

National Council of State
Boards of Nursing (NCSBN®)

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*Advancing
Regulatory
Excellence
Worldwide*



Nurse Triage Lines: Improving Access, Informing the Public

NCSBN Outreach Services
September 20, 2012



NCSBN

National Council of State Boards of Nursing

Introduction

The use of nurse triage has grown over the years and is now seen as an essential part of disaster preparedness, emergency response and case management.

Purpose

The purpose of this session is to introduce member boards to:

- Nurse Telephone Triage
- How nurse triage lines (NTL) are utilized in disaster situations
- An overview of the PHMC/NNCC assessment of laws and regulations that impact the ability to set up NTLs in each state

Purpose

The purpose of this session is to introduce member boards to:

- An overview of the Center for Disease Control's efforts to explore how coordinated NTLs could improve access to antiviral medications and reduce medical facility surge during pandemic influenza outbreaks
- Provide an example of a State that has implemented a NTL

Disasters Happen

Disasters are declared in order to protect lives, property, public health, and safety, or to lessen or avert the threat of a catastrophe in any part of the United States

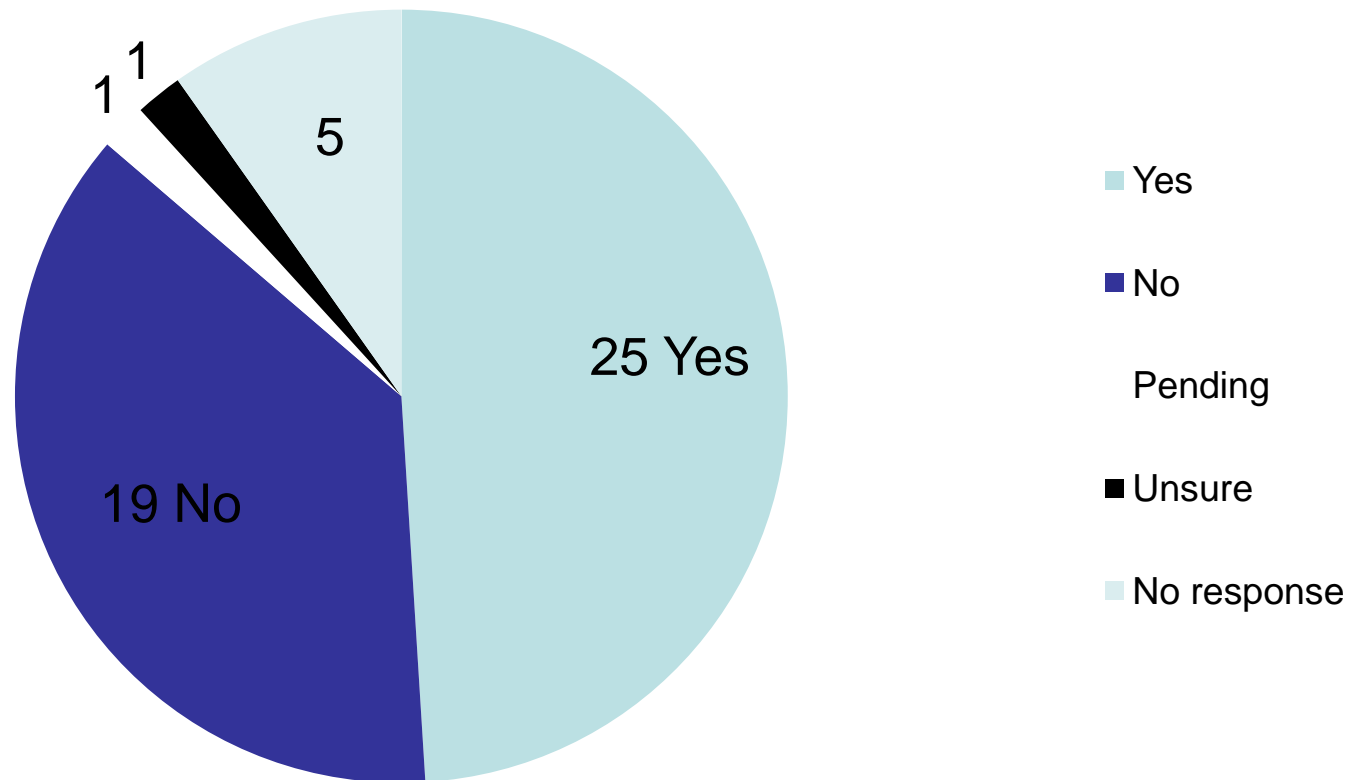
Overview of Nurse Triage Lines

Carol Rutenberg, RN-BC, C-TNP, MNSc
Telephone Triage Consulting, Inc

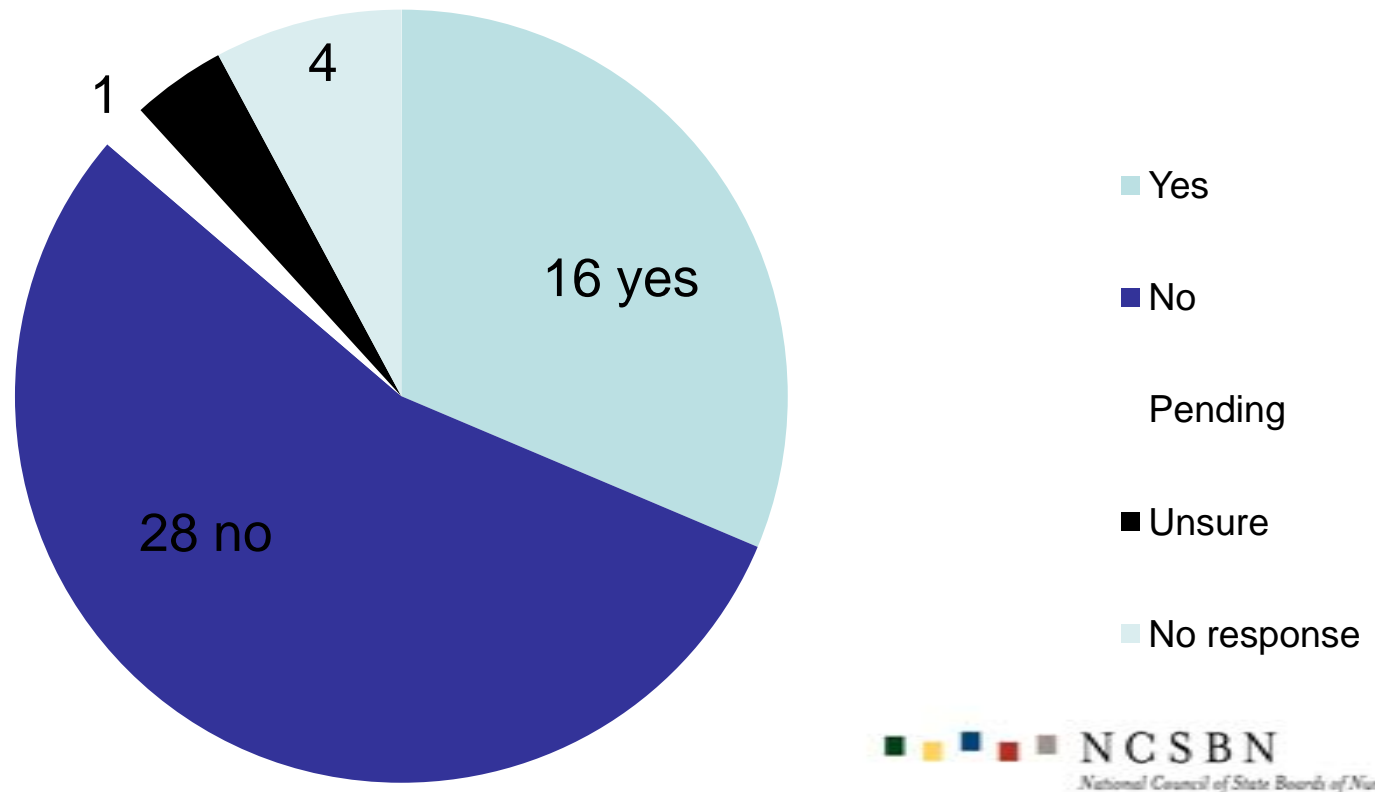
Survey of Boards of Nursing on current NTL provisions

- Survey of 50 States, DC, and Territories regarding
 - Interstate practice
 - Scope of practice
 - Recommendation of medications per protocol (DST)
 - Roles of RNs, LVNs, LPNs in telephone triage
 - During emergency situations
- Responses
 - 50 BONs
 - Unable to provide info: DE, PA, SC, WI (IN limited)
 - 4 LPN/LVN Boards
 - DC
 - CBME Northern Mariana Islands

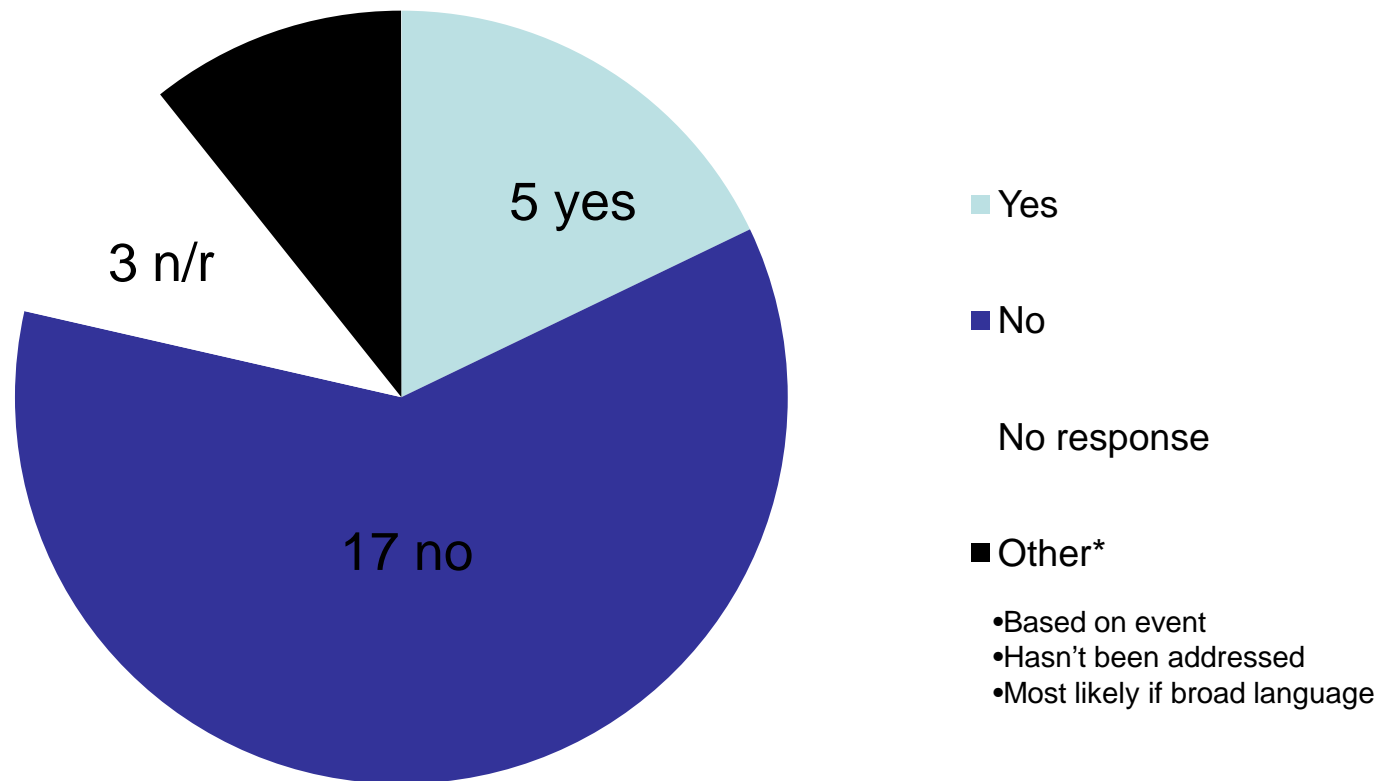
Does your state have provisions that allow nurses from other states to provide care telephonically in your state in the case of a federally declared disaster?



During a declared emergency, does the scope of practice in your state allow RNs, using formal, standardized decision support tools, to initiate prescription drugs such as anti-virals for treatment of ill persons?



If no such provision currently exists, can you foresee such policy development in the future?



WHAT is Telephone Triage?

The Telephone Triage RN helps the patient decide...

- The nature of their problem
- Where & when they should be seen
- What support & collaboration is necessary
 - What education does the patient need?
 - Can the patient carry out the plan of care?
 - Is phone treatment indicated?
(Initiation of prescriptions is controversial)

Potential Benefits of Coordinated Network of Pandemic NTLs

- Improve access to prescriptions for antiviral medications
- Direct ill persons to care, if needed
- Reduce unnecessary ED, clinic, and provider visits (minimize surge)
- Provide accurate information to the public (home care, antivirals, infection control at home, when/where to seek care, outbreak information)
- Reduce transmission of infection in waiting room areas
- Reduce misinformation and rumors about pandemic



WHY do Telephone Triage?

- In the Early Days
 - Demand management
 - Cost containment
- Today's Goal
 - Right patient
 - Right place
 - Right time
 - Right level of care



**In order to assure
quality care**

The Perfect Storm (for TT)

- Disasters (911, Katrina, Haiti)
 - Need for care over distance
- Financial Crisis
 - Limited financial resources
- Looming Staffing Shortage
 - Baby Boomer exodus
- Growing Chronic Illnesses
 - Sicker patients outside hospital
- Pandemic Flu
 - CDC recommended phone assessment & treatment



WHO does Telephone Triage?

- RN's scope of practice is both independent and interdependent.
- RNs function collaboratively with physicians and patients (but maintain accountability for their decisions)
- Critical thinking and clinical judgment guide telephone triage nursing practice



Telephone Triage Nurses...

- Use the nursing process
 - Assess
 - Diagnose nature and urgency of problem
 - Develop an individualized plan of care
 - Help facilitate implementation of plan
 - Evaluate effectiveness of plan
- Refer to decision support tools
- Err on the side of caution



HOW is Telephone Triage Done?

- RNs with specialized training & experience
- Protocols
 - Content developed by doctors and nurses
 - Various formats
 - Paper (home-grown or published)
 - Software for documentation & decision support
 - Web based programs for documentation & decision support
 - Support assessment / some have treatment component
- Based on
 - Standards of nursing practice (ANA)
 - Scope of practice and licensure (NCSBN)
 - Telehealth scope and standards (AACN)
 - Directed by individual organizational policies & experience

Decision Support Tools (Protocols)

Step 2: Diagnosis / Urgency

→ A) = <u>A</u> irway / B) = <u>B</u> reathing / C) = <u>C</u> irculation / D) = <u>D</u> eficit	Consider	HC	OV	UC	ED	DR	TR
SEE IMMEDIATELY – CONSIDER “911”							
B/C/D) Altered level of consciousness, diaphoresis, shortness of breath, rapid breathing, lightheadedness, dizziness, cool clammy skin	Blood Loss, Sepsis, Shock				Y		
C/D) Severe ripping, tearing upper back pain	Aortic Aneurysm				Y		
C/D) Trauma to abdomen with right upper back pain	Spleen Rupture				Y		
D) Severe pain or sensory changes post-trauma	Compress, Spine				Y		
D) Bowel or bladder dysfunction (loss of control)	Central Disk				Y		
D) Neurological deficit in lower extremity	Cauda Equina				Y		
D) High risk of injury (i.e., speed, height, no seat belt)	Force, Protection				Y		
D) Severe pain, unable to walk	Pain Level				Y		
SEE IMMEDIATELY							
D) Immediate midline back pain after trauma	Ex. Compression		Y	Y	Y		
D) Tingling, numbness, weakness to legs or foot	Disk, Spine		Y	Y	Y		
Severe sharp flank pain, blood in urine	Kidney Stones		Y	Y	Y		
See Today							
Back pain with fever - appendicitis, pneumonia, pyelonephritis, osteomyelitis, UTI	Infection		Y	Y	Y		
Severe pain after twisting, lifting, turning	Disk, Spasm		Y	Y	Y		
Severe pain; difficult to get to feet, bend over, or walk	Pain Level		Y	Y	Y		
Right upper pain after eating fatty meal	Gall Bladder		Y	Y	Y		
Back pain in immunocompromised patient			Y	Y	Y		
Night pain that interrupts sleep with fever and/or weight loss	Infection, Tumor		Y	Y	Y		
See Same Day/Next Day							
< 10 years of age (rare) no other S & S	UTI		Y				
Children with backache, no obvious cause	Reason		Y				
Delayed pain onset after strenuous activity or trauma	Strain		Y				
Difficult to walk, pain increases with movement	Strain		Y				
Pain severe radiates to buttocks, back of thigh, foot	Ruptured Disk		Y				
Pain in midline of back (spine)	Disk		Y				
Keeps from sleeping, interferes with daily activity	Degenerative Dis.		Y				
Urination problems (frequency, dysuria, hesitancy, urgency)	UTI, Prostate		Y				
Restricted straight leg raises without weakness	Disk		Y				
Radicular pain in past 24 hours	Radicular Dis.		Y				



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WHEN is Telephone Triage Done?

- During business hours by offices, clinics, etc
- After hours by call centers (including pediatric)
- 24 / 7 / 365 (usually formalized call centers)

WHERE is Telephone Triage Done?

Anywhere a patient can access a nurse by phone

- Call Centers
- Doctors' Offices
- Clinics
- Urgent Care Centers
- Home Health Agencies
- Many Other Settings such as
 - Student Health Centers
 - Prisons
 - Same Day Surgery Centers



Types of Call Centers

- Insurance Companies



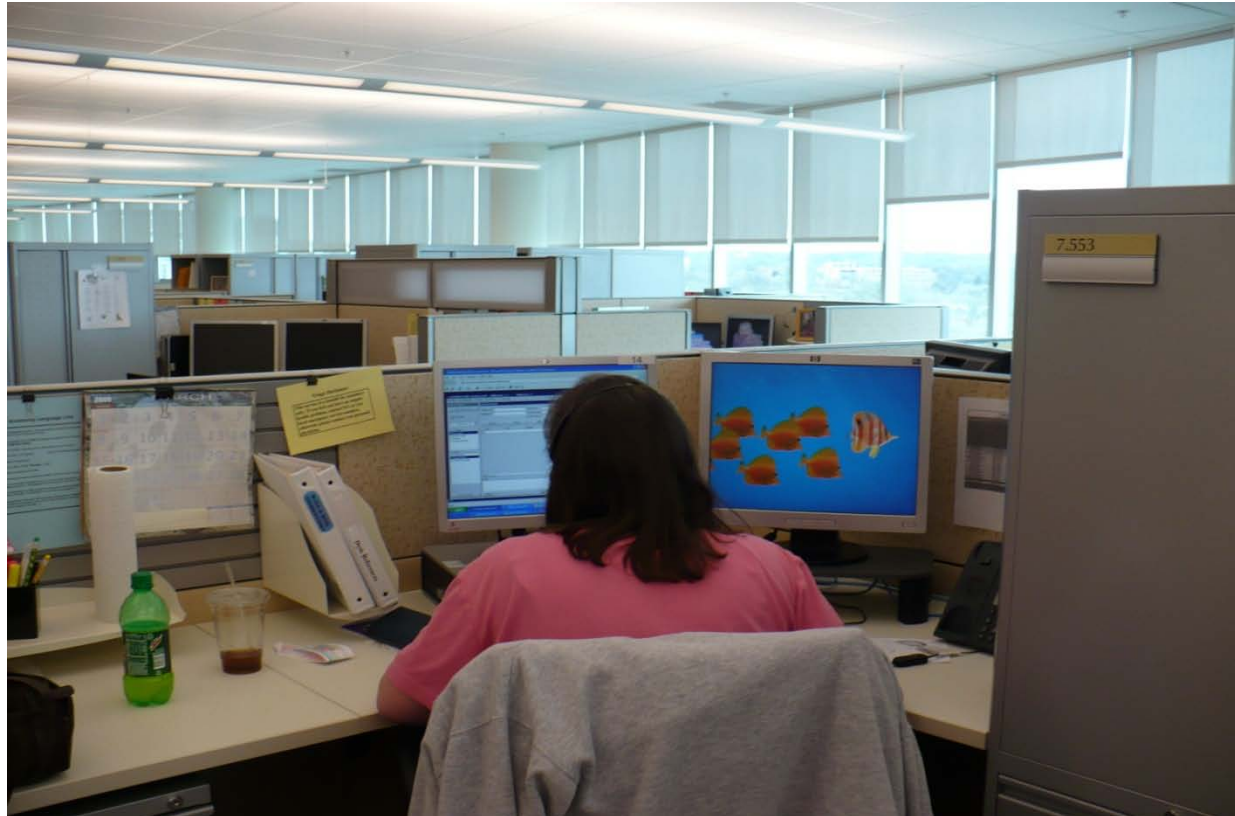
- Hospitals



- Entrepreneurial Ventures



Large Call Center Hospital



Call Center in Doctors' Office

40 Physician Group Practice - 5 Sites



Telephone Triage from Home



Good for surge coverage & social distancing...

Get help with what you need
for a sore throat at Rite Aid.

Always available.

Helpful nurses to provide health education and information.

Doctors for diagnosis and prescriptions¹.

Ready to see you now [online](#) or online

Register.

[Register](#) and log on² to use NowClinicSM online care.

- ▶ I'm new.
- ▶ I've done this before.

Find a location.

▶ Find a store.

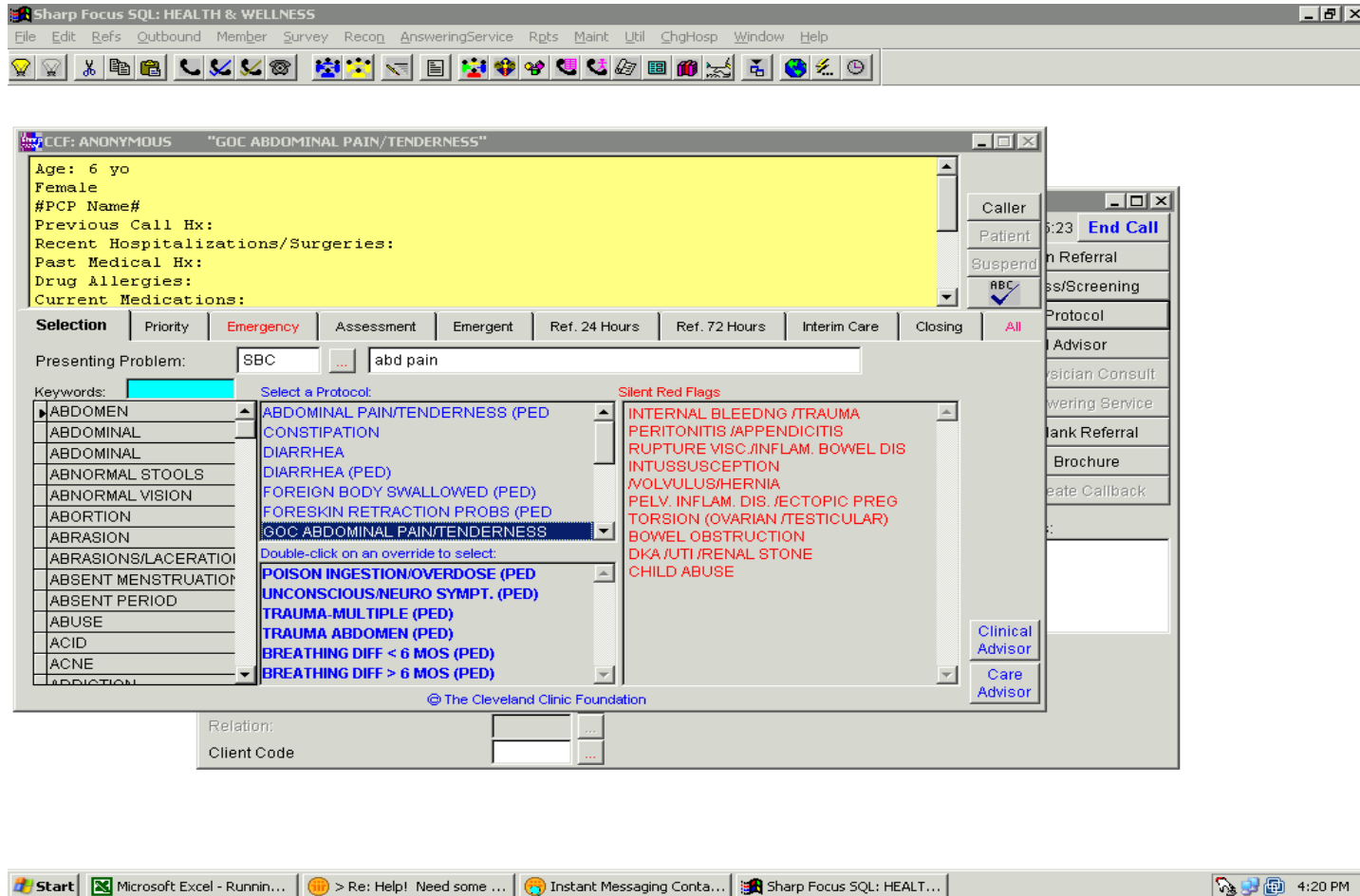
Find NowClinic online care at select Rite Aid stores³.



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TRIAGE SOFTWARE & WEB BASED PROGRAMS



The Nurse Triage Line Project: Overview and Description

**Lisa M. Koonin, MN MPH
Centers for Disease Control and
Prevention**

Potential Problems During a Severe Pandemic

Public needs timely, accurate information about when and where to seek care



EDs, clinics, and medical offices crowded
Surge on medical facilities



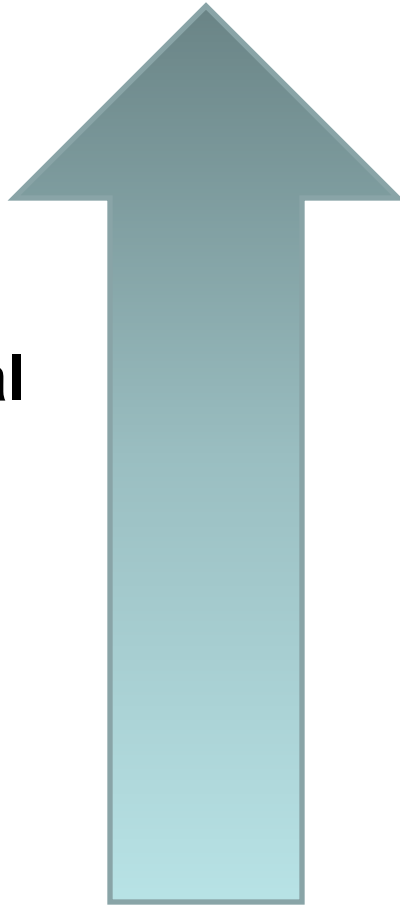
Delays seeing a provider



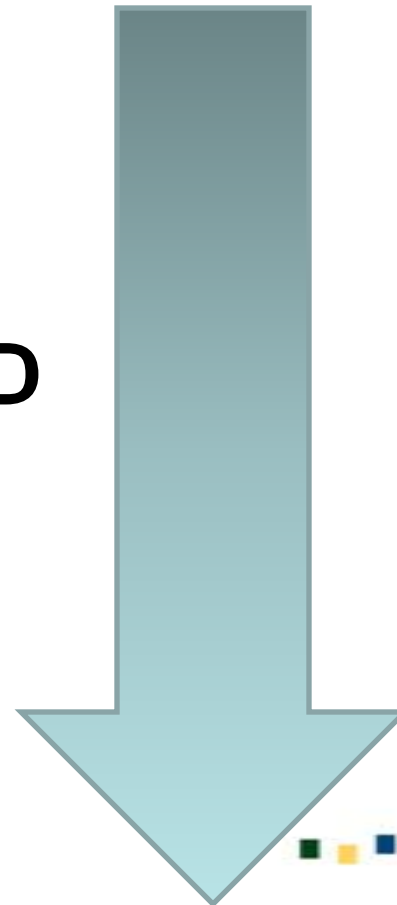
Potential for delay in antiviral treatment

Preparing for a Severe Pandemic: Mitigating Medical Facility Surge

**Improve
capacity
of medical
care
systems**



AND



**Drive down
transmission
of disease
and reduce
unnneeded
visits**



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NTL Project Goals

- Improve access to antiviral prescriptions for ill persons during a severe pandemic
- Enhance provision of timely and accurate information to the public
- Explore alternatives to face-to-face provider encounters to reduce medical surge and increase appropriate use of medical care resources
- Investigate an “opt-in” mobile texting service to provide antiviral Rx follow-up



Minnesota – Nurse Triage Line (NTL) During the 2009 H1N1 Pandemic



- MDH partnered with the 8 Minnesota health plans and 2 hospital systems – one toll-free number, common protocol
- MDH created an additional nurse triage line for the uninsured (and for those in health plans without a NTL)
- From Oct 2009 - March 2010, > 27,300 calls were received
- Nurses offered antiviral prescription to callers per protocol and standing orders
- State Medical Epidemiologist signed protocol
- Telephone survey evaluation was conducted
- Estimated 11,000 unneeded health care facility visits were avoided.

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H1N1 FLU

Health officials announce new flu phone line

by Elizabeth Dunbar, Minnesota Public Radio,
Tim Nelson, Minnesota Public Radio
October 21, 2009

St. Paul, Minn. — Minnesotans who think they have the flu can now call a new phone line to talk to a nurse about their symptoms and learn about treatment options.

The Minnesota Department of Health announced Wednesday that the line, which all Minnesotans can call

DESIGN AND IMPLEMENTATION OF A STATEWIDE INFLUENZA NURSE TRIAGE LINE IN RESPONSE TO PANDEMIC H1N1 INFLUENZA

ALIGEN B. SPAULDING, MPH
DEBORAH RADI, MBA, BSW
HEATHER MACLEOD, MSW
RUTH LYNFIELD, MD
MICHELLE LARSON, MPA
TERRI HYDUKE, MA
PETER DEHNEL, MD
CRAIG ACOMB, MS
AARON S. DeVRIES, MD, MPH

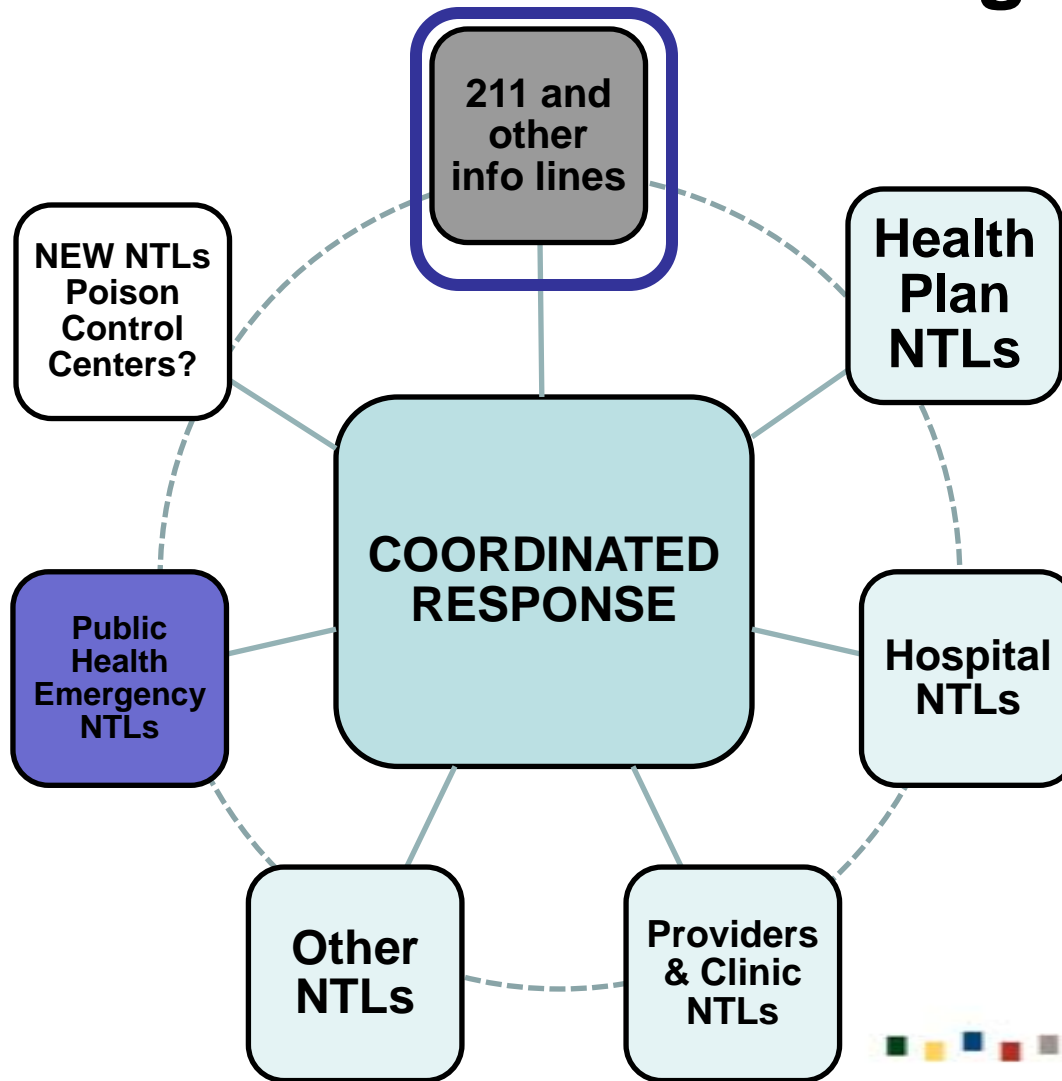
PUBLIC HEALTH REPORTS / SEPTEMBER–OCTOBER 2012 / VOLUME 127



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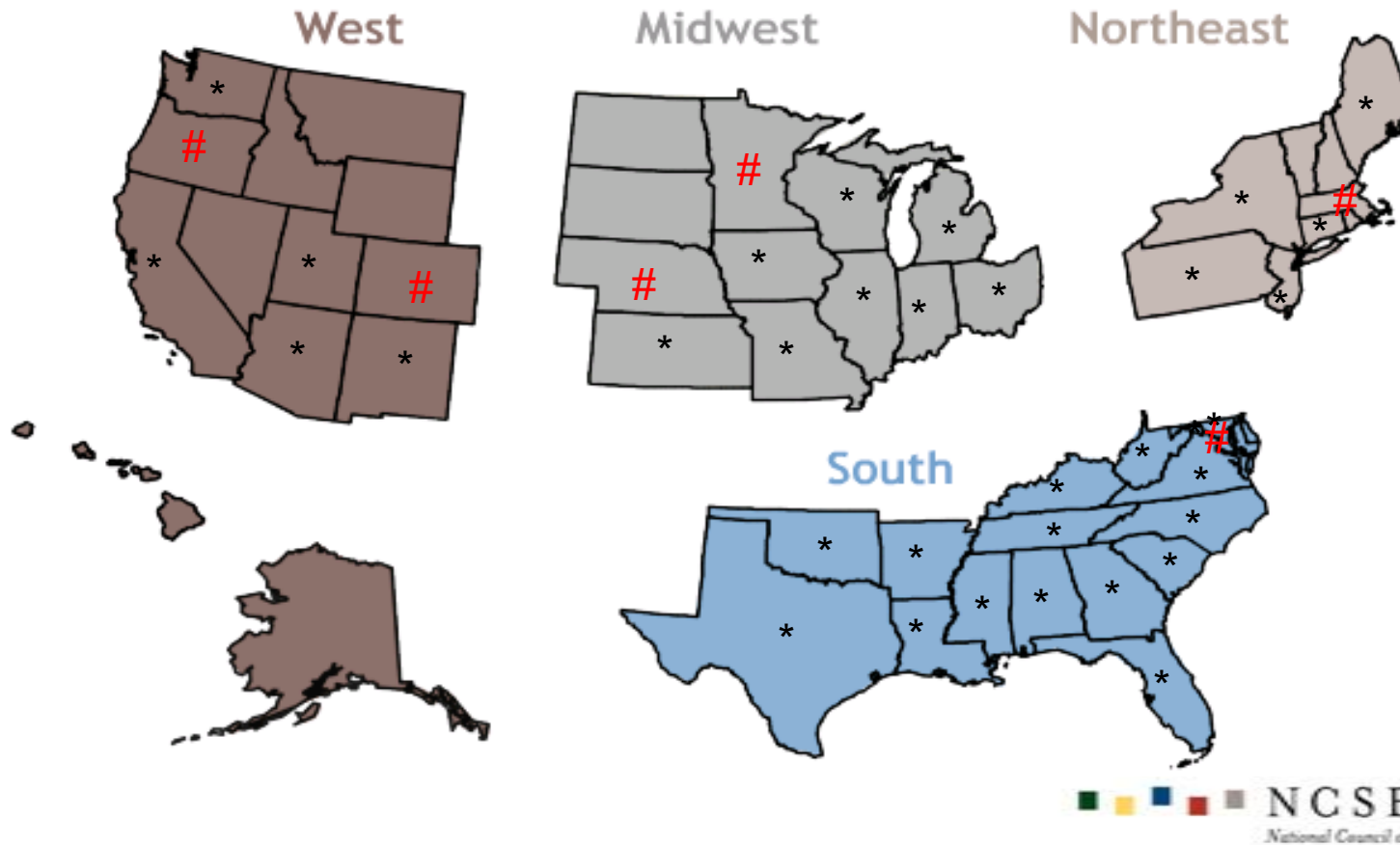
How Can We Build On Existing Systems?



Poison Control Centers (PCC) as Infrastructure? Whole Network (57 centers) or Regional?

* state with at least one PCC – 12 states do not have a PCC

state where PCC serves other states

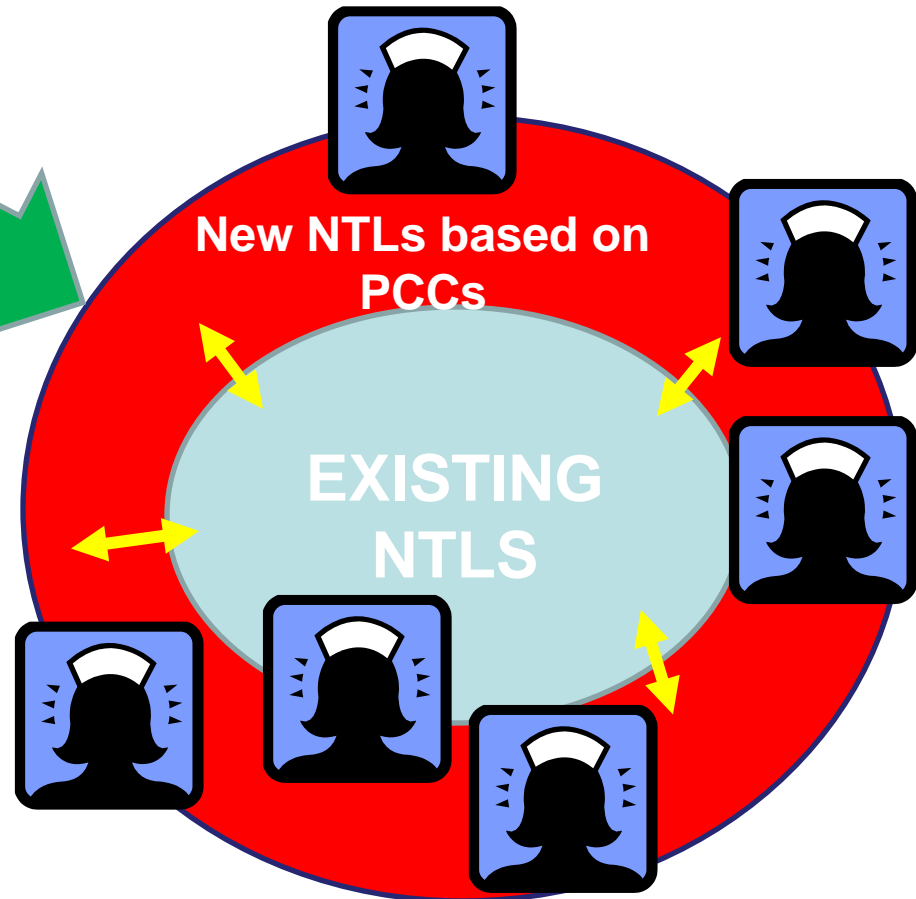
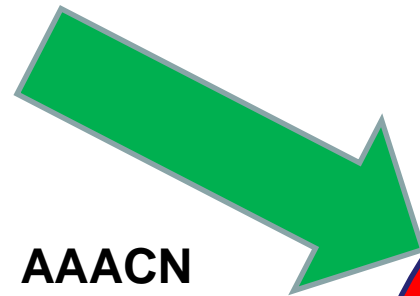


Initial Concepts for Planning for Surge

1. Pandemic emerges that causes widespread illness/death in US

CDC Guidance for diagnosis, treatment and triage protocols

AAACN ListServ



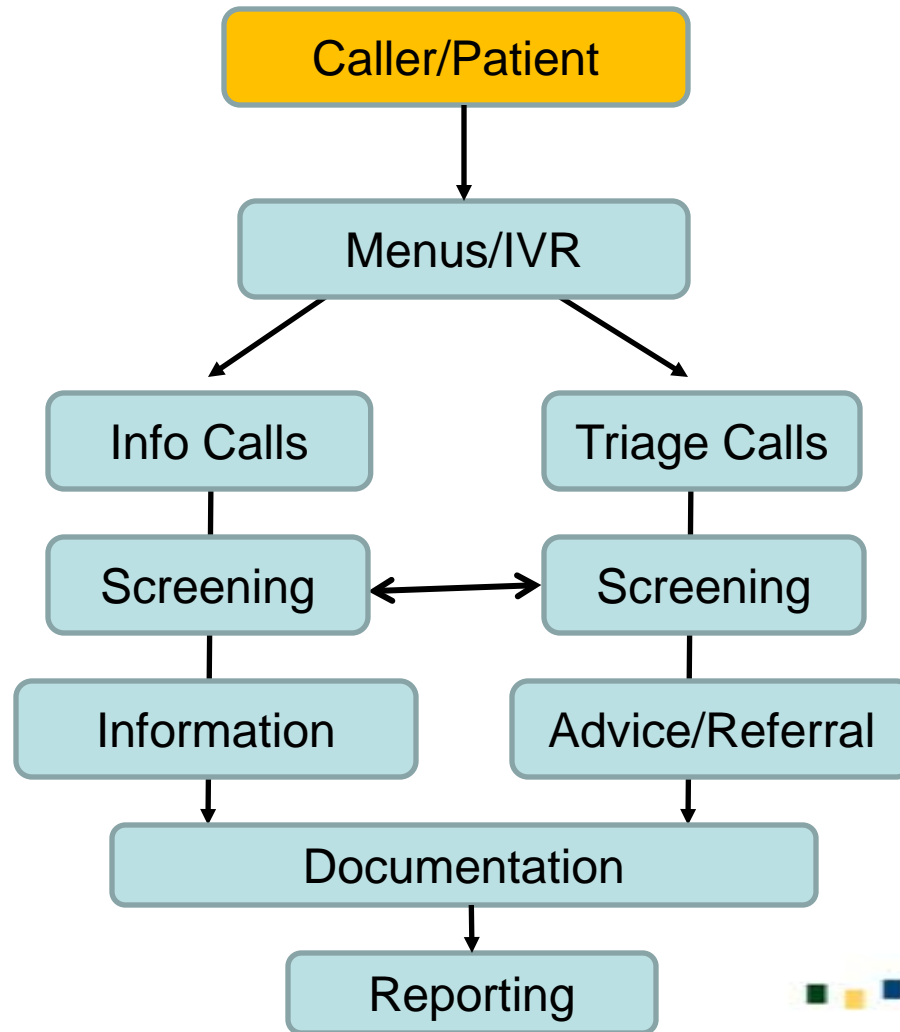
Surge nurses from ???

NCSBN

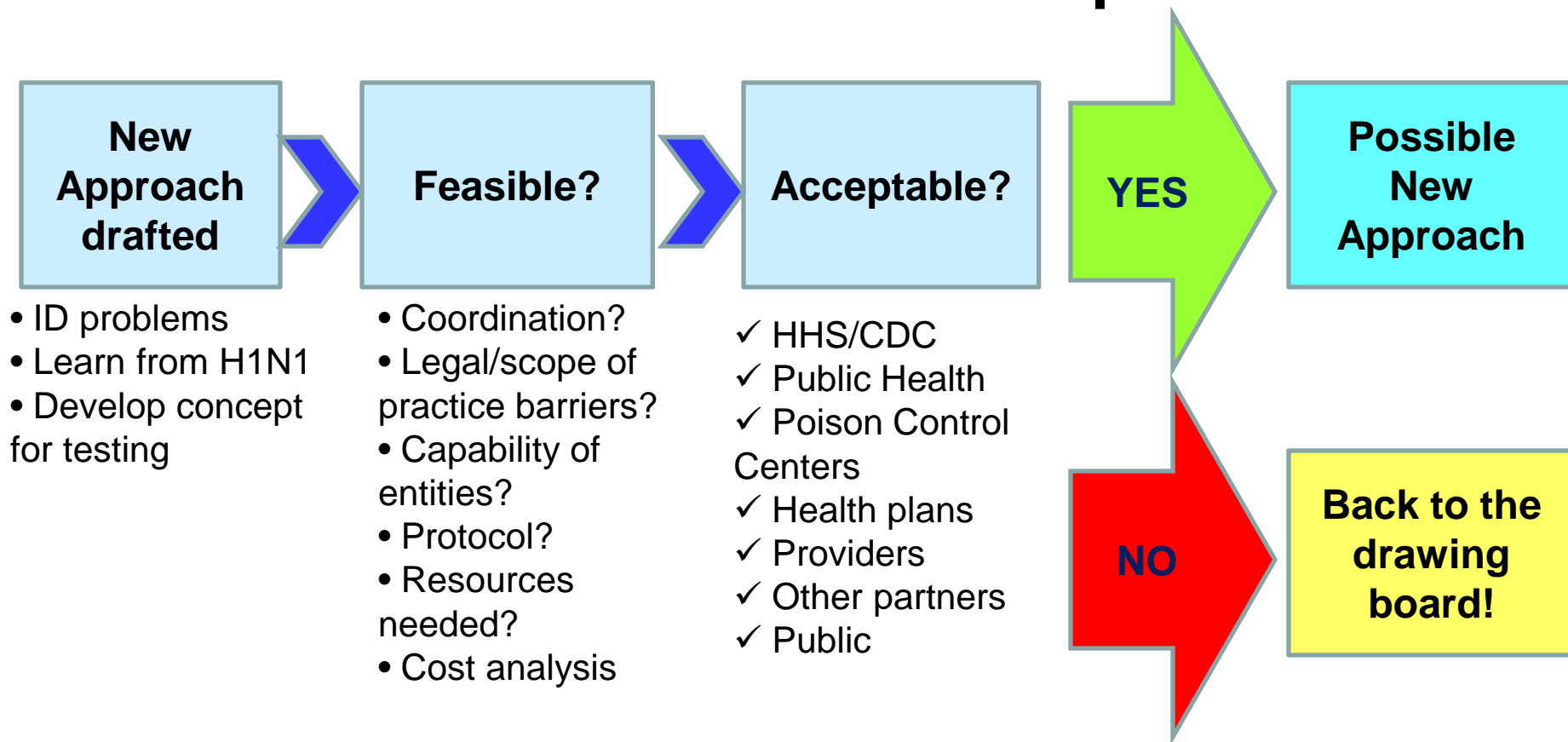
National Council of State Boards of Nursing

2. Pandemic is causing high potential for morbidity/mortality, existing call lines are heavily engaged, and HC facilities are experiencing surge/imminent surge

Draft NTL Call Flow Components



New Approach Pandemic Nurse Triage Lines Must Be Feasible and Acceptable



50 State Assessment of Laws & Regulations that Impact the Feasibility of Nurse Triage Lines

Public Health Management Corporation
National Nursing Centers Consortium

Jamie M. Ware, JD, MSW
Policy Director, NNCC





**NATIONAL
NURSING CENTERS
CONSORTIUM**
a PHMC affiliate



**PUBLIC
HEALTH**
management
corporation

Who are We?

PHMC: Fulfills its mission to improve the health of the community by providing outreach, health promotion, education, research, planning, technical assistance, and direct services.

NNCC: Advances nurse-led health care through policy, consultation, programs and applied research to reduce health disparities and meet people's primary care and wellness needs.

Our Work

An assessment of laws that impact ability to set up effective Nurse Triage Lines

- 50-state assessment of:
 - RN ability to give triage advice over the phone
 - RN ability to prescribe under protocol over phone
 - RN ability to provide triage and medication across state lines

Our Work

Legal Questions for Each State:

1. Can an RN provide triage over the phone?
2. Can an RN provide access to Rx medication (specifically antivirals) over the phone?
3. Can an emergency declaration temporarily expand RN scope of practice?
4. Can RNs from other states work in base state without being licensed in base state?

Methods

Measuring Statutory Law and Regulations for Empirical Research: A Methods Monograph for the Public Health Law Research Program

Evan Anderson, J.D.,
Charles
Tremper, J.D., Ph.D., Sue
Thomas, Ph.D., M.Ed, Alexand
er C. Wagenaar, Ph.D.

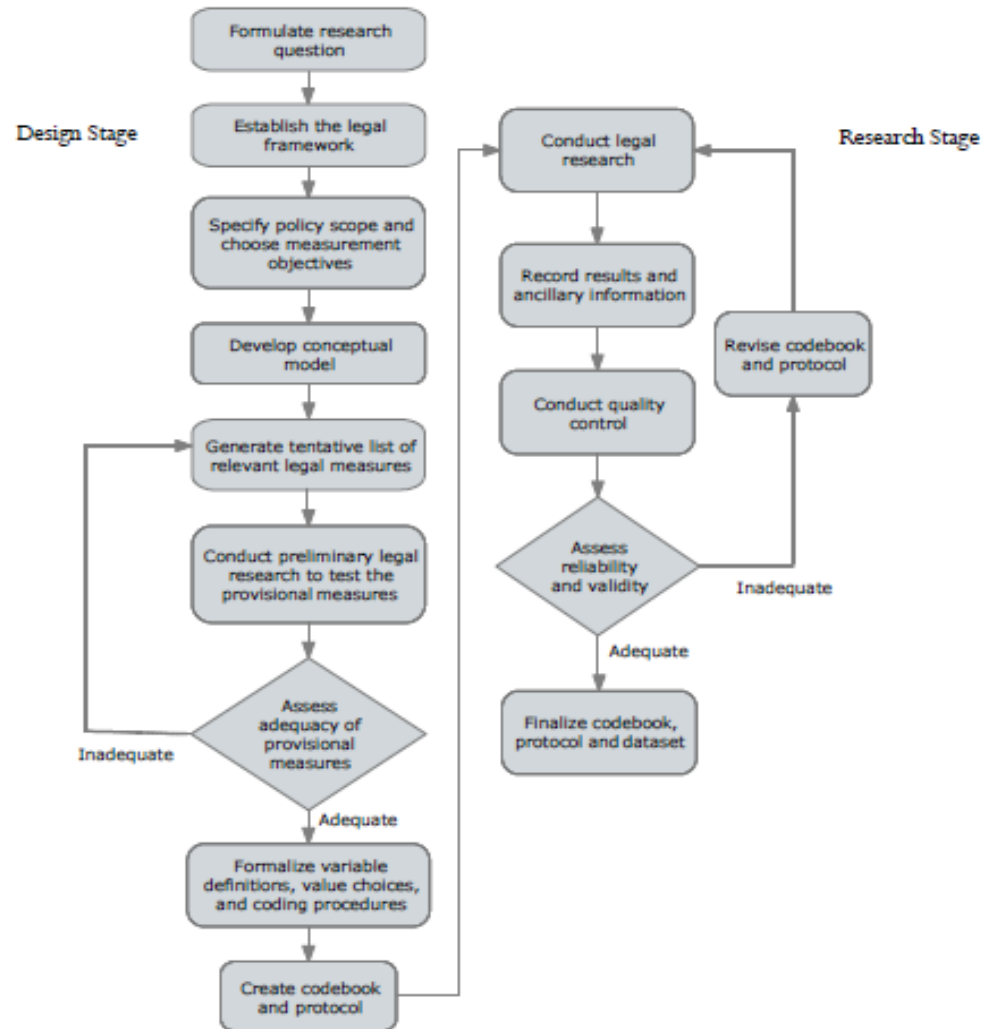


Figure 1. Process for Measuring Law

<http://publichealthlawresearch.org/methods-guide-type/monograph>

Considerations

- “Laws on the Books” vs. “Law in the Streets”
- Sources of Law are Diverse
- Complexity of the Laws
- Did Not Review APRN Laws
 - Could change answers
 - CDC is reviewing them
- Questions, Protocol, Methodology = Process

Kentucky – Q1

Can an RN provide triage over the phone?

KRS § 314.011(6) Registered nursing practice means the performance of acts requiring substantial specialized knowledge, judgment, and nursing skill based upon the principles of psychological, biological, physical, and social sciences in the application of the nursing process in.....

Roles of Nurses in Telephone Triage - It was the advisory opinion of the Board that it is within the scope of registered nursing practice for the nurse to consult with a patient via telephone and provide telephone triage to the patient. The nurse should then consult with the patient's medical provider for follow-up and/or recommend that the patient seek emergency treatment as needed...

Kentucky – Q2

Can an RN provide access to Rx medication over the phone?

KBN Advisory Opinion Statement # 14 - Roles of Nurse in the Implementation of Patient Care Orders, Advisory Opinion # 6 - The terms "protocol" and "standing or routine orders" are not defined in the Kentucky Nursing Laws and are often used differently in various health care setting. Such orders may apply to all patients in a given situation or be specific preprinted orders of a given physician/provider. The determination as to when and how "protocols and standing/routine orders" may be implemented by nurses is a matter for internal deliberation by a health care facility. It was the advisory opinion of the Board that: Nurses may implement physician/provider issued protocols and standing/routine orders, including administration of medications, following nursing assessment. Protocols/orders should be written to reflect treatment of signs and symptoms, and include parameters for the nurse to consult the physician/provider. In addition, protocols and standing/ routine orders should be officially approved by the facility medical and nursing staff, or approved by the prescriber for the individual patient.

Registered Nurses Prescribing Medication via Established Protocol Following Telephone Triage - The Board advised that nurses do not have the authority to issue a prescription drug order, or to submit a prescription to a pharmacist if the "prescription drug order" does not meet the definition in KRS 315.010(23)... "An original or new order from a practitioner for drugs, ...including orders issued through collaborative care agreement. Lawful prescriptions...fall within the prescribing practitioner's scope of professional practice."

Kentucky – Q3

Can a public health emergency declaration temporarily expand RN scope of practice?

KRS § 314.101(1)(a) This chapter does not prohibit the following: The practice of any currently licensed nurse of another state practicing in this state during an emergency occurring in this state or any other state declared by the President of the United States or the Governor of Kentucky. The duration and conditions of the practice shall be determined by the board...

Kentucky – Q4

Can RNs from other states work in base state without being licensed in base state?

KRS § 314.470 a. A license to practice registered nursing issued by a home state to a resident in that state will be recognized by each party state as authorizing a multistate licensure privilege to practice as a registered nurse in such party state.

KRS § 39A.358 A volunteer health practitioner shall adhere to the scope of practice for a similarly licensed practitioner established by the licensing provisions, practice acts, or other laws of this state.; **KRS § KRS § 39A.950 --ARTICLE V** Whenever any person holds a license, ...issued by any state party to the compact evidencing the meeting of qualifications ...and when such assistance is requested by the receiving party state, such person shall be deemed licensed, ...by the state requesting assistance to render aid involving such skill to meet a declared emergency or disaster...

Kentucky – Answers

Question 1 – Yes

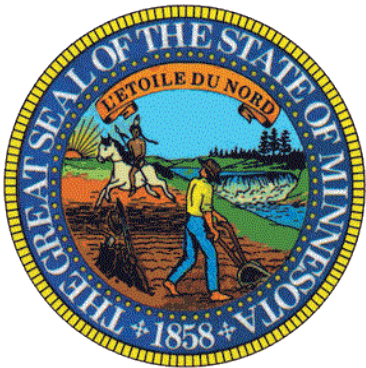
Question 2 – Maybe

Question 3 – Yes

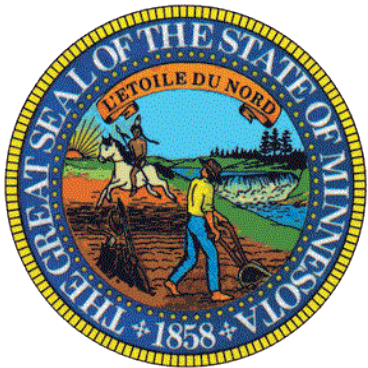
Question 4 - Other NLC states nurses, yes;
non-NLC states, during declared emergencies

The Minnesota Experience with Nurse Triage Lines during an Influenza Pandemic

MARICLAIRE E. ENGLAND, RN, PHN, BSN
NURSING PRACTICE SPECIALIST
MINNESOTA BOARD OF NURSING

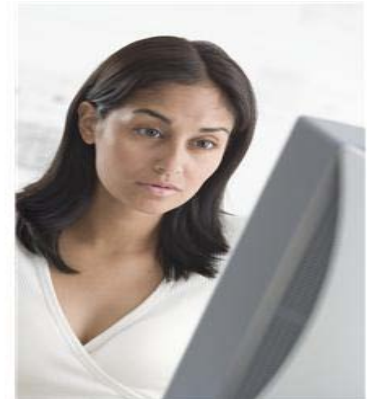
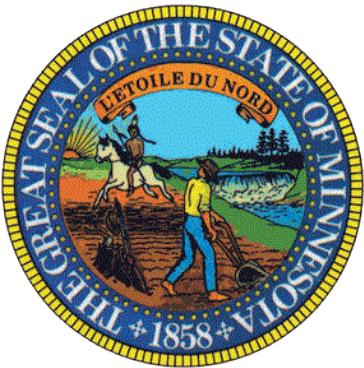


- Minnesota Board of Nursing Role and the Nurse Practice Act
- Minnesota Department of Health Role
- Public-Private Partnerships to address increased demand for information and services
- Includes offering prescription for those symptoms warranting treatment with antiviral medication



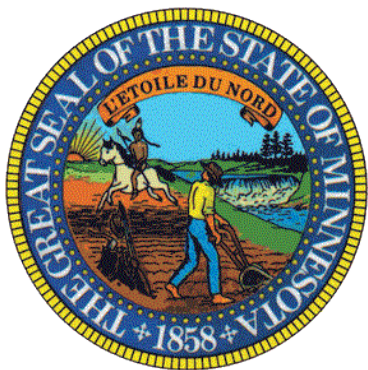
The Board of Nursing's Role during an emergency event is interpretation of the laws and rules that govern nursing practice in MN

1. Plan ahead and create online resources
2. Be responsive
3. Know the potential issues
4. Prepare for telephone calls from nurses, employers and the public



The Issues:

1. Scope of Practice
2. Prescription by Protocol Law
3. Licensing
4. Exemptions in the NPA about emergency care
5. State Emergency Powers Act & Declaration of a State of Emergency



Definitions of Professional and Practical Nursing-MN

Statute section 148.171

- **Subd. 14. Practice of practical nursing**
- **Subd. 15. Practice of professional nursing**

The "practice of professional nursing" means the performance for compensation or personal profit of the professional interpersonal service of: (1) providing a nursing assessment of the actual or potential health needs of individuals, families, or communities; (2) providing nursing care supportive to or restorative of life by functions such as skilled ministrations of nursing care, supervising and teaching nursing personnel, health teaching and counseling, case finding, and referral to other health resources; and (3) evaluating these actions. The practice of professional nursing includes both independent nursing functions and delegated medical functions which may be performed in collaboration with other health team members, or may be delegated by the professional nurse to other nursing personnel. Independent nursing function may also be performed autonomously. The practice of professional nursing requires that level of special education, knowledge, and skill ordinarily expected of an individual who has completed an approved professional nursing education program as described in section [148.211, subdivision 1](#).

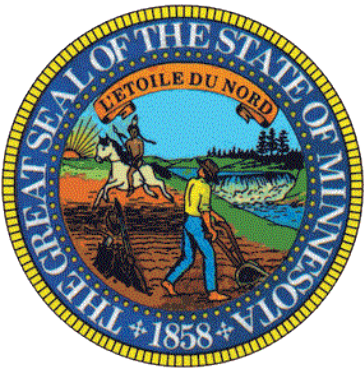


Prescription by Protocol Law

MN Statute section 148.235 Subd. 8 and 9

Subd. 8. Prescription by protocol.

A registered nurse may implement a protocol that does not reference a specific patient and results in a prescription of a legend drug that has been predetermined and delegated by a licensed practitioner as defined under section [151.01, subdivision 23](#), when caring for a patient whose condition falls within the protocol and when the protocol specifies the circumstances under which the drug is to be prescribed or administered. <http://mn.gov/health-licensing-boards/nursing/licensees/practice/use-of-protocols.jsp>



Practicing Nursing In Emergency Situations

- [I am a nurse licensed in another state/jurisdiction. I do not have a nursing license issued by Minnesota. May I provide nursing care in Minnesota during an emergency? Minnesota Statutes section 12.42](#) *“During a declared emergency, a person who holds a license, certificate, or other permit issued by a state of the United States, the District of Columbia, or a province of Canada evidencing the meeting of qualifications for professional, mechanical, or other skills, may render aid involving those skills in this state when such aid is requested by the governor to meet the needs of the emergency. The license, certificate, or other permit of the person, while rendering aid, has the same force and effect as if issued in this state, subject to such limitations and conditions as the governor may prescribe.”*
- [View/download a printable version of the Practice Practicing Nursing In Emergency Situations FAQ](#)



Minnesota Department of Health's Role:

- In 2009, MDH was approached by a health care system(HCS) with an idea of establishing a coordinated statewide nurse triage line (NTL)
- Single Toll free Number for Minnesotans for 24/7 access & 7 days/week coverage with all licensed registered nurses
- MDH worked with a variety of partners, health plans, and the hospital association to establish a coordinated statewide nurse triage line



The MN FluLine

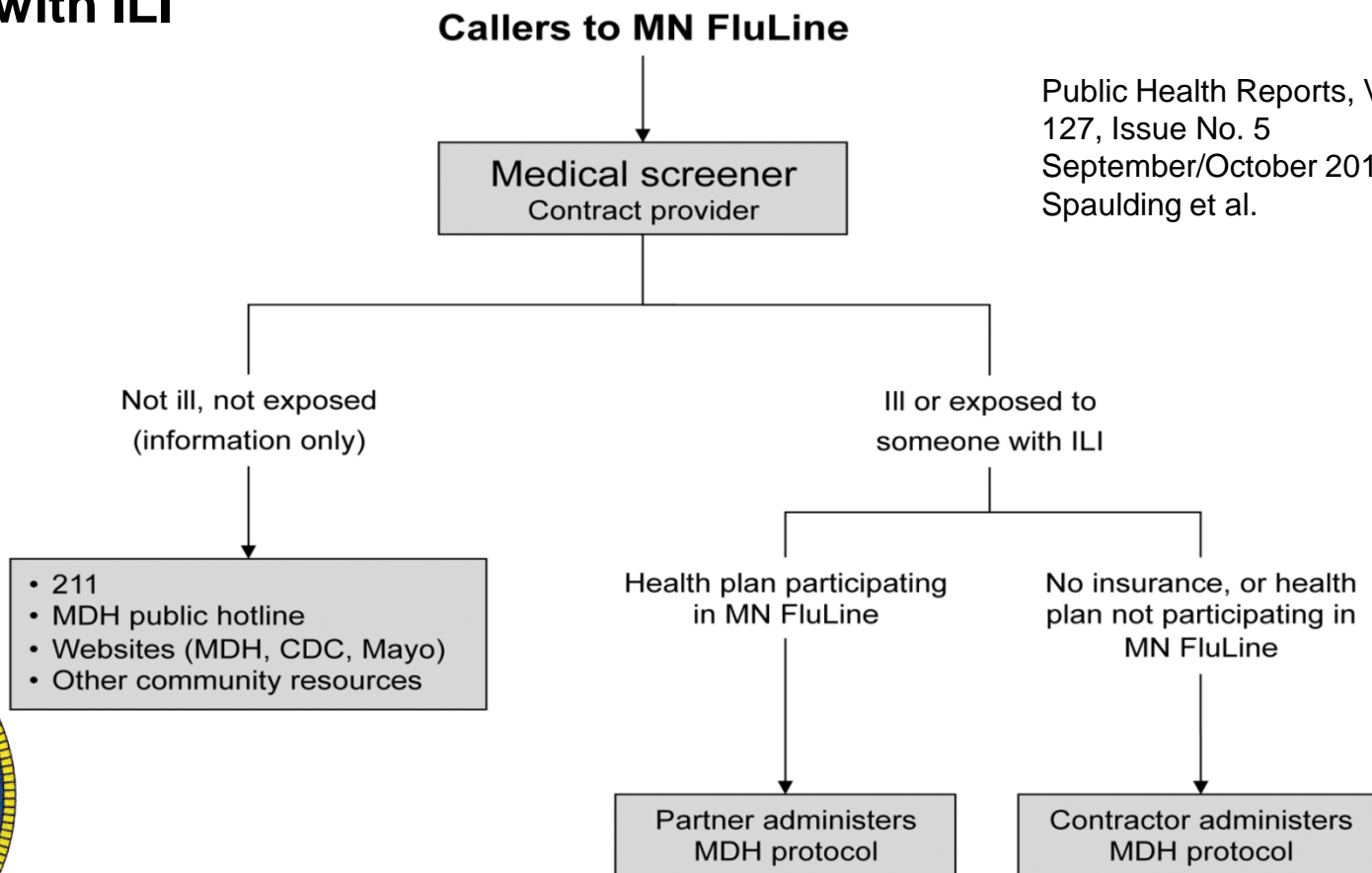
Objectives were:

1. Decrease public confusion by providing accurate information, consistent messaging & assistance, including use of antivirals;
2. Decrease spread of disease by reducing the volume of sick individuals gathering in health care settings;
3. Reduce medical surge on the HCS to ensure that other priority medical needs would continue to be met and
4. Meet the needs of the uninsured, under insured patients, & those without easy access to health care.

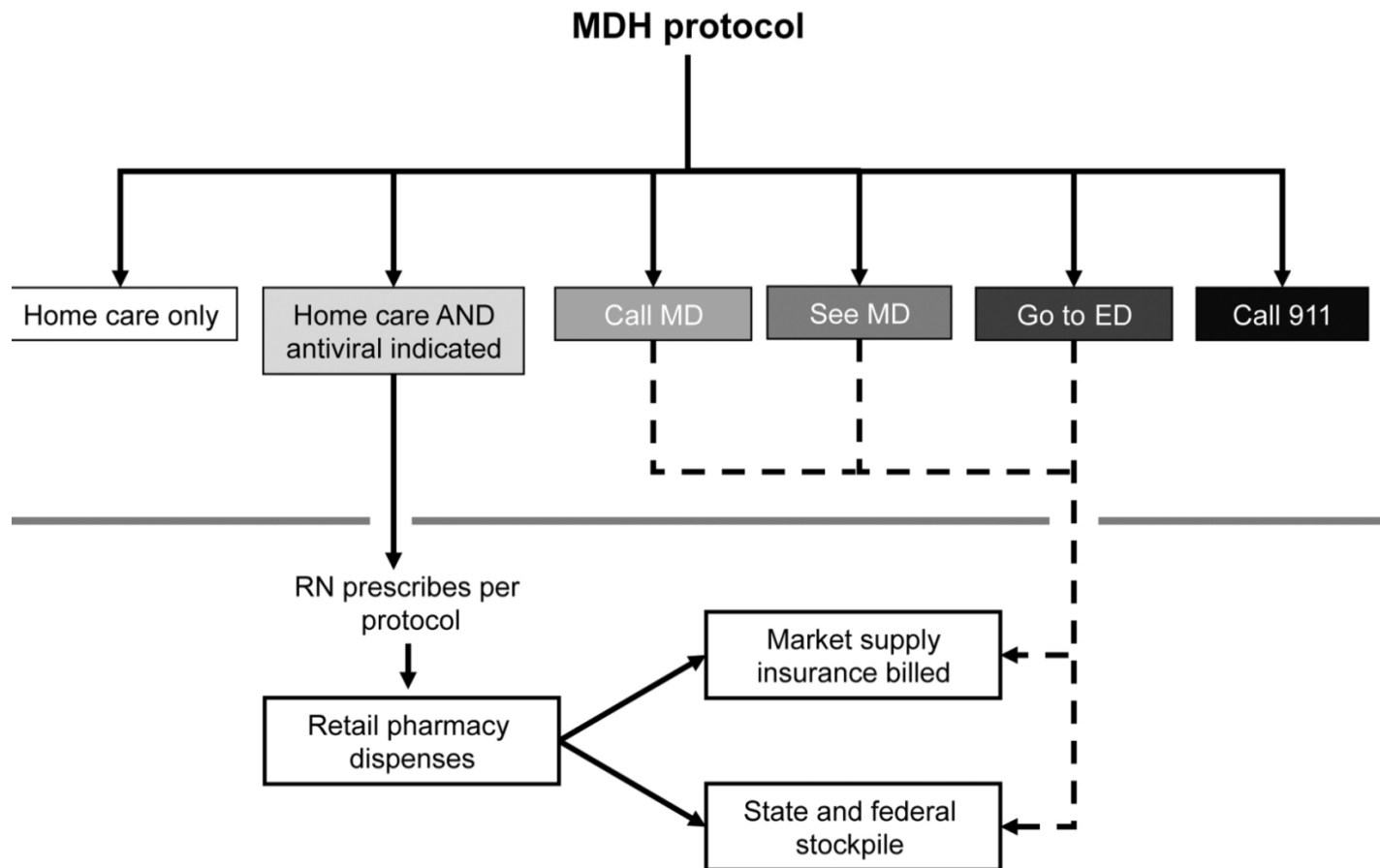


MDH created single clinical algorithm & protocol for standing orders based on CDC treatment & prevention guidelines targeting people with symptoms of influenza like illness (ILI) & exposure to someone with ILI

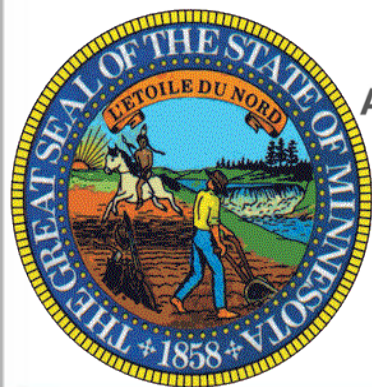
Public Health Reports, Volume
127, Issue No. 5
September/October 2012
Spaulding et al.



Clinical evaluation



Antiviral distribution



- Uninsured
- Underinsured
- Market interruptions

Public Health
Reports, Volume
127, Issue No. 5
September/October 2012
Spaulding et al.

MDH Conclusion

“This public-private partnership leveraged public health and nurse triage expertise utilizing the existing telecommunications infrastructure to rapidly implement a focused and efficient health-care delivery system based on a standard protocol and statewide antiviral prescribing.”



Public Health Reports, Volume
127, Issue No. 5
September/October 2012
Spaulding et al.

2012 and Beyond

- CDC is working with other state and public health partners to develop an approach to nurse triage lines and a national model with guidance for use during emergencies.



Resources

- MDH's first publication on the topic came out in Public Health Reports, Volume 127, Issue No. 5
September/October 2012
- Frequently Asked Questions on our Website at
www.nursingboard@state.mn.us
and
<http://mn.gov/health-licensing-boards/nursing/licensees/practice/use-of-protocols.jsp>

Resources

- Preliminary Report on the Role of Flu Information and Triage Lines in Reducing Surge in Healthcare Facilities and Increasing Access to Antiviral Medication During the 2009 H1N1 Pandemic
- FEMA Disaster Declaration Process *Fact Sheet*
<http://www.fema.gov/public-assistance-local-state-tribal-and-non-profit/recovery-directorate/disaster-declaration>

Resources

- Measuring Statutory Law and Regulations for Empirical Research: *A Methods Monograph*
<http://publichealthlawresearch.org/sites/default/files/MeasuringLawRegulationsforEmpiricalResearch-Monograph-AndersonTremper-March2012.pdf>
- 2009 CDC H1N1 Flu Managing Calls and Call Centers during a Large-Scale Influenza Outbreak: Implementation Tool
<http://www.cdc.gov/h1n1flu/callcenters.htm>

Resources

This presentation with the documents listed will be available on the NCSBN website, Practice Initiatives Page.

<https://www.ncsbn.org/2632.htm>

Contact Information

- Carol Rutenberg, Telephone Triage Consulting, Inc
carol@telephone-triage.com
- Mary Pat Olson, NCSBN Outreach Services
molson@ncsbn.org
- Jamie Ware, Public Health Management Corporation
jware@nncc.us
- Lisa M. Koonin, Centers for Disease Control & Prevention
lmk1@cdc.gov
- Mariclaire England, Minnesota Board of Nursing
Mariclaire.England@state.mn.us

Questions

