Memorial Sloan Kettering
Cancer Center

TELETRIAGE AT A HIGH-VOLUME SPECIALTY CANCER CENTER URGENT CARE: ALIGNING PATIENT VOLUME AND NEED WITH AVAILABLE RESOURCE

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The goal of UCC TeleTriage is to streamline patient flow through UCC to improve patient experience by decreasing wait time and time lost by aligning patient need and volume with resources.

Background: The Memorial Sloan Kettering Cancer Center (MSK) Urgent Care Center (UCC) functions as the emergency room for MSK patients. 23,000+ presentations are seen annually, of these 51% result in admission to the hospital. Increasing volume and acuity means more days over capacity for the hospital. For patients the result is increased wait times to see providers, complete evaluation, and transfer to inpatient bed.

Methods: TeleTriage began July 23, 2018 with Gastrointestinal Medical Oncology; Breast Oncology was added November 1, 2018. Video visits were initially trialed in December 2018. Since January 24, 2019; five additional Medical Oncology services were added. TeleTriage receives 0-14 referrals daily. See Fig. A.

Results: From July 23, 2018-May 31, 2019, TeleTriage evaluated 826 patients; 763 of these came from home*. During this interval, UCC saw 16,516 patients (excluding weekends). Average time from notification to patient contact with UCC provider was 29 minutes for TeleTriage as compared to 296 minutes for UCC. TeleTriage had (virtual) contact with patients 267 minutes earlier than UCC. Video is used in 17% of contacts; the rest use telephony. TeleTriage discharges patients 26-42 minutes faster than UCC. TeleTriage patients who received imaging prior to registration in UCC (Fig. B, blue), received final disposition 75 minutes faster than non-TeleTriage patients. To date, 87 of 826 TeleTriage patients were managed at home: a new disposition.

References: Canadian Triage and Acuity Scale, AHRQ: Appx B. ESI Triage Algorithm, v.4, [Machine-Learning-Based Electronic Triage](#)

TeleTriage operates weekdays from 9AM-4:30PM

Teletriage Process

1-Referral: Oncology Practice Nurse refers patient to TeleTriage (TT) using (multi-modal) notification. Upon receipt, TeleTriage Provider assumes care of the patient.

2-Evaluation: CC (Care Coordinator) calls patient, screens for video use, and readies patient for "visit". TeleTriage Provider, using video when possible, performs history and exam. Initial evaluation is discussed with patient and CC. The CC coordinates any pre-UCC testing and appointments.

3-TeleTriage Disposition: Site of initiation of work-up
A-Prior to registration in UCC: Real-time zip code and GPS used to designate testing appointment location for patients with controlled symptoms. After testing, patients proceed to UCC.

B-Upon arrival to UCC: Patients too symptomatic to tolerate testing without symptom control, likely to decompensate, or unable to clarify history are instructed to go directly to UCC. Orders are placed by TT.

C-Patients managed in outpatient clinic or Symptomatic Care Clinic: Stable patients requiring specific resource and/or hands-on evaluation.

D-Patients managed at home: Low acuity patients who will not require a specific resource or type of care. These patients are called the next day to determine if patient requires additional care.

Inclusion: from home* (new criteria 2019), admission not needed
Exclusion: ambulance, requires admission, 911, CVA, pain crisis

Discussion: Initial contact with a UCC Provider and disposition, particularly if imaging has occurred prior to registration in UCC, both occur significantly faster for TeleTriage patients. The trend of managing appropriate patients at home, is an added benefit of this method of (virtual) triage. All of this means shorter waits for patients and more efficient and effective care. We aim to further shorten time spent in UCC for TeleTriage patients, both by adjusting the system so that appropriate TeleTriage patients complete their UCC evaluation with their TeleTriage provider and with targeted efforts to increase video use. TeleTriage will include all Medicine services by winter 2019 and patient experience surveys are forthcoming.