### Introduction

HHSC strives to maintain a low barrier culture that makes it easy for all clients to get the care they need while simultaneously supporting staff, collecting meaningful data, and meeting clinic outcomes. In an effort to do this, we offer walk-in nurse triage for clients when provider appointments are not available or for needs that fall within nursing scope of practice. For Fiscal Year 18-19, the HIV Health Services Center (HHSC) focused quality improvement efforts on our walk-in nurse triage services with the goals of improving client care options, increasing provider productivity, and formalizing a clear nursing triage system.

### **Methods and Activities**

### **Data Review**

HHSC carefully reviewed the existing nurse triage data related to utilization, demographics, and outcomes. We identified several opportunities for improved data collection and utilized our temporary Data Analyst Senior position for assistance in updating our data collection forms and process. This has resulted in much more consistent and reliable data collection that allows us to review and make data-driven decisions.

**Nurse Check In** 

Staff Use Only (front desk fills out)

Time Arrived

Cold / Flu symptoms

Medication question

/omiting, diarrhea) □ \*Chest Pain

Possible STD

Urinary Issues

Skin (rash / wound) Where

Stomach problems (nausea

### Improvements to Nurse Triage Process

- 1. We reviewed previous existing nurse triage data and implemented data collection improvements. For example, the nurse triage form that patients fill out was completely updated to be more client-friendly, include improved health literacy, and was targeted to collect more meaningful data for the medical team.
- 2. We also created a new Google tracking form, aligned with our triage slip, to capture data needed to track and measure outcomes, as well as give us the ongoing opportunity for real-time evaluation of the nurse triage program. The Google tracking form is also easily modifiable as new needs emerge.

### Measured Nurse Satisfaction

1. While patient-related measures remain our main focus, HHSC also

has an investment in being trauma-informed which necessitates also considering the experience of, and impact on, staff. For this quality improvement project, HHSC hoped the changes to the nurse triage process would also increase nurse satisfaction.

Patient Name

Next available appointment with ANY Provider:

a. Nurse Satisfaction: HHSC nursing staff completed a Professional Quality of Life measurement tool in April 2018 and again in March 2019 specifically in relation to nurse triage. This tool measures Compassion Satisfaction, Burnout, and Secondary Traumatic Stress. Of the five nurses who completed the anonymous tool initially, four completed it again a year after implementing our quality improvement project.

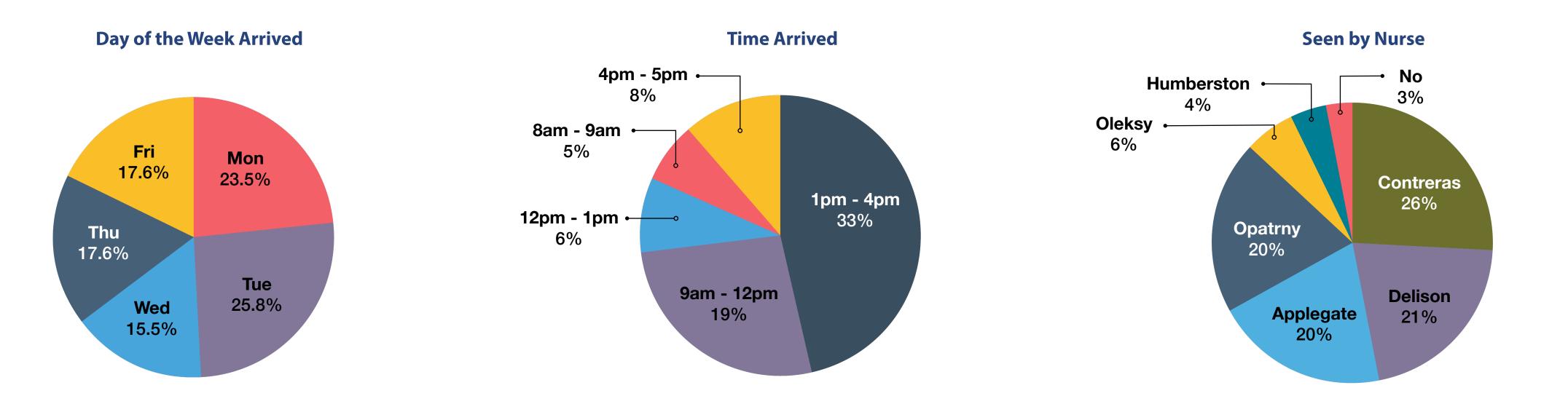
### Results

### Data Review (Table 1)

- 1. Over the course of this quality improvement project, we greatly improved our data collection to ensure we collect meaningful and accurate data about nurse triage visits. From review of the data, we see that during the second 5-month period of our project, HHSC provided nurse triage services to 96 patients, 18 of whom utilized nurse triage more than once during that time. Overall, less clients utilized nurse triage than in the prior time periods.
- 2. In terms of our goals to improve viral suppression and engagement in care for clients who frequently utilize nurse triage services, the data shows that we improved. In our first measurement period, 66.7% of clients had completed labs recently compared to 94.4% of clients in our final measurement period. This shows that nurses are doing a good job ensuring that clients who frequently utilize this walk-in service are also completing labs

## Nurse Triage:

# An Innovative Approach to Increase Access for Individuals Experiencing Barriers to Care



9% patients also sent to Urgent Care or Emergency Room, 22.5% patients also seen by PCP, 12.7% patients also seen by a MCM, 11.4% patients also seen by a Navigator.

### <u>Table 1</u> Data Review

	April - Aug 2017	April - Aug 2018	Sept 2018 - Jan 2019
Number of clients with 2+ nurse triage visits	21 (62 of 134 visits)	27 (72 of 165 visits)	18 (50 of 125 visits)
Number of clients above who are still active	18 (1 incarcerated, 1 transferred care, 1 deceased)	27	16 (1 deceased, 1 transferred care)
Percent of clients experiencing homelessness during measurement period	61.9% (13/21)	70.3% (19/27)	61.1% (11/18)
Percent of clients who have worked with a Patient Navigator	66.7% (14/21)	70.3% (19/27)	38.9% (7/18)
Percent of clients who have seen their PCP since 3/1/18	94.4% (17/18)	96.3% (26/27)	94.4% (17/18)
Percent of clients prescribed ART	88.9% (16/18)	92.6% (25/27)	83.3% (15/18)
Percent of clients who have had CD4/ VL labs since 3/1/18	66.7% (12/18)	81.5% (22/27)	94.4% (17/18)
Percent of clients who are virally suppressed as of most recent labs	47.6% (10/21)	66.7% (18/27)	77.8% (14/18)

patients were provided nurse triage services (5-month period)

94.4%
patients completed labs recently

9496+
patients visited with their assigned PCP

on a regular basis. In addition, 77.8% of clients frequently utilizing nurse triage had a suppressed viral load compared to 47.6% of clients prior to this quality improvement project.

- 3. Given that the majority of clients who use nurse triage are experiencing homelessness, the nurses do a great job making sure that these clients have access to low-barrier, walk-in services and continue to engage in care with their medical team, with over 94% of patients having a visit in the last year with their assigned PCP.
- 4. While the data shows a reduction in nurse triage clients working with Patient Navigators, HHSC believes this is actually a positive result of better communication and coordination between Navigators and Nurses so clients are assisted in making appointments with the Lab and Providers rather than nurse triage.

### Medical Visit Frequency and Productivity (Table 2)

### Table 3

### **Medical Visit Frequency and Productivity**

	April - Aug 2017	April - Aug 2018	Sept 2018 - Jan 2019
Billable Visits	3483	3555	3490

It does not appear that there has been an impact on overall provider productivity, additionally we are limited in assessing this data as there are many factors beyond nurse triage that affect productivity; however, HHSC continues to address this in other ways.

### Nurse Satisfaction/ProQol Survey Results (Table 3)

### Table

### **Nurse Satisfaction/ProQol Survey Results**

	Baseline (April 2018)	Outcome (March 2019)	
Compassion Satisfaction Scale	40.4 (Average)	44.5 (High)	
Burnout Scale	21.2 (Low)	17.25 (Low)	
Secondary Traumatic Stress Scale	20.6 (Low)	20 (Low)	

- 1. In terms of nurse satisfaction, there was an improvement in the nursing team's self-report of Compassion Satisfaction, which the ProQOL defines as the pleasure you derive from being able to do your work well. The team moved from an average to a high score, indicating that they feel positively about colleagues and/or their ability to contribute to the work setting or even the greater good of society. In terms of Burnout, the nursing team's average score also improved by lowering nearly four points, indicating an increase in positive feelings about their ability to be effective in their work, specifically related to nurse triage. Both of these changes were desired results of this quality improvement project, which also aimed to balance workload and increase the supportive work environment.
- 2. An additional measurement was Secondary Traumatic Stress, which is specific to work related, secondary exposure to extremely or traumatically stressful events. The nursing team's cumulative score showed consistency on this scale, indicating that nursing staff are feeling the same amount of compassion fatigue or vicarious trauma.
- 3. As part of HHSC's commitment to being a trauma-informed workplace, we will continue to work with our nursing staff to ensure they have the support they need to do this difficult and important work.

