



# CARENEWS

Winter 2019/Spring 2020

## CEO Perspective



### Patient-Centric Population Health: A New Model for Patient Monitoring

Charu Raheja, Ph.D., TriageLogic CEO

Remote patient monitoring (RPM) has become an important part of clinical practice and for good reason. This growing technology allows practitioners to identify at-risk patients and intervene in their care when needed – decreasing morbidity and mortality and helping to reduce healthcare expenses. RPM includes using medical devices that measure a patient's vitals, record the information and transmit it to a data center for privacy and record keeping.

The Centers for Medicare & Medicaid Services has recognized the benefits of RPM and created new codes that reimburse providers who offer remote monitoring. Some of these new codes allow clinical staff to provide monitoring and care, freeing up time for physicians.

TriageLogic offers the perfect platform to provide courteous and professional

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## Letter from the Medical Director

### Bridging the Gap Between Wearable Tech and Healthcare Delivery

Ravi Raheja, M.D., TriageLogic Medical Director and CTO

The medical community is working toward controlling the cost of healthcare for people with chronic diseases such as congestive heart failure, COPD, asthma and diabetes. One major development is the introduction of devices that monitor physiological parameters in sicker populations.

While these devices are sophisticated and have tremendous potential to help, the amount of data that's generated is vast. Each device has its own data algorithm that flags abnormal conditions, and results from these devices are typically displayed on a dashboard provided by the company.

A medically trained professional then needs to review the dashboard, evaluate the information in the context of the patient and determine the appropriate action. Most physicians don't have the time

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For internet viewers: most of our links & images are clickable for web access!

## CEO Perspective

continued

service to physicians and patients that use remote care and monitoring. Those who already use our triage services recognize the dedication and helpfulness of our nurses!

### Outsourced Remote Patient Care

While the specifications vary by CPT code, a healthcare provider reviews RPM data and modifies the patient's care plan as needed.

TriageLogic's software can collect, record and analyze patient data in real time, allowing constant monitoring of vitals including unusual or sudden changes that require a nurse evaluation for possible emergency or follow-up care. Our software can also be customized for each practice, providing a seamless experience for patients and physicians. As an integral part of the care team, we help patients remain healthy which may lead to fewer hospital readmissions – something that's good for everyone!

### In-House Remote Patient Care

In-house RPM allows practices to use their own staff nurses to engage with patients. This can include regular, two-way communication as well as calls from the office to patients when vitals display unusual changes. Practices can customize their own version of [My Triage Checklist](#) – an easy-to-use triage protocol software – which can include specific disease protocols.

The future of RPM looks promising and with your help, we'll continue to evolve with the needs of physicians and practices, changes in regulation and the changing technological landscape.



## Medical Director Letter

continued

or resources to monitor multiple dashboards.

While devices can collect and send data, a medical professional must still interpret the results and guide the wearer on next steps – should a prescription medicine dosage be increased or decreased? Is an in-office visit required? Do the results require immediate intervention?

At TriageLogic, our goal is to bridge the gap that exists between the mountains of data from devices and the decisions that need to be made in support of better health. We do this by using our proprietary technology. A trained nurse will review device dashboards for abnormal values and then use [custom protocols and doctor-driven workflows](#) in our system to determine the appropriate action. This allows physicians to monitor and direct care without having to constantly review dashboards from multiple devices.

For organizations that need to keep their nursing resources focused on direct patient care, TriageLogic also offers trained triage nurses in addition to [dashboard data monitoring](#).

Although technology is constantly evolving, TriageLogic is committed to changing with it and helping decrease patient expenses and optimize patient care.





### Ami Veldkamp

#### Nurse Lead and Training Manager

Ami Veldkamp knows a thing or two about nursing. She's spent time caring for pulmonary patients, individuals at an acute care hospital and children in a pediatric setting.

"I enjoy overseeing the quality assurance process for our nurses," says Veldkamp, TriageLogic Training Manager and Nurse Lead, "because it helps me become better at triage, too." Although Veldkamp had extensive experience with hands-on patient care, shifting to the field of telephone nurse triage was a new chapter in her career playbook. "After the birth of my daughter, I was diagnosed with a medical condition that left me unable to be on my feet, run through the halls or lift patients," says Veldkamp. "I certainly didn't want to give up my career, and triage nursing looked like a great way to continue caring for people."



Each month, Veldkamp and her team monitor calls for both experienced nurses as well as those who've recently joined the TriageLogic team. Information taken from every call helps her provide feedback and tips to her team of nurses. "I want my nurses to know how to avoid potential liabilities, how to provide the best patient care and how to also remain a compassionate and caring person," says Veldkamp. "Even though we may only speak to patients for a short amount of time, we still want them to feel heard and cared for."

In addition to monitoring and mentoring her team, Veldkamp is also responsible for on-boarding new nurses, providing initial hands-on training, coordinating additional or follow-up training with other staff trainers and overseeing quality assurance. The TriageLogic on-boarding program for its triage nurses comprises independent study, software training, one-on-one practice calls, and live patient calls with a trainer partner. This multi-faceted approach helps ensure patient safety while providing compassionate care. "Our training prepares nurses for success because it's able to be customized to each individual," says Veldkamp. "There are multiple opportunities for immediate feedback as well as continued support long after formal training is completed."

Well-trained nurses, along with a robust proprietary software platform and comprehensive protocols, continue to make TriageLogic a top choice for medical practices and hospitals looking for professional and compassionate triage call service. With a combined total years of nursing experience nearing almost a century, TriageLogic provides comfort and expert care advice.

## Saving Healthcare Dollars by Decreasing ER Visits

From Medicare to private insurance, the [reimbursements](#) for the delivery of medicine is changing for most practices, and doctors are looking for ways to save healthcare costs while continuing to give a high quality of care to their patients. One place to easily save costs is to decrease the number of unnecessary Emergency Room (ER) visits. A [trusted nurse triage service](#) that represents the doctor's office is an easy way to start.

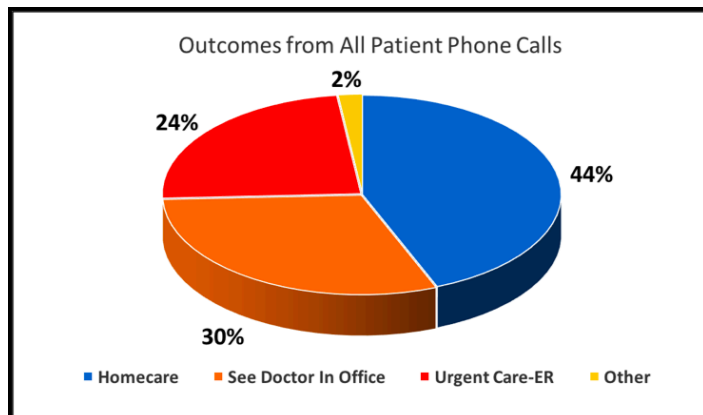
A good nurse triage program that works for the doctors when the office is closed decreases patient leakage and ensures continuity of care. Nurses evaluate patient symptoms using standardized [protocols](#) from Dr. Schmitt (pediatrics) and Dr. Thompson (adult). Patients are able to get advice even when their doctor is not available, and nurses are able to guide them to appropriate levels of care. Last week we wrote about how a nurse triage program can [decrease patient morbidity and mortality](#). This article focuses on the healthcare cost savings from a nurse triage program.

### Outcomes from Patient Callers

We study data from our nurse triage on-call centers for the months of August and September 2019, where our nurses triaged about 11,000 callers. 44% of the calls were symptoms that could be treated at home with no additional doctor visit needed. These included for example, patients calling with questions on medications, or patients who have children over 3 months old with light fever.

In addition to the patients given home advice, another 30% were advised to see their doctors within the next few days with no urgent care needed. About 2,600 callers needed to go to the ER right away. Graph 1 breaks down the outcomes from the nurse triage interaction with patients.

Graph 1



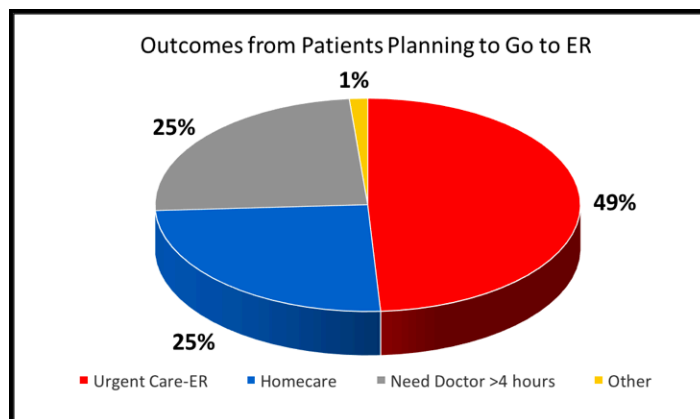
### Outcomes from Patients Who Planned to go to the ER

In addition to looking at all the disposition data from the nurse triage group, we also wanted to understand if triage nurses were able to save healthcare dollars by avoiding unnecessary medical expense. During the nurse triage interaction, we included a survey to all of the callers to ask them if they were planning to go to the ER prior to speaking to the triage nurse. From the survey, we evaluated the patients that were planning to go to the ER prior to speaking to a triage nurse and considered how many of those were actually sent to the ER.

About 2,900 of patients surveyed told us that they would have gone to the ER if they could not speak to a triage nurse. Surprisingly, only about half (1,400) of those patients were sent to the ER by the triage nurse.

More interestingly, though, were the patients that [did not require a costly ER visit](#). For the patients that were diverted from the ER, a quarter of patients, (725), only needed home care. Further, another 25% only needed to be seen by their doctor in the next three days. For both of these groups, value came not only in the help provided via the triage itself, but from the [guidance](#) that provided callers with appropriate [triage levels](#) of care and saved unnecessary ER visits. Graph 2 presents the outcomes from these patients who were planning to go to the ER.

Graph 2



### Conclusion

The data above indicates that doctors and practices can save on healthcare dollars by having qualified triage nurses assess patient symptoms and triage them to the correct disposition. Giving patients access to a qualified nurse triage professional 24/7 even on holidays can help patients by giving them appropriate advice to address their symptoms. This in turn saves unnecessary healthcare expenses as this article shows and it also [saves morbidity and mortality](#).



# Quantifying How Telephone Nurse Triage Decreases Morbidity & Mortality

How well are patients able to determine that they are having serious symptoms prior to calling telephone triage nurses? In other words, are triage nurses able to decrease morbidity and mortality by catching patients who would otherwise not go to the ER? We answer this question by looking at the data from our nurse triage center.

We study data from our nurse triage on-call centers. The callers were patients from the doctor practices that use our [Nurse Triage on Call](#) service to manage their patient phone calls when the office is closed. We answer the question on the effectiveness of triage nurses in saving morbidity and mortality by including a survey to all of the callers that asks them if they were planning to go to the ER prior to speaking to the triage nurse. We then compared the disposition, or the outcome, from the nurse triage encounter to the responses given by the patients.

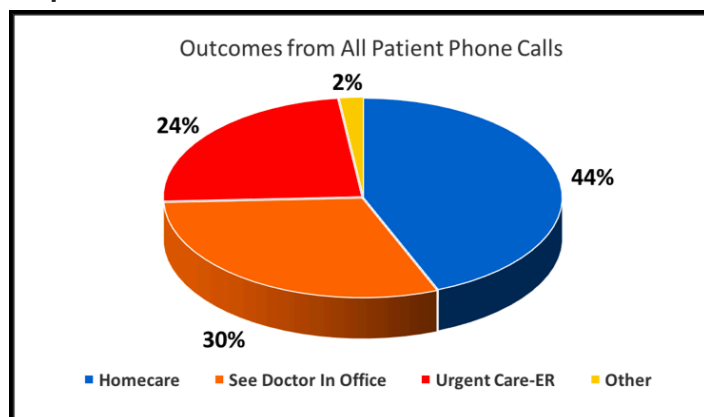
## Outcomes from All Patient Calls

Starting with all of the patient callers, the results are as expected for most nurse telephone triage centers (see Graph 1). A large portion of calls (44%) to the nurse triage service were symptoms that could be treated at home, with no need of further care. Further, another 30% were advised to see their doctors within the next few days with no urgent care needed.

Almost a quarter of callers, however, were advised to go to the emergency room or urgent care. Nurses generally advise patients to go to an urgent care clinic to avoid an ER visit if it is safe for the patient.

Of all the ER dispositions, 7.8% of these were such emergencies that the patients were advised to call 911 so that they could be tended to as quickly as possible.

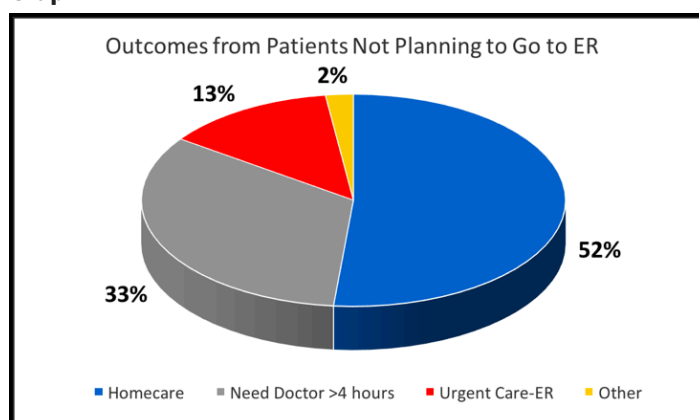
**Graph 1**



## Outcomes from Patients Who Did Not Plan to go to the ER

In addition to the overall care of patients, one of the goals of nurse triage is [to improve patient care](#). We address this question by looking at patients who did not plan to go the ER prior to speaking to the triage nurses. From the 11,000 patients surveyed, a little over 7,900 patients told us that they were not planning to go to the ER. Graph 2 presents the outcomes from these patients who were planning to stay at home.

**Graph 2**



A full 87% of patients were correct in their self-assessment that they did not have an emergency. From simple medication questions and general information requests to fevers and colds, many of the concerns were of a non-urgent nature that could be handled with home care advise (52%) and in some cases with a visit to the doctor's office (33%). The remaining 13%, however, had symptoms that urgent attention was needed, either going to an Urgent Care Center or going to the ER. Additionally, 174 patients had such serious symptoms that they were asked to call 911!

Not surprisingly, most of the symptoms that require an ER visit are the same for the All Patients Study as seen in Graph 1, suggesting that better patient education about serious symptoms may help save lives.

These symptoms and percentages may seem familiar; they are rather close to the proportion of total calls that were sent to the emergency room. Proactive patient education about the seriousness of certain symptoms as well as making sure that a [24/7 nurse triage](#) service is available can improve patient outcomes.

[Read full article](#)



# How Telephone Triage Nurses Create a Positive Patient Experience

As a telephone triage nurse, it is important to create a positive patient experience with the caller, making a connection and thereby gaining their trust. There are several steps that lead up to earning this connection, including what you do before your shift, during, and after you end the call. Below are helpful ways to make sure you have full focus on the caller in order to provide the best possible experience for them.

## Preparing For Your Shift

Whether you are working from home, an office, or in a hospital, it is important to have a comfortable and conducive working environment. You should have no distractions. If working from home, turn the television off; move the children and pets to another room and close the door. Keep in mind that HIPAA rules apply even when working from home. ([check out this related article on the liability for triage nurses](#))

If working in an office or hospital setting, try to find a room with a door that can be closed that will give you privacy and quiet. It is also important not to eat, drink or chew gum while on calls, so that the patient can clearly understand what you tell them. You have only a minute or two to connect with the patient, and all these distractions make it difficult to connect. These strategies allow you to remain focused on the caller, which will give you the ability to triage correctly in a professional manner.

Before you start your shift, give yourself 15 minutes to prepare and ensure your equipment is working properly. Some of these tasks may include checking that your computer and phone are connected to the internet, making sure your internet is working properly, and having a pen and notepad handy. After verifying your equipment is working, inform your back-up nurse that you are ready to start your shift.



## How To Create A Positive Experience During Your Shift

As a telephone triage nurse, it is important that you create an excellent experience for your patients. Some phone calls may be very challenging and require you to be extra focused and firm. [Click here](#) to read an article about great tips on how to handle a difficult caller.

When you are speaking with a patient, a good reminder is to think about some of the experiences that you personally have had while on a phone call with a customer service representative. Some characteristics of a good call representative include: being patient, caring, helpful, courteous, confident, and resourceful. It is important to remember these characteristics and put them into practice in order to make a positive experience for the caller.

## Completion Of Your Shift

Once your shift time is up, you should follow the completion steps provided by your employer. Some of these steps may include sending a report of the activities such as the number of calls answered, unusual calls or situations, and any difficulties that may have been encountered.

## Conclusion

Remember, as a telephone triage nurse, you want to try to create a positive patient experience for each of your callers. It is important to practice and follow the techniques mentioned above to master the art of a phone call. This will take time, but do not get discouraged.



## The Opioid Crisis: Signs Every Telephone Triage Nurse Needs to Know

The US is in the midst of a serious opioid addiction epidemic. Driven largely by an [explosion of prescribed pain medications](#), the dramatic rise in addiction and deaths from overdoses now has the attention of just about every sector of society that can play a role in addressing the problem. Triage nurses are often in a key position to help patients and their families understand the risks and benefits of pain treatment options because they are usually the first point of contact for patients who call when there is a problem. As trusted patient and family educators, telephone triage nurses are well positioned to help reduce the occurrence and potentially fatal consequences of opioid overdose.

### The Trusted Role of the Telephone Triage Nurse

TriageLogic nurses have taken many calls from patients with various symptoms that lead them to recommend immediate care at the ER for possible opioid overdose or addiction. For telephone triage nurses, they have to rule out symptoms that mirror opioid addiction or overdose. While some people may become agitated or confused, it is up to the triage nurse to help the patient remain calm, listen carefully, and take prior medical history to ensure there is no other medical emergency.

### Advice to Triage Nurses Helping Doctors

Triage nurses need to find a connection with the patient, find the patient's local emergency assistance numbers and be ready to involve all resources available to help prevent this patient from harming him/herself.

Even though remote triage nurses typically can't see their patient, they must develop that all-important trust quickly and by means other than visualization to assess the patient's symptoms. Not all patients can accurately describe their condition, especially in cases of opioid overmedication, overdose and withdrawal.

It is essential for the triage nurse to be sympathetic, non-judgmental, and accepting. The caller has done the right thing by getting in touch with another person. Triage nurses always have the callers' safety in mind. They combine both clinical judgment and emotional connections to assess the patient's situation to identify possible mental health issues.

[Read full article](#)

### Signs of an Overdose

- The face is extremely pale and/or clammy to the touch
- The body is limp
- Fingernails or lips have a blue or purple cast
- The person is vomiting or making gurgling noises
- The person cannot be awakened from sleep or cannot speak
- Breathing is very slow or stopped
- The heartbeat is very slow or stopped

### Signs of Overmedication

- Unusual sleepiness or drowsiness
- Mental confusion, slurred speech, or intoxicated behavior
- Slow or shallow breathing
- Extremely small "pinpoint" pupils
- Slow heartbeat or low blood pressure
- Difficulty being awakened from sleep

### Signs of Opioid Withdrawal

- Body aches
- Diarrhea, tachycardia
- Weakness, fever, runny nose, sneezing
- Piloerection (gooseflesh), sweating, yawning, dilated pupils
- Nausea or vomiting
- Nervousness, restlessness or irritability, tearing, insomnia
- Shivering or trembling
- Abdominal cramps
- Increased blood pressure

## The Latest from TriageLogic



Dr. Charu Raheja presented at the 2019 National Wellness Institute's Annual Conference in Orlando and the Women's Future Conference in New York City. [Read more](#)

TriageLogic's Medical Director, Dr. Ravi Raheja, appeared on Jacksonville's News Channel 4 to discuss affordable options for medical care. [Read more](#)



## Learning Center



### Ensuring Patient Safety During 911 Calls: Issues Related to Organ Systems



Whether providing nurse triage in a call service environment, working in a hospital setting or partnering with a physician in private practice, it's imperative that patient safety comes first, especially during 911 calls. [Watch this brief video](#) to learn how some presenting symptoms can be linked to associated organ systems.