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Standardizing Gynecological Triage Care Through the Implementation of Protocols

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Background and Rationale:

Burn out among ambulatory care providers is very high and medical workload is increased through EHRs (Reith, 2018). Lack of clear guidelines and structure have been identified as causes of work-related stress for nurses. Without that support and ability to have decision latitude, telephone nurses feel mentally fatigued and burned out (Bjorkman et al., 2017). Delay in response time for telephone triage calls that need clinician input causes frustration and dissatisfaction for patients. Triage protocols are useful for clinical decision making especially when there is a provider consensus around their substance (Wachter et al., 1999). Providers would support nurse lead decision making to decrease in-basket burden, if guided by clear protocol. Lack of clear guidelines and structure have been identified as causes of work-related stress for nurses. Without that support and ability to have decision latitude, telephone nurses feel mentally fatigued and burned out (Bjorkman et al., 2017). Protocols mitigate provider burnout, allow nurses to work at the top of the licenses and provide timely and standardized patient care.

Intervention:

Working collaboratively with the gynecology nurses and providers, three protocols and standing orders were created.
1. Yeast infection protocol outlines instances where it is appropriate to empirically treat for yeast over the phone by the RN independently.
2. Vaginitis protocol outlines how the nurse can manage vaginitis complaints over the phone and instances where a patient would need to be seen in the clinic.
3. Urinary Tract Infections protocol outlines the circumstances where it would be appropriate for the RN to follow protocol and treat with a previously approved set of antibiotics and when it would be appropriate to seek provider input.
These protocols were implemented in the gynecology office and utilized over the course of six weeks. After six weeks the impact was studied.

Complaint
- Office receives call about acute complaint – UTI, BV or Candidiasis

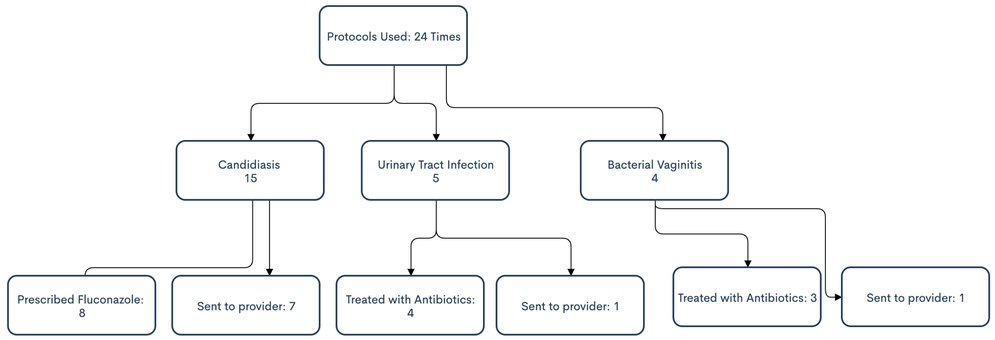
Assess
- Nurse calls patient and assesses using protocols

Treat
- Nurse prescribes medication with standing order

Methods:

The confidence of the nurses and needs of providers was assessed through Likert scale before and after surveys. Protocols and standing orders for three uncomplicated complaints were implemented over the course of six weeks.

Protocol Use:



Nurse Results – Before and After Data

	I feel there are clear guidelines and policies to guide my care of patients.	I feel there is consensus among the providers in the management of triage calls	I am never in a position of having to do things that are against my nursing judgement.	I feel that expectations of triage nurses are universal among providers
Pre-intervention	-5	-5	2	-6
Post-intervention	9	5	5	1

Results:

- Prior to implementation:
  - 57.2% of providers felt caught up on their in-basket messages less than half the days or almost never
  - 71.4% of providers either strongly agreed or agreed that they delt with triage issues that they felt the nurse could have addressed independently
  - 100% of providers either agreed or strongly agreed that the nurses could effectively assess candidiasis, bacterial vaginitis and urinary tract infections
  - 80% of nurses felt that there was not consensus amongst providers in the management of triage calls
  - 80% said they ask providers for input when they feel they already know what to do
- Implementation:
  - Protocols were used 24 times over 6 weeks
  - Most common complaint was candidiasis
  - 15 patients were treated by the nurses directly without consultation with providers.
  - See flow chart to the left
- After Implementation:
  - 100% of the nurses and providers felt there was clearer guidelines and practice consensus after implementation
  - 50% of providers felt that the protocols had decreased the number of "in-basket" messages they answered in a day.

Conclusions:

- Creating protocols and standing orders allows nurses to practice with more autonomy and more consistent expectation.
- Nurses feel they have documented guidance, clear consensus and the agency to treat uncomplicated complaints without consultation
- Providers are alleviated of the burden of reading and answering messages between in-person visits on their clinic days.
- Patients can get the care that they need and alleviate the discomfort of their complaints in the swiftest and most efficient manner possible

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