vendor's servers are collocated with Superb Internet ([www.superb.net](http://www.superb.net))

Below is a summary of their certifications. Additional details are available on their website.

Data Center Staff is ITIL Certified

ITIL advocates that our IT services must be aligned to the needs of the business and underpin the core business processes. It provides guidance to our organizations on how to use IT as a tool to facilitate business change, transformation and growth.

The ITIL best practices are currently detailed within five core publications which provide a systematic and professional approach to the management of IT services, enabling us to deliver appropriate services and continually ensure they are meeting business goals and delivering benefits.

The five core guides map our entire ITIL Service Lifecycle, beginning with the identification of customers' needs and drivers of IT requirements, through to the design and implementation of the service into operation and finally, on to the monitoring and improvement phase of the service. For [more information on ITIL, visit www.itilofficialsite.com](http://www.itilofficialsite.com)

#### All 3 Data Centers are SSAE 16 Audited

The SSAE-16 Auditing Standard is an enhancement to the current standard for Reporting on Controls at a Service Organization: the SAS70. These updates bring companies up-to-date with new international service organization reporting standards: the ISAE 3402. SSAE-16 is now effective as of June 15, 2011. All organizations are now required to issue their Service Auditor Reports under the SSAE-16 standards in an SOC1 Report.

The integrity of our data recovery facilities and data hosting solutions The security of our IT assets Our compliance with the Sarbanes-Oxley (SOX) Act of 2002 and other data privacy and data security compliance regulations Our overall IT compliance.

SSAE-16 ensures that companies, specializing in service, adhere to a strict set of international standards set by the Auditing Standards Board (ASB) of the American Institute of Certified Public Accounting (AICPA). For more information on SSAE 16, visit [www.ssae-16.com](http://www.ssae-16.com)

The combination of the strict server infrastructure, live data backup and Data Center Infrastructure provide maximum uptime and business continuity.

Below describes the different scenarios that can occur and how the operations are to continue. An email sent to [911@triagelogic.com](mailto:911@triagelogic.com) will alert all the on call IT staff as well as the Medical Director and COO of an IT emergency.

1. **Primary server is unavailable** - Nurse Manager verifies that more than one user is experiencing [an inability to access the primary server](#). Nurse Manager sends an email to [911@triagelogic.com](mailto:911@triagelogic.com) and directs everyone to the backup site *Staff Policy and Procedure for IT Support*.
2. **Primary and Backup server is unavailable** - Nurse Manager verifies that more than one user is experiencing an inability to access the primary server and the backup server. Nurse manager sends an email to [911@triagelogic.com](mailto:911@triagelogic.com) and directs everyone to manual triage mode which is described in the document *Staff Policy and Procedure for Managing Calls Offline*.

#### **E. Staff Policy and Procedure for if server is not available CORE 14A, B**

TriageLogic has determined that the maintenance of the software is crucial to the working of nurse triage. At a minimum, TriageLogic has determined that nurses must have access to protocols in order to be able to serve patients. As a result, we have the following process in place to ensure access to protocols at all times **CORE 14A**



If the software is not available, the following process must take place: **CORE 14B**

1. **User Unable to Login:** The user can get to the login screen but is unable to access the system. User must contact their nurse manager on call to inform them of the problem. The nurse managers have access and training to reset the user password after verifying the identity of the user. If the nurse manager determines that the user is a valid user and cannot get them to access the system, then the nurse manager will contact IT support
2. **Primary Server is unavailable:** The user cannot access the login screen for the system. User must contact their nurse manager on call to inform them of the problem.
  - a. The nurse manager will attempt to log in to the system and verify if they can access the system
  - b. If the nurse manager is able to access and login to the system, then they will verify the server website with the user and reset their password to see if they are able to get access. If the user still cannot access the system, the nurse manager will contact IT support to report the problem.
  - c. If the nurse manager verifies that they are unable to access the login screen as well, then the nurse manager will access emergency support and direct the nurses to the back-up site.
3. **Primary and Backup Server is unavailable:** In the rare circumstance that both the primary and backup server is not available; the triage system will go into emergency mode which includes the following steps:
  - a. Send an email out to the nursing staff to inform them that they must handle calls manually
  - b. Contact the other nurse managers to inform them of the situation and enlist their help
  - c. Contact the non-clinical staff and give them a fax number to start faxing the calls as they come in, instead of entering them directly into the triage system.

## F. Information Security Policy

<b>This policy/procedure applies to:</b> <input type="checkbox"/> <b>X</b> Triage Logic <input checked="" type="checkbox"/> PRN <input checked="" type="checkbox"/> Phone RN	Effective Date: 11/13/13
<b>Name of Policy/Procedure: INFORMATION SECURITY POLICY</b>	Most Recent Revision Date: 01/29/14
<b>Policy #: 14</b>	Most Recent Review:

Core 15

### A. TriageLogic Information Security Policy

TriageLogic has the following in place to prevent and detect security breaches:

#### 1. Software Requirements

TriageLogic will only contract with a software vendor if their software platform has the following minimum specifications as defined in BUSINESS CONTINUITY PLAN. In addition, the software must support the following minimum requirements to allow for implementation of *TriageLogic Information Security Policy*.

- Role Based access to all Non-Clinical, Clinical and PHI information in the system
- Role based access for administrative, edit and view privileges.
- Unique user name and password for each and every user
- Password requirements as per current security standards
- Logging of any view or edit actions in the system
- Ability to prevent alteration of a completed patient chart after it has been finalized.

Triage logic also meets with vendor weekly to assess potential risks, integrity and vulnerabilities to the confidentiality of the information system. Any issues that management identifies are addressed by vendor immediately. For example, upon TriageLogic request vendor created HIPAA compliance texting to allow nurses to communicate with physicians confidentially.

For example, the following issues are discussed over time:

Security violation issues, vulnerability scanning plans, results from most recent vulnerability scan (scan done every 2 years), network penetration testing policy and procedure, results from most recent network penetration test (network penetration test done every 2 years), configuration standards to include patch management for systems which store, transmit, or access PII, encryption or equivalent measures implemented on systems that store, transmit, or access PII.

#### **CORE 15a**

#### 2. Prevention, detection, containment, and correction of security violation **CORE 15c**

##### Work Environment

As part of their orientation each clinical nurse user who works remotely must verify that they meet the following requirements

1. ) A dedicated room where they can work alone while taking calls or accessing the system.
2. ) A quiet environment without any background noise that would be audible to a caller.
3. ) High speed internet access (DSL, CABLE or Satellite).

- a) **System Access** All users have role-based access which is built into the software platform used by TriageLogic. All user access can be remotely controlled and modified in real time by the authorized system administrator. Each user must have the following minimum information in their system profile.  
1.) First Name, 2) Last Name, 3) Date Of Birth, 4) Home Zip Code 5) Home or cell phone
- b) **Nurse Manager Access:** TriageLogic's IT customer service representative can create a nurse manager user with written permission from the Medical Director or CEO.
- c) **Nurse Users Access (Clinical Users):** Nurse Managers are permitted to create a nurse user after the nurse has had a clean background check and have completed their orientation checklist.
- d) **Non-Clinical Staff Access:** Each non-clinical staff is given a unique user name and password with limited access to enter calls into the system. The Non-Clinical Staff cannot view any patient encounters or data. The nurse triage client manager creates access for the non-clinical staff.
- e) **Client Access:** Each practice manager or system administrator can be granted access to their patient encounters and call schedules. The client is responsible for designating an authorized user to access the system and any changes in writing. The nurse triage client manager creates access for each practice after they have signed an agreement for services and makes any changes to the user access or creates new users. New practices are discussed at the weekly meeting and access is approved by the nurse managers.
- f) **Resetting Passwords:** The system allows for each individual to reset their own password by asking them to provide information within their system profile.
- g) **Clinical User:** If the clinical user is unable to access the system, then they must contact the nurse manager as per the Policy and Procedure for TriageLogic Support.
- h) **Non-Clinical User or Client:** If a Non Clinical or Client user is unable to access the system, then they must contact their manager or supervisor who will then contact the client service manager to assist with access.

## **B. Policy on Emails and Other Forms of Communication**

Email is not secure. TriageLogic requires that email **cannot** contain PHI anywhere in the heading or body of the message. To view any PHI, the user has to log into the system with a user name and password. When communicating about patients via email, we refer to ticket numbers or note numbers without mentioning any PHI. Reports and recordings are sent as links for which the user has to login to view the PHI.

None of the following items can be included in any unsecure communication

1. Names
2. All geographical identifiers smaller than a state, except for the initial three digits of a zip code if, according to the current publicly available data from the Bureau of the Census: the geographic unit formed by combining all zip codes with the same three initial digits contains more than 20,000 people; and the initial three digits of a zip code for all such geographic units containing 20,000 or fewer people is changed to 000
3. Dates (other than year) directly related to an individual
4. Phone numbers
5. Fax numbers
6. Email addresses
7. Social Security numbers
8. Medical record numbers
9. Health insurance beneficiary numbers
10. Account numbers
11. Certificate/license numbers
12. Vehicle identifiers and serial numbers, including license plate numbers;
13. Device identifiers and serial numbers;
14. Web Uniform Resource Locators (URLs)
15. Internet Protocol (IP) address numbers
16. Biometric identifiers, including finger, retinal and voice prints
17. Full face photographic images and any comparable images
18. Any other unique identifying number, characteristic, or code except the unique code assigned by the investigator to code the data

### **C. Data Breaches CORE 15 C**

1. Policy on Discovery, Reporting & Notification of Information Breaches
  - a. Regularly Review, update and integrate security controls and reporting
  - b. Medical director to Report any possible incident to the incident report
    - Provide covered entity contact information
    - Identify if breach occurred at or by a Business Associate
    - Date of breach, Date of Discovery
    - Approx. # of impacted individuals
    - Type of Breach: Theft, Loss, Improper disposal, Unauthorized access, Hacking/IT incident

- Type of Sensitive Information Involved in Breach: TriageLogic has very little patient information; no social security, no addresses, and no fully identifiable information. Only patient name, reason for calling, and nurse issue.

2. Procedure for information breach notification

Upon identification and reporting of a breach, CEO is briefed, and an action plan is developed to inform the affected parties if necessary. Informing it done by contacting the patient's physicians and informing them about the breach and potential issues with the data. TriageLogic also informs insurance carrier for assistance in resolving data breach issue if necessary.

3. Conduct training for all members of the workforce

All employees are trained in HIPAA policy and receive explanation and information about what constitutes a data breach, and how to protect data against potential security breach. For the no identifiable patient data is kept in employee computers.

**D. Policy on Printing Documents with PHI CORE 13**

The TriageLogic platform is a web-based system. All data remains on the secure servers and requires appropriate role-based access with a user name and password to access the data.

All users of the system are NEVER required to print any information based on standard workflows.

Users are NOT PERMITTED to print any information.

If the user needs to make notes about a patient, then they must use a note number as a reference and omit any PHI on the written notes.

In the unusual event that patient documents need to be printed, the Director of nursing/Nurse manager is the only one that is permitted to print information from the system with PHI. Any management staff who are permitted to print PHI have a cross cut shredder at their desk to immediately shred the information after use.

**E. Policy on removing PHI or other data from a computer CORE 13**

The TriageLogic platform is a web-based system. All data remains on the secure servers and requires appropriate role-based access with a user name and password to access the data.

All users of the system are NEVER required to save any information based on standard workflows.

Users are NOT PERMITTED to save any patient data to their local computer.

In the event that a computer needs to be replaced or a user leaves the company, the IT relations manager will coordinate a WebEx with a member of the IT team. The IT representative will access the user's computer and remove all relevant data based on the latest standards of IT security.

**Additional questions?**

Please refer to HIPAA-HITECH documents 45CFR subparts 160 and 164.

## G. HIPAA Compliance Policy

<b>This policy/procedure applies to:</b> <b>X Triage Logic</b> <b>X PRN</b> <b>X Phone RN</b>	Effective Date: 12/2012
<b>Name of Policy/Procedure: HIPAA COMPLIANCE POLICY</b>	Most Recent Revision Date: 12/2012, 01/29/14
<b>Policy #: 5</b>	Most Recent Review: 11/13/13

All Employees go through a HIPAA policy training to understand the implications and necessary steps in order to maintain patient confidentiality. In addition, all employees working with patient data with access to patient information have to sign our HIPAA compliance policy. **Contractors** need to have a similar policy in place in order to inform their nurses and staff about the policies. In addition, owners of delegated companies, committee members and board members are required to sign a BAA which includes our HIPAA policy. Examples of topics discussed during employee training are as follows: Oral, written or electronic communication (Email cannot contain PHI). It is the responsibility of each employee to preserve confidentiality and PHI.

This **TRIAGE HIPAA COMPLIANCE POLICY** of Triage Logic Management & Consulting, LLC ("Triage") shall apply to all employees of Triage, agents of Triage and employees of Triage subcontractors (collectively the "Service Providers"). All agents with access to patient data must sign this document.

**PURPOSE OF THIS POLICY.** Service Providers are providing various health care services for Triage (the "Services") which may involve the observation or use of patients/patient records of hospitals, clinics or other health care organizations or entities that have entered into services agreements with Triage (these various health care groups shall be collectively referred to as the "Covered Entities"). In the course of providing such Services, Service Providers from time to time have access to or possession of Covered Entity's patient protected health information or "PHI," as such term is hereinafter defined. This Policy shall set forth the terms and conditions pursuant to which Service Providers shall use, secure and keep in confidence such PHI.

1. **Definitions.** For the purposes of this Policy, the following terms shall have the following meanings:
  - (a) **Electronic Protected Health Information or "EPHI"**. A subset of PHI, consisting of any PHI that is transmitted by electronic media or maintained in electronic media.
  - (b) **Individual**. The person who is the subject of the PHI, and has the same meaning as the term "individual" as defined by the HIPAA Regulations.
  - (c) **HIPAA Regulations**. Those regulations codified at Title 45 of the Code of Federal

Regulations (C.F.R.) and relating to privacy and security of PHI.

- (d) **Protected Health Information or "PHI"**. Any information concerning an Individual, whether oral or recorded in any form or medium: (1) that relates to the past, present or future physical or mental condition of such Individual; the provision of health care to such Individual; or the past, present or future payment for the provision of health care to such Individual; and (2) that identifies such Individual with respect to which there is a reasonable basis to believe the information can be used to identify such Individual, and shall have the meaning given to such term under the HIPAA Regulations.
- 2. **Disclosures and Use of PHI**. Subject to this Policy, Service Providers shall not use the PHI except as necessary to provide the Services. Service Providers hereby agree that the PHI provided or made available to it shall not be further used or disclosed other than as permitted or required by this Policy. Without limiting the foregoing, Service Providers agree: (i) not to share PHI with anyone not directly involved in the patient's care or treatment; (ii) not to discuss PHI in areas where it may be overheard; (iii) not to access any PHI without specific direction by Triage; (iv) not to attempt access to PHI for personal reasons; (v) to inform Triage of any personal relationships which Service Providers may have with a patient or patient's family whose PHI Service Providers may access; (vi) if allowed access to EPHI by Triage or the Covered Entity, to clear computer screens of PHI before leaving the screen; (vii) to return any PHI provided on paper to the professional staff member or employee who provided it or to dispose of it within the facility using a shred-it box or as otherwise directed by the person who provided it; (viii) not to store or transmit any PHI using a portable device or any other electronic means; (ix) not to remove PHI in any form from the Covered Entity's facility; and (x) not to make any photographs, videos, voice recordings or any other reproduction of any PHI.
- 3. **Service Providers Obligations**.
  - (a) **Right of Access to PHI**. Service Providers and its representatives and employees shall forward all Individual requests for access to PHI to Triage within one (1) business days of receipt.
  - (b) **Amendment of PHI**. Service Providers shall forward all requests for amendments to an Individual's PHI to Triage within one (1) business days of receipt.
  - (c) **Accounting of Disclosures**. Service Providers shall forward all requests for an accounting of disclosures of PHI to Triage within one (1) business days of receipt.
  - (d) **Reports of Improper Use or Disclosure and Cooperation**. Service Providers shall report in writing to Triage within one (1) business day of discovery any use or disclosure of PHI not provided for or allowed by this Policy. Service Providers shall cooperate with Triage and the Covered Entity in any review/investigation of an actual or potential breach of HIPAA privacy or security regulations.
- 4. **Termination and Breach**
  - (a) **Immediate Termination**. In regard to Triage employees, Triage reserves the rights to discipline any employee of Triage that has breached this Policy, including, the right to terminate such employee's employment with Triage. In regard to Triage subcontractors and agents, Triage reserves the right to terminate their agreement with such subcontractors and agents if they breach this Policy, and to seek such relief allowed by the contract with such subcontractor or agent and applicable law.
  - (b) **Injunctive Relief**. Notwithstanding any rights or remedies provided for in this Policy, Triage shall be entitled to obtain temporary and permanent injunctive

relief from any court of competent jurisdiction to prevent or stop the unauthorized use or disclosure of PHI by Service Providers.

- (c) **Return or Destruction of PHI.** Upon the termination or expiration of Service Providers' employment, agency or subcontract relationship with Triage, Service Providers hereby agrees to return to Triage all PHI received from, or created or received by Service Providers, from or on behalf of Covered Entity.

5. **General Provisions**

- (a) **State Law Preemption.** Certain provisions of state law relating to privacy of PHI may not be preempted by, and may supersede, the HIPAA Regulations. With respect to such provisions of state law not preempted by the HIPAA Regulations, Service Providers shall maintain full and complete compliance with all state privacy requirements.
- (b) **Property Rights.** All PHI shall be and remain the property of Triage or the Covered Entity. Service Providers agrees that it shall not acquire any title or rights to any PHI.
- (c) **Changes.** This Policy may be unilaterally modified by Triage in response to new statutory or regulatory requirements related to HIPAA, the HIPAA Regulations or other applicable state or federal law relating to security and privacy of PHI. Any ambiguity in the language contained in this Policy shall be interpreted consistent with HIPAA Regulations.

**Agreed to and Acknowledged by:**

By: \_\_\_\_\_  
(Signature)

Name: \_\_\_\_\_  
(Print or Type)

Company: \_\_\_\_\_

Date: \_\_\_\_\_