

Evaluating the Feasibility of a Nurse-Driven Telephone Triage Intervention for Patients With Cancer in the Ambulatory Setting

Colleen Jernigan, PhD, RN, AOCN®, NEA-BC, Theresa Johnson, MSN, RN, Susan Varghese, PhD, RN, ANP-BC, and Bryan Fellman, MS

OBJECTIVES: To explore the feasibility of a nurse-driven telephone triage intervention to improve the symptom experience of patients with cancer receiving treatment in the ambulatory setting.

SAMPLE & SETTING: 90 patients in three ambulatory centers (breast, head and neck, and sarcoma) receiving active treatment at a National Cancer Institute–designated comprehensive cancer center.

METHODS & VARIABLES: Patients received 4–18 triage calls from a nurse during a period of as many as six months dependent on their diagnosis and treatment. Feasibility was defined as the completion of 70% of triage calls. Symptom experience was measured using the MD Anderson Symptom Inventory.

RESULTS: The overall call completion rate was 78%. Interference ($p = 0.002$) and severity ($p < 0.001$) scores were significantly different among patients in the three centers and gradually decreased over time.

IMPLICATIONS FOR NURSING: Outcomes suggest that a telephone triage intervention is feasible to support patients receiving treatment. Future research can evaluate whether proactive triage affects symptom intensity during the course of the treatment trajectory.

KEYWORDS triage; symptom management; nurse-driven intervention; active treatment; communication
ONF, 47(2), E44–E54.
DOI 10.1188/20.ONF.E44-E54

Effective symptom management is a priority for patients with cancer because it contributes significantly to patients' overall well-being and can be an indicator of successful patient- or caregiver-provider communication (D'Agostino et al., 2017; Tang et al., 2018). However, studies indicate that patients receive insufficient symptom support (Johnsen et al., 2013) and often feel left alone to manage their symptoms (Spichiger et al., 2012). With more patients being managed in the ambulatory setting, where they are expected to take on greater responsibility for monitoring and managing treatment- and disease-related symptoms, this gap may be further exacerbated. In a qualitative study of 28 patients with cancer, Coolbrandt et al. (2015) identified that the symptom experience in the home setting is very personal, and patients in this study reported that they felt best supported when healthcare providers were perceived to take an active interest in their symptom experience by offering advice and coaching. Identifying opportunities to maximize self-management through proactive symptom support may result in decreased symptom exacerbation and enhanced quality of life for patients, as well as fewer emergency department visits and hospital admissions, which can cause distress for the patient and family, strain hospital resources, and increase healthcare costs (McCorkle et al., 2011). According to the Institute of Medicine (2001), care should be based on continuous healing relationships using in-person and telehealth communication, and care should anticipate, rather than simply react to, patient needs.

Telephone triage interventions have been broadly described as a means for follow-up to monitor the status of patients in surgical, medical, and oncologic