



CARENEWS

Summer/Fall 2020

CEO Perspective



New Product Lines to Help with Patient Care and Revenue

Charu Raheja, Ph.D., TriageLogic CEO

As so many of us in healthcare, TriageLogic had to quickly pivot itself to help address the changing needs due to the [COVID-19 pandemic](#). We quickly trained new triage nurses, to address the sudden surge in patient phone calls. We helped some of our hospitals set up their nurses to work remotely, and we worked with some cities and counties to help them with COVID-specific phone calls. In a few short months, TriageLogic saw a 35% increase in call volume and in turn, increased our nursing staff more than 30%!

We've been successful in [helping communities and hospitals](#) confront the virus. In one of many examples, we [helped those in Union County](#), New Jersey, set up a COVID hotline for citizens to call and be triaged for care. TriageLogic implemented emergency support solutions in the form of a 24/7 hotline that provides Governor Phil Murphy and his administration the tools they needed to help burdened hospitals and identify patients who need further care. Using CDC based guidelines, we helped them connect NDS physicians if further testing and treatment were needed.

TriageLogic also lent a hand to [Baptist Hospital](#) in Jacksonville, Florida. Using our nurse triage protocols software (MyTriageChecklist™), we partnered with Baptist to set up their nurses to work from home and triage patients remotely. This allowed the city of Jacksonville to quickly offer a complete setting for patients to be screened by nurses and follow up with doctors.

continued on p2

In this issue

- 3 TriageLogic Assists Baptist Health
- 4 Emergency COVID-19 Hotline
- 5 Asking the Right Triage Questions
- 6 Staff Spotlight
- 7 Good Clinical Documentation
- 8 TriageLogic News

Letter from the Medical Director

Why Remote Triage Is More Important Than Ever: Nurse Triage Software and Services Play a Critical Role in COVID Telehealth

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

During the last few months, we've seen big changes in the healthcare industry. With the COVID-19 pandemic threatening to overwhelm practices and hospitals nationwide, healthcare workers have learned some lessons that we will carry forward. One of those lessons is the importance of effective triage.

Nurse triage has allowed hospitals and even whole municipalities to organize their COVID response. As the COVID pandemic rapidly evolved, patients were understandably anxious and concerned and needed to reach out for guidance and reassurance. At the same time, office locations were closed and unable to see patients as they were accustomed to doing. Nurse triage allowed nurses to remotely screen people using standardized protocols and determine the appropriate level of care, providing reassurance. Identifying who needs urgent care first allows doctors to allocate precious resources and time efficiently. For one example among

continued on p2

FREE 30-Day Trial Nurse Triage Protocol Software

- No credit card needed
- Web-based: up and running in 30 minutes
- Free training video included
- COVID-19 protocols included

Click here to start your FREE trial

→ Check out this article for more info

CEO Perspective

continued

Partnering with these local governments and healthcare organizations has allowed them to standardize their care with the use of gold-standard [Schmitt-Thompson protocols](#) and easy-to-use solutions. We also further enhanced the protocols by including custom orders and patient handouts specific to each organization to ensure patient education and a smooth transition when they had a telemedicine visit with their doctors. TriageLogic is proud to be helping on the frontlines of the COVID pandemic.

We are now growing to provide additional software and services to help your practice. This last year, TriageLogic has been working with device companies to provide monitoring of dashboards and evaluation of patients with abnormal readings. We can provide coverage 24/7 or just after hours to supplement your current [remote patient monitoring](#) program. Our staff observes your patient dashboard. When an alert comes in, the staff can alert the provider or send the message to our nurses for further evaluation. The nurses will follow your practice instructions to triage the patients and get them the appropriate follow up. Remote patient monitoring improves health outcomes and increases revenue for practices.

While we have grown and participated in plans to confront this major health event, we've taken a close look at our vision and where we see ourselves in the future. Our use of protocols ensures that everyone, no matter their situation, gets the best care advice to address their medical symptoms. Holding onto this thought, we hope to continue providing top-notch care through COVID and beyond.

Our vision is simply this: ***"To provide a uniform, high-standard of care to everyone everywhere."***



Medical Director Letter

continued

many, TriageLogic helped a county in [New Jersey](#) set up a COVID-19 hotline, which assisted in screening callers for the need for COVID testing. The hotline ramped up in a matter of days and handled thousands of phone calls.

TriageLogic jumped into overdrive to help new and existing clients handle the coronavirus outbreak. We saw call volume skyrocket and knew that systems and software would need to be put into place for health-care institutions to assist with the increased demand in a remote care environment. Our software solutions, which use the gold-standard [Schmitt-Thompson protocols](#), had COVID protocols included to provide the latest standard of care as the CDC recommendations evolved. We implemented the COVID protocols in our system and on our call center software client systems. We also quickly set-up [additional hospitals](#) with a nurse triage software platform to allow their nurses to work remotely and assist in the screening of COVID phone calls.



Using nurse triage protocols in conjunction with doctor e-visits improves coordination of care, and allows doctors to safely delegate responsibility to their nurses. Our software has recommendations for nurses to transfer to doctor telehealth visits when applicable. The software also enables the nurses to text/email custom information sheets to patients when scheduling their e-visit, so the patients are fully informed about the process and how to connect with their doctor.

Using remote nurse triage allows contagious individuals to be screened and keep staff safe and healthy. One of the biggest benefits to using protocols remotely is that it keeps hospitals from being overcrowded with less seriously ill patients.

[Protocols](#) have always been important for doctor practices and hospital systems; for quality of care, legality, and more. Now, we are seeing their importance magnified. Our current circumstances show us that protocols are a vital key in organizing, planning, and responding to major health events.





Client Spotlight

TriageLogic Assists Baptist Health Jacksonville in Setting Up Remote COVID-19 Triage Nurses

In the wake of Covid-19, TriageLogic partnered with [Baptist Health Hospital](#) to set up their nurses to work from home and triage patients remotely using their triage protocols software ([MyTriageChecklist](#)).

Baptist Health came to TriageLogic because they needed help setting up the infrastructure to allow their nurses to remotely manage and evaluate patients with COVID-19 symptoms. Baptist needed both software to allow nurses to correctly identify and document the necessary care for each caller and they needed help setting up phone systems that would be HIPAA compliant and record calls. After identifying Baptist's needs, TriageLogic was able to set up the phone lines for Baptist and implement the MyTriageChecklist to ensure consistent high level of care for each caller. In less than two weeks, Baptist was up and running, and nurses were ready to triage patients with an organized, effective system.

MyTriageChecklist is a HIPAA compliant telephone nurse triage software to triage and document patient phone calls. The software includes [Schmitt-Thompson protocols](#), the gold standard of care for evaluating patients over the phone. These include COVID-19 protocols and they are regularly updated as the medical community learns as the disease evolves. The software also integrates with existing EMR systems and allows for data analytics reports and the ability for providers to customize the care instructions their nurses give during triage calls.

[Rose Moon](#), TriageLogic's clinical call center manager with over 20 years of experience on [telephone nurse triage](#) trains software client nurses and is always available to answer questions about the best uses of protocols and the software. "I find that meetings with client nurses to answer their questions and train them on the best processes to triage patients helps them get comfortable and ensure that they are using the protocols appropriately," Moon explains.

In conjunction with [Telescope Health](#), a telemedicine company based in Jacksonville, Baptist Hospital now has a seamless, remote solution to the pandemic that helps keep their employees and the community safe. Patients triaged with

MyTriageChecklist who have been deemed in need of more care access to a doctor via video call are sent to Telescope Health. From there, the telehealth doctor can order testing for the coronavirus or prescribe any other appropriate treatment.

"TriageLogic's help in setting up the software and infrastructure needed for our nurses to work from home was invaluable for us to prioritize COVID-19 patients and keep our nurses safe. They trained our nurses on an easy-to-use system that allowed us to focus on our patients' questions and concerns and provide needed support for our community during these trying times."



Misty Manwaring, Manager of Clinical Services & Coaching for Baptist Medical Center Jacksonville



During the COVID-19 pandemic, TriageLogic and others in the remote patient communications field helped hospitals and medical organizations like Baptist Health prepare for a crisis that caught everyone off guard. Read this related case of how [TriageLogic helped a Union County](#) set-up their COVID-19 hotline.



Emergency Covid-19 Hotline and Remote Care Solutions to Address the Outbreak

The COVID-19 pandemic continues to change nearly all parts of our lives and businesses. This week, President Trump issued guidelines to follow over the next 15 days to help avoid the spread of the novel coronavirus. As a result of this national emergency, medical professionals, hospitals, and organizations are working around the clock to implement emergency support solutions for patients presenting worrying symptoms as well as those who need help understanding the guidelines for care.

This article focuses on emergency solutions that can be implemented quickly in this time of crisis. We will also follow up with a second article on solutions that will need to be implemented in the coming month to help patients who get sick. Please [feel free to contact us](#) if you need help setting up these or any other related processes. Our team is working 24/7 to help as many organizations and patients as we can.

STEP 1: VIRTUAL SOLUTIONS

A. Coronavirus-trained, non-clinical hotline – A hotline should be available 24/7 to ask screening questions, provide information, and follow client-specific scripts.

Our Triage Nurses have experienced a significant increase in calls. As news of COVID-19 spreads, many of the callers are individuals who are worried and need help understanding the symptoms. Others have some mild symptoms or cold-like symptoms and need help understanding what symptoms could suggest an infection.

To address the stress to medical professionals, we are working with organizations to set up hotlines to educate callers. These are trained professionals that can educate and send related materials. They can also screen calls and send those with a medical symptom to triage nurses. These measures can help alleviate the workload of clinical professionals if trained hotline staff can decrease the number of calls that end up requiring further evaluation.

B. Virtual medical visits – It almost goes without saying that virtual visits are going to be necessary in order to save time and decrease in-person patient contact. There are, however, multiple levels of medical visits that need to be considered.

Doctors – doctors can evaluate patients over the phone and prescribe. Many practices already have the technology to see patients virtually and there are several platforms available that can be implemented quickly for those who do not yet have the technology. Our Triage nurses can also help doctors promote telehealth by setting up appointments when they take calls for practices.

Triage Nurses – nurses are playing a vital role in helping contain the epidemic and alleviate the calls that go to the doctors. Nurses use [Schmitt-Thompson triage protocols \(including COVID-19 protocols\)](#) to evaluate and determine which patients require a consultation with a doctor. The protocols are being updated regularly as new information becomes available.

STEP 2: TRAIN OFFICE NURSES QUICKLY

It is important that medical practices ensure that their nurses know how to answer patient phone calls and know which ones require further medical evaluation. Web-based medical triage protocols from [Dr. Schmitt and Dr. Thompson](#) are quick to implement and easy to learn.

Tools for Training Office Nurses – Triage software such as the [MyTriageChecklist](#) is an easy to use software that can be implemented within minutes and used to train office nurses. The software ensures that nurses are asking all the necessary information to ensure patient safety. These protocols are also written by Dr. Schmitt and Dr. Thompson, include COVID-19 protocols, and are updated immediately as new protocol information is released. These are easy-to-train protocols and a great tool for clinical hotlines as well as doctor offices.

Once these (easy to implement) steps are put in place, the next month is going to require additional solutions to help patients who need help once they go home from a hospital. A trusted solution that can connect patients to your office and keep them updated about the pandemic will also help decrease anxiety and help everyone.

[As the virus outbreak continues to evolve](#), TriageLogic will continue providing its clients with the latest information to allow for the best possible patient care.



Asking the Right Triage Questions to Provide Correct Patient Dispositions

Telephone nurse triage is all about questions. To properly separate patients' conditions into levels of severity, the right questions need to be asked in the right order. TriageLogic nurses use Schmitt-Thompson Clinical Content protocols to assist with information collection, decision making and further direction.

The benefits to asking the right questions are many including, a standardized approach to providing care, a reduction in errors and liability and a quicker and more-efficient process for assessing patients. The Schmitt-Thompson protocols cover more than 90% of medical calls including symptom-based (cough, fever), exposure-based (influenza) and disease-based interactions. Always ask the questions in the order they are presented in the protocol to avoid a delay of care.



Once the appropriate questions are asked, patients can be slotted into one of nine disposition levels:

1. **Call 911 now** – patients with life-threatening conditions
2. **Go to the Emergency Room (ER) now** – emergent symptoms that require ER resources
3. **Go to the ER or your primary care provider (PCP) now** – emergent symptoms that can be evaluated or managed in a physician's office or may be redirected to ER
4. **Go to your PCP's office now** – less emergent symptoms that can be evaluated by a PCP, preferably within two hours
5. **Be seen today in your PCP's office** – urgent symptoms and patients who request to be seen today
6. **Be seen today or tomorrow in your PCP's office** – non-urgent symptoms
7. **Be seen within 3 days in your PCP's office** – persistent symptoms that are not becoming worse
8. **Be seen within 2 weeks in your PCP's office** – chronic or recurrent symptoms that are not becoming worse
9. **Home or self-care** – mild symptoms that can be managed at home with care advice

The Schmitt-Thompson [triage protocols](#) contain many other dispositions for scenarios that are less clinical including referrals to a dentist, local poison control center, suicide-prevention resources and local or national social service providers.

Learning Center



The TriageLogic Learning Center provides free educational materials for telephone nurses and medical professionals. It features a variety of learning material including videos, articles, research, and links to external sources. The courses provide a thorough understanding of nurse triage, triage protocols, and patient care.

[Click here to visit the Learning Center](#)

Christy Neiffer

Remote Triage Nurse

About Christy Neiffer

I grew up in Anacortes, Washington and moved to Helena, Montana when in middle school. I have been back and forth between Seattle and Montana a couple of times, settling in Helena when I decided to attend Carroll College for BSN program, and completed my Public Health degree. I have three grown children and my husband who have been such a great support through my endeavors.

When did you start at TriageLogic? Why did you decide to work for the company?

I started working with TriageLogic two years ago, when I had developed some health issues from an injury during my hospital nursing job. This company has been a blessing to me, and a great fit for where I found myself two years ago. I am so thankful for the opportunity to continue to care for patients using my nursing knowledge, and the [Schmitt/Thompson protocols](#) to guide triage. My background consists of Pediatrics, NICU, Postpartum, and med/surg. I really enjoy these areas of nursing.

What was your experience and the trends you saw throughout the COVID-19 pandemic?

I started to see a substantial increase in call volume towards the middle of March 2020, from patients who were thinking they had been exposed to COVID-19. Some patients had symptoms such as shortness of breath, cough, headache, and a high temperature. In the beginning we were told to triage the symptoms, but when patients did not have symptoms and thought they only had been exposed, triaging seemed challenging. With many nurses telling management about triage challenges, management quickly talked with Schmitt/Thompson Medical Directors about protocols for COVID-19.



I remember that in a matter of a few days, [protocols were developed for COVID-19](#). This guided our triage, helping us be more thorough and focused on the specific COVID-19 symptoms recommended by the CDC and Drs. Schmitt and Thompson. TriageLogic also released COVID-19 protocols from Dr. Schmitt and Thompson that practices could have their nurses follow at no cost during this pandemic. I was able to do a better job triaging once the protocols were developed and provided guidance and education to the patient on next steps when they showed signs and symptoms of COVID-19.

Looking back at March 2020, the beginning of the pandemic, the call volume had increased, like I mentioned earlier, and TriageLogic hired many nurses to help. They were quickly trained and were able to start to take calls within a couple of weeks of our call volume increase, which helped the current nurses substantially. From February 2020 to March 2020 we took 28.2% more calls. After the new staff were added, and the new protocols, I know I felt like I could triage patients safely.



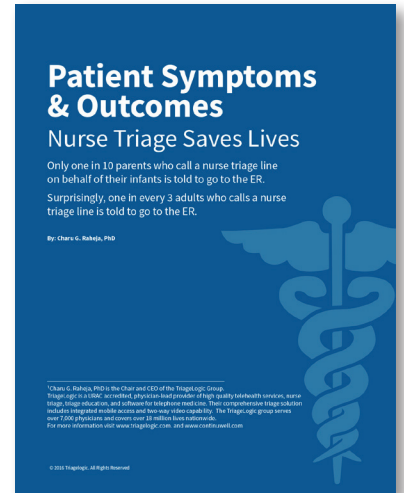
Good Clinical Documentation Telephone Triage Nurses

When it comes to [documenting triage calls](#), there's always a fine balance between effective communications and liability risk. Nurses want to – and need to – effectively communicate information and directions to patients and those who may see their notes after the call. However; triage nurses must also cover themselves when it comes to liability. For additional information on clinical documentation, please visit the [TriageLogic Learning Center](#).

So, what elements make up good call documentation? Here are three tips to make sure your calls are well documented:

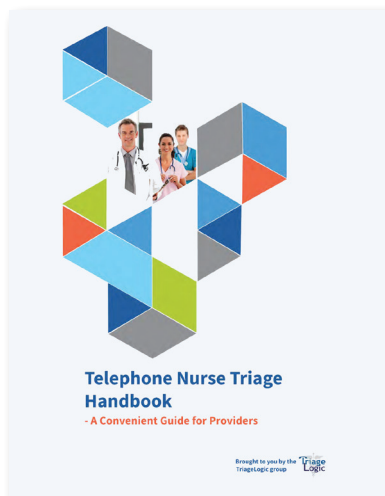
Make your communication clear – read your notes out loud and ask yourself, would this make sense to anyone else who reads it? Have I used the appropriate words? Does it have a definitive beginning and end?

Make your communication concise – think about what your narrative will look like to others. Not only to the next caregiver, but six months or a year later when it may need to be reviewed. Is it direct and to the point?



[Download E-Book](#)

[“Patient Symptoms & Outcomes”](#)



[Download E-Book](#)

[“Telephone Nurse Triage Handbook”](#)

Make your communication credible – use appropriate terminology, punctuation and abbreviations. Make sure your documentation would be believed by others to be written by someone who is knowledgeable. Always stick to the facts and avoid jargon or slang. If a patient says she has a tummy ache, put that information in quotes so it's known these were the patient's words. Nurse triage documentation is not the place for personal views.

It's important to remember that a nurse is judged by a reasonable standard; what a reasonable nurse would have done under the same or similar circumstances. TriageLogic telephone triage nurses use the Schmitt-Thompson protocols to help fulfill the need for reasonable care. See the [most recent guidelines and the benefits of protocols](#) for both children and adult triage.

Every nurse wants to provide the best care – perfect care. But perfect care is not what the law requires – the law requires that a triage nurse provide reasonable care. Clear, concise and credible documentation is always a best practice.

The Latest from TriageLogic



[TriageLogic Implementing Emergency COVID-19 Hotlines and Remote Care Solutions for Health Centers](#)

TriageLogic announces easy-to-implement solutions that hospitals, medical organizations, and health centers can use for patient care during the COVID-19 crisis.

[Read More](#)



[TriageLogic Assists Union County COVID-19 Hotline by Screening Patients and Connecting them to Physicians](#)

TriageLogic is working with National Diagnostic Services, Inc to provide a fully automated COVID-19 hotline in New Jersey.

[Read More](#)



[Dr. Ravi Raheja on News4Jax Sharing the Do's and Don'ts of Protective Masks and Gloves During the COVID-19 Pandemic](#)

There is some confusion on how to best protect yourself and slow the spread of the coronavirus. When should you wear a mask and gloves? Dr. Ravi Raheja appeared on News4Jax to educate the community on best practices.

[Read More](#)



[TriageLogic Offers Remote Patient Monitoring, Allowing Physicians to Spend More Time on Direct Patient Care](#)

TriageLogic announced it will use its more than 13 years of industry-leading phone triage experience in the emerging remote patient monitoring (RPM) market.

[Read More](#)



[The Jacksonville Business Journal Features TriageLogic CEO Dr. Charu Raheja](#)

TriageLogic is featured in the Jacksonville Business Journal for setting up a telephone triage system for nurses at Baptist Medical Center Jacksonville.

[Read More](#)



[TriageLogic and Spry Health Conduct a Webinar on Remote Patient Care During COVID-19](#)

Dr. Ravi Raheja teamed up with Spry Health to talk about monitoring at-risk patients during the COVID-19 pandemic. The group discussed options for remote patient care and telehealth solutions to help patients virtually.

[Read More](#)