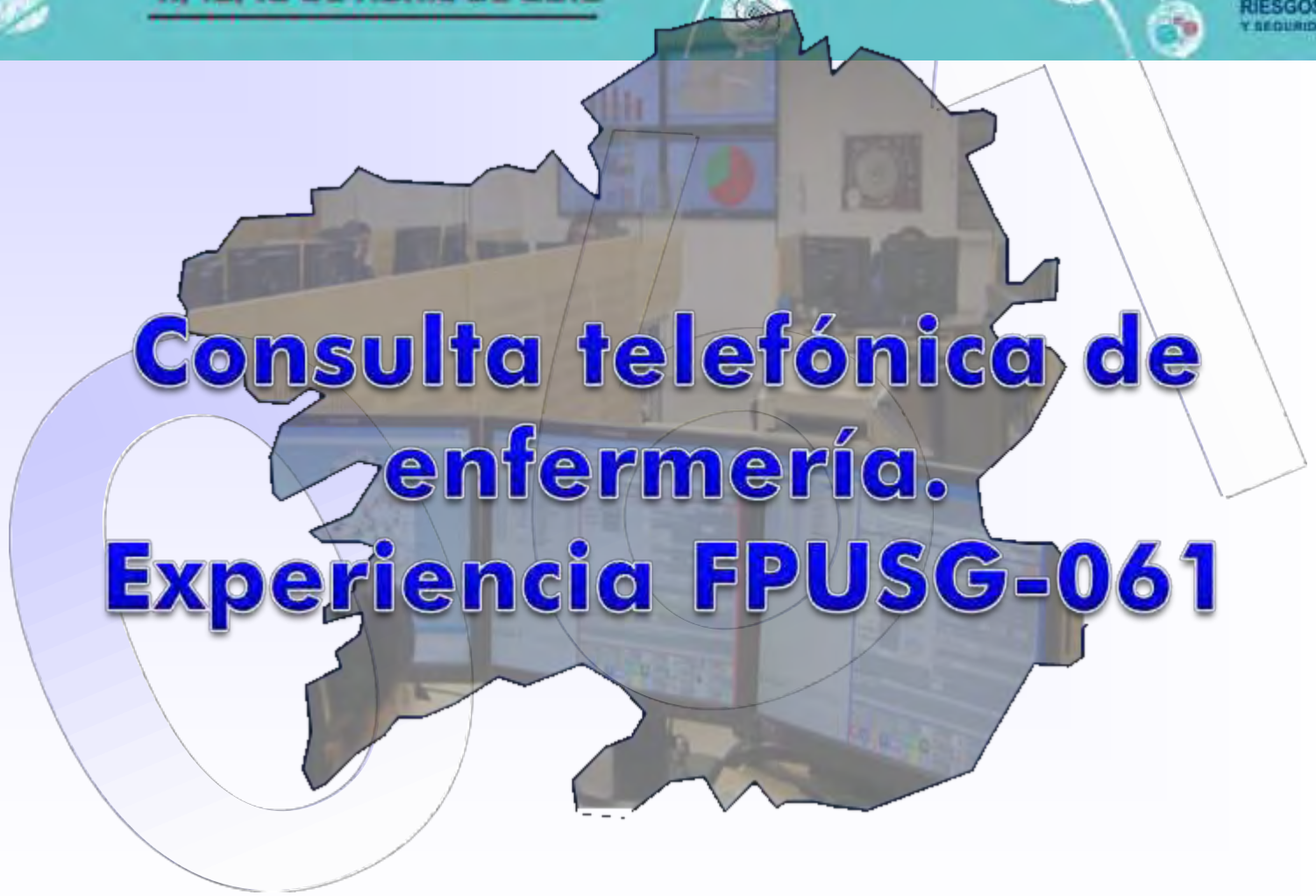
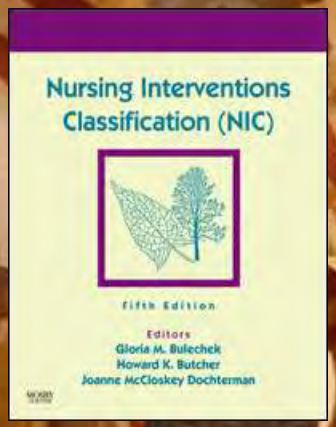
15º CONGRESO AEGRIS
SANTIAGO DE COMPOSTELA
11, 12, 13 DE ABRIL DE 2013

ORGANIZA:
aeGRis
ASOCIACIÓN ESPAÑOLA DE GESTIÓN DE RIESGOS SANITARIOS
Y SEGURIDAD DEL PACIENTE



Consulta telefónica de enfermería. Experiencia FPUSG-061

José Manuel Aguilera Luque
Coordinador de enfermería. Fundación Pública Urxencias Sanitarias de Galicia-061



Campo 6: Sistema Sanitario:

Clase b: Control de la información

8180: Consulta por teléfono

- Identificar las preocupaciones del paciente, escucharlo y proporcionar apoyo, información o enseñanzas en respuesta a dichas preocupaciones, por teléfono.

8190: Seguimiento telefónico

- Dar los resultados de una prueba o de la evaluación de la respuesta del paciente y determinar posibles problemas por teléfono como resultado del tratamiento, exploración o prueba previa

Evidencias??

BMJ. 1998 October 17; 317(7165): 1054–1059. PMCID: PMC28690

Safety and effectiveness of nurse telephone consultation in out of hours primary care: randomised controlled trial

Val Lattimer, research student,[a] Steve George, director,[a] Felicity Thompson, project nurse,[a] Eileen Thomas, principal in public health and primary care nursing,[a] Mark Mullee, senior research fellow,[c] Joanne Turnbull, data manager,[c] Helen Smith, senior lecturer in primary medical care,[b] Michael Moore, general practitioner,[b] Hugh Bond, general practitioner,[b] and Alan Glasper, professor of nursing[d] (the South Wiltshire Out of Hours Project (SWOOP) Group)

Author information ► Article notes ► Copyright and License information ►

Results 14 492 calls were received during the specified times in the trial year (7308 in the control arm and 7184 in the intervention arm) concerning 10 134 patients (10.4% of the registered population). There were no substantial differences in the age and sex of patients in the intervention and control groups, though male patients were underrepresented overall. Reasons for calling the service were consistent with previous studies. Nurses managed 49.8% of calls during intervention periods without referral to a general practitioner. A 69% reduction in telephone advice from a general practitioner, together with a 38% reduction in patient attendance at primary care centres and a 23% reduction in home visits was observed during intervention periods. Statistical equivalence was observed in the number of deaths within seven days, in the number of emergency hospital admissions, and in the number of attendances at accident and emergency departments.

Conclusions Nurse telephone consultation produced substantial changes in call management, reducing overall workload of general practitioners by 50% while allowing callers faster access to health information and advice. It was not associated with an increase in the number of adverse events. This model of out of hours primary care is safe and effective.

Am J Manag Care. 2002 Apr;8(4):343-51.

An analysis of patient compliance with nurse recommendations from an after-hours call center.

Moore JD, Saywell RM, Thakker N, Jones TA.

Department of Family Medicine and the Bowen Research Center, Indiana University School of Medicine, Indianapolis 46202-5102, USA.

Abstract

OBJECTIVES: To demographically and clinically describe the callers who use an after-hours call center (AHCC); to estimate the level of patient satisfaction with the AHCC; to determine caller compliance with the AHCC nurse's recommendation; and to examine the relationship between compliance and selected demographic and clinical characteristics, including caller satisfaction.

STUDY DESIGN: A prospective, quasi-experimental telephone survey.

PATIENTS AND METHODS: Randomly selected callers (n = 427) to an AHCC were surveyed by telephone to determine their satisfaction with the services provided and their compliance with the AHCC nurse's recommendation.

RESULTS: Overall, 88.2% of the AHCC clients were compliant with the nurse's recommendations. Logistic regression analysis revealed that 2 patient variables had a statistically significant impact on compliance. Patients or their surrogates (eg, parents/guardians, caregivers) who were "very satisfied" were more than 4 times more likely to be compliant, and the surrogates of the patients under the age of 1 year were more than 20 times more likely to be compliant. The greatest level of patient dissatisfaction was with the time it took to make contact with the nurse. Decreasing this response time may improve satisfaction, which in turn may increase compliance and lead to more desirable health outcomes.

CONCLUSIONS: The level of compliance was found to be favorable for all levels of acuity. However, the results indicate a further need for quality improvement activities.

Worldviews Evid Based Nurs. 2005;2(4):184-95.

Barriers and facilitators influencing call center nurses' decision support for callers facing values-sensitive decisions: a mixed methods study.

Stacey D, Graham ID, O'Connor AM, Pomey MP.
University of Ottawa, School of Nursing, Ottawa, Ontario, Canada. dstacey@uottawa.ca

Abstract

BACKGROUND: Call center nurses triage symptoms and provide health information. However, information alone is not adequate for people facing values-sensitive health decisions. For these decisions, effective interventions are evidence-based patient decision aids and in-person nurse coaching using a structured process. Little is known about the quality of decision support provided by call center nurses.

AIMS: To identify the barriers and facilitators influencing the provision of decision support by call center nurses to callers facing values-sensitive health decisions at a Canadian province-wide health call center.

METHODS: A mixed qualitative and quantitative descriptive study from December 2003 to January 2004 using key informant interviews (n= 4), two focus groups (n= 7), a barriers assessment survey (n= 57), and analysis of simulated patient calls (n= 38) were carried out. Triangulation of these data was conducted using a conceptual content analysis method.

RESULTS: Participants indicated positive attitudes toward call center nurses preparing callers facing values-sensitive decisions. Facilitators included decision support resources, nurses' ability to recognize callers having difficulty, and having a supportive organizational infrastructure. The most frequently identified barriers were (a) limited usability of patient decision aids via telephone; (b) lack of a structured process to guide nurses during these types of calls; (c) nurses' inadequate knowledge, skills, and confidence in providing values-sensitive decision support; (d) unclear program direction; (e) organizational pressure to minimize call length; and (f) low public awareness of the services.

CONCLUSIONS AND IMPLICATIONS: Despite call center nurses having positive attitudes, several modifiable barriers were interfering with nurses' current approaches to supporting callers facing values-sensitive decisions. Nurses wanted educational opportunities to further develop their decision support knowledge and skills, and decision support resources that are easier to use via telephone. As well, changes to organizational policies that address identified barriers could further facilitate the provision of decision support.

Cidadanía
Profesionais
Empresas
Feitos Vitais
Temas
A nosa oferta
Atención ó usuario
Axenda de actividades
Bibliografía e protocolos
Catástrofes e múltiples vítimas
Central de Coordinación de Urxencias CCUSG-061
Consellos sanitarios
Coordinación
Equipos móbiles
Formación
Información institucional
Investigación

Consulta e información sanitaria

23/03/2012

A Fundación Pública Urxencias Sanitarias de Galicia-061 pon á disposición do cidadán o servizo de Consulta Sanitaria a través do teléfono902 400 116,cuxa actividade é atendida, fundamentalmente, por persoal de enfermaría, respaldado polo equipo médico de coordinación sanitaria.

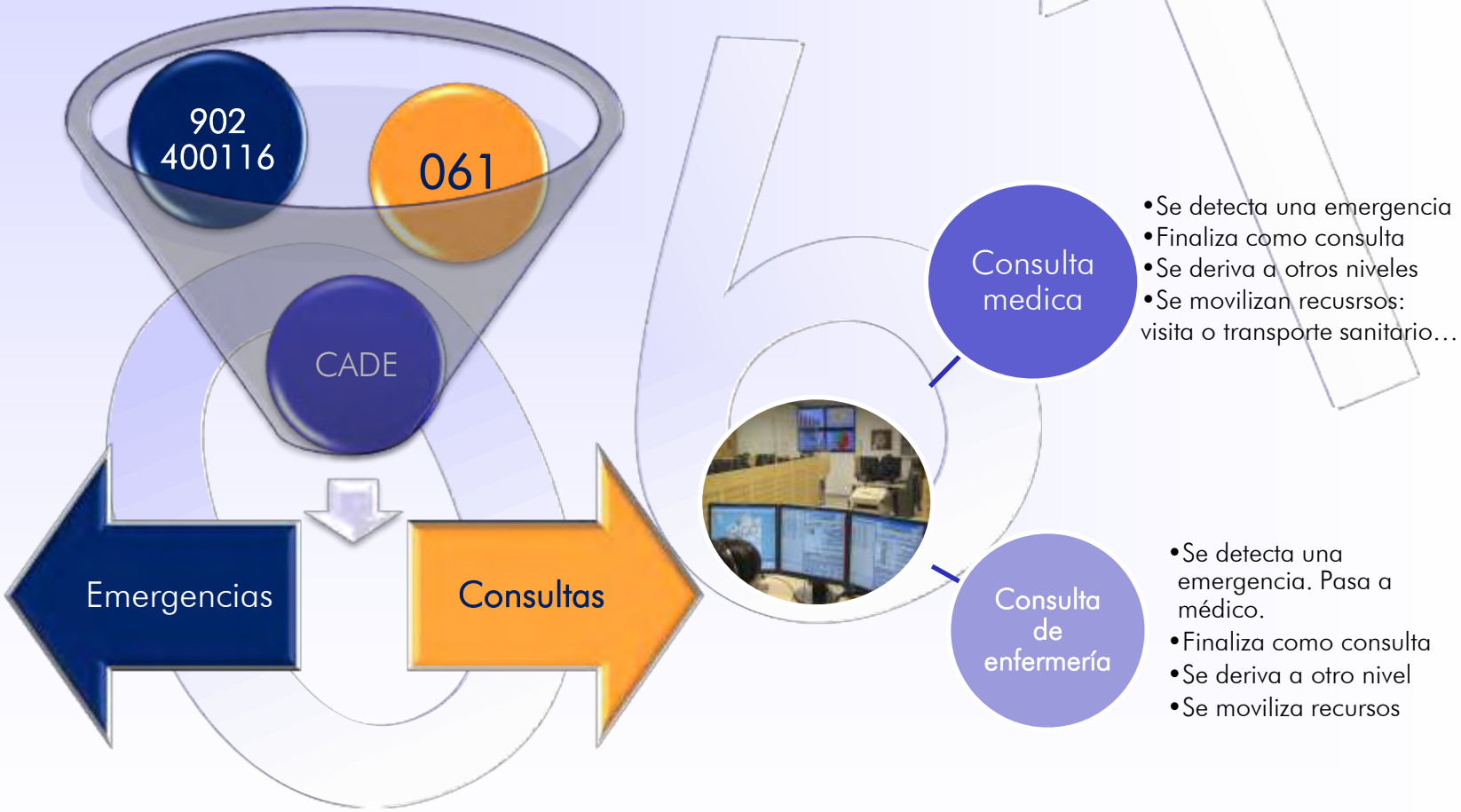
Deste xeito intégrase nunha mesma sala operativa a xestión da urxencia e a emerxencia extrahospitalaria, o transporte sanitario e a consulta sanitaria non urxente no ámbito da Comunidade Autónoma de Galicia.

Na Consulta Sanitaria 902 400 116 traballamos para resolver cuestións como as seguintes:

Dúbidas sobre:

- Trámites e consultas administrativas.
- Enfermidades: formas de contaxio, signos e síntomas, coidados de enfermaría relacionados.
- Fármacos e produtos sanitarios.
- Preparación probas diagnósticas: analíticas sanguíneas, colonoscopias, ecografías, ecocardiogramas, etc.
- Dietas.
- Exercicio físico e hábitos de vida saudable.

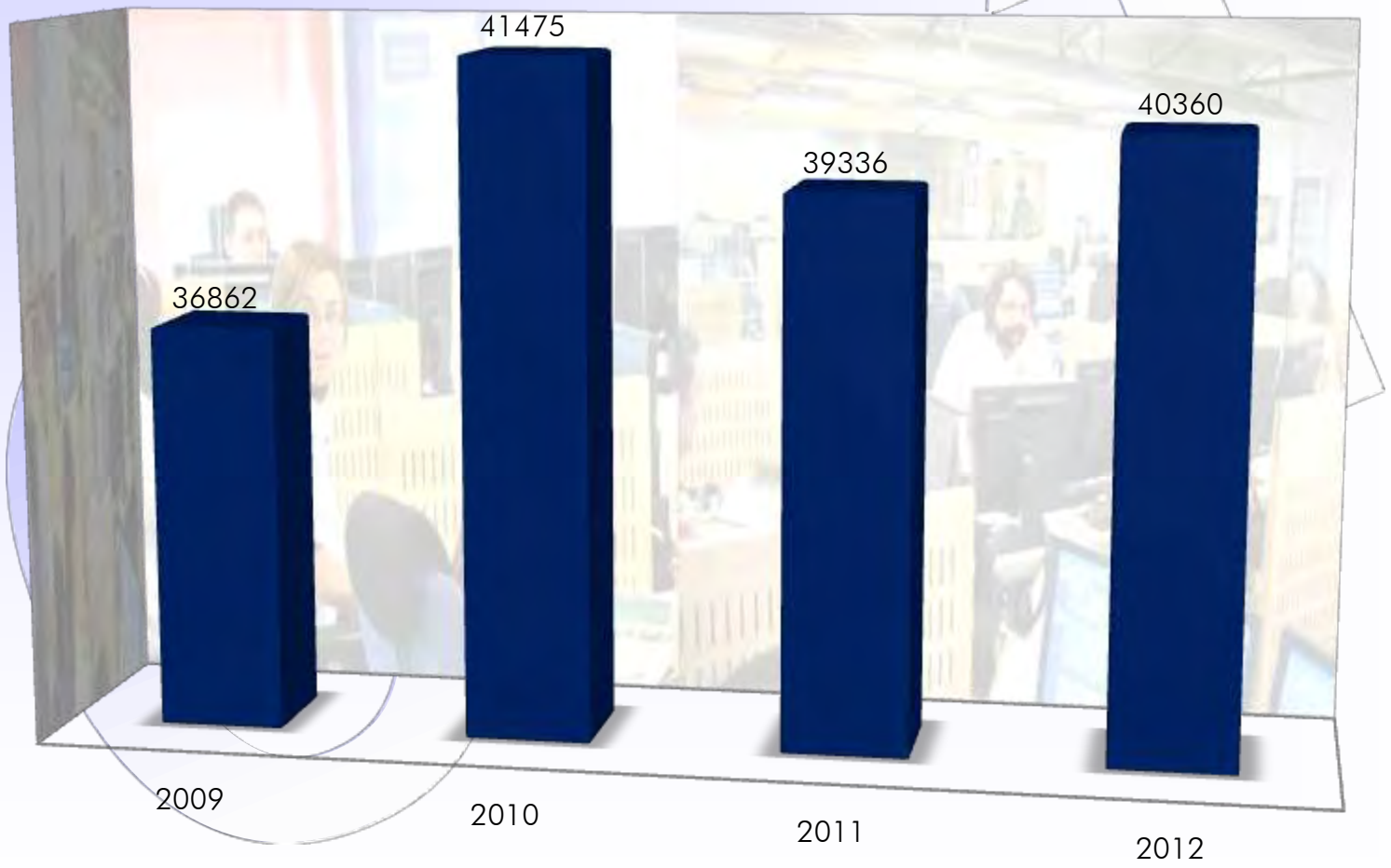
Nuestro modelo



- Se detecta una emergencia
- Finaliza como consulta
- Se deriva a otros niveles
- Se movilizan recusrsos: visita o transporte sanitario…

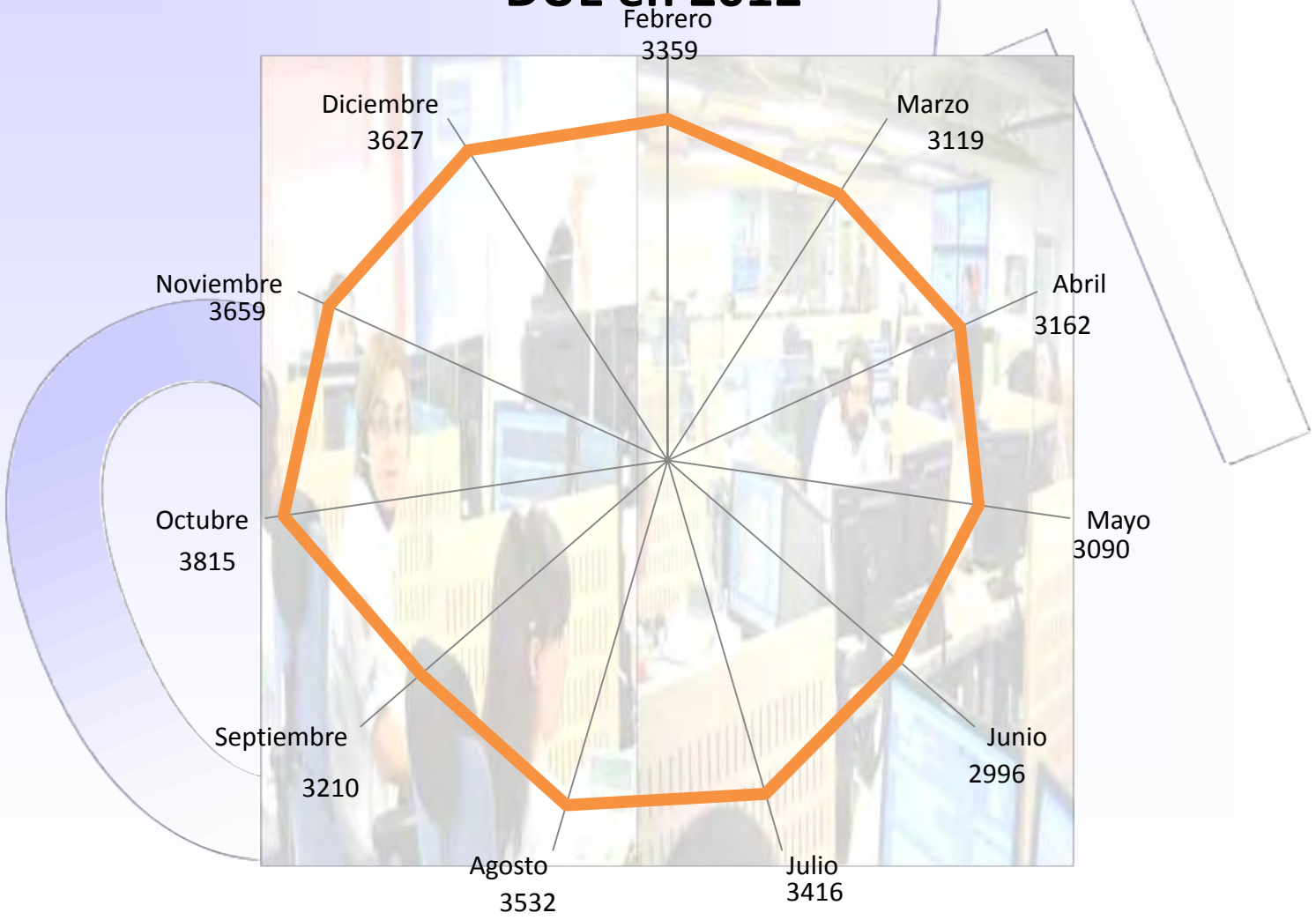
- Se detecta una emergencia. Pasa a médico.
- Finaliza como consulta
- Se deriva a otro nivel
- Se moviliza recursos

Evolución procesos atendidos por DUE de CCUSG-061



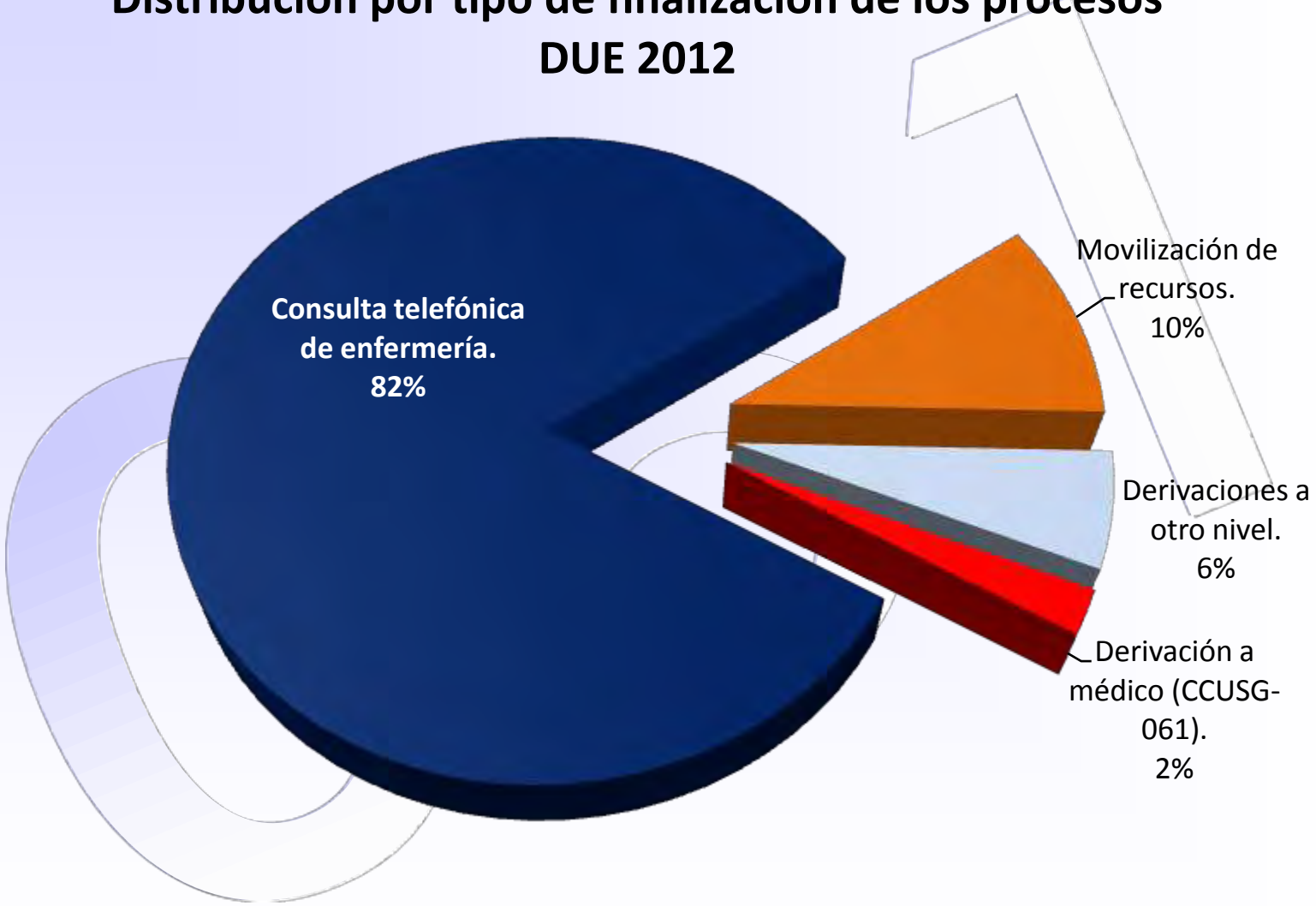
Fuente FPUSG-061; ACORDE®

Distribución mensual de procesos atendidos por DUE en 2012



Fuente FPUSG-061; ACORDE®

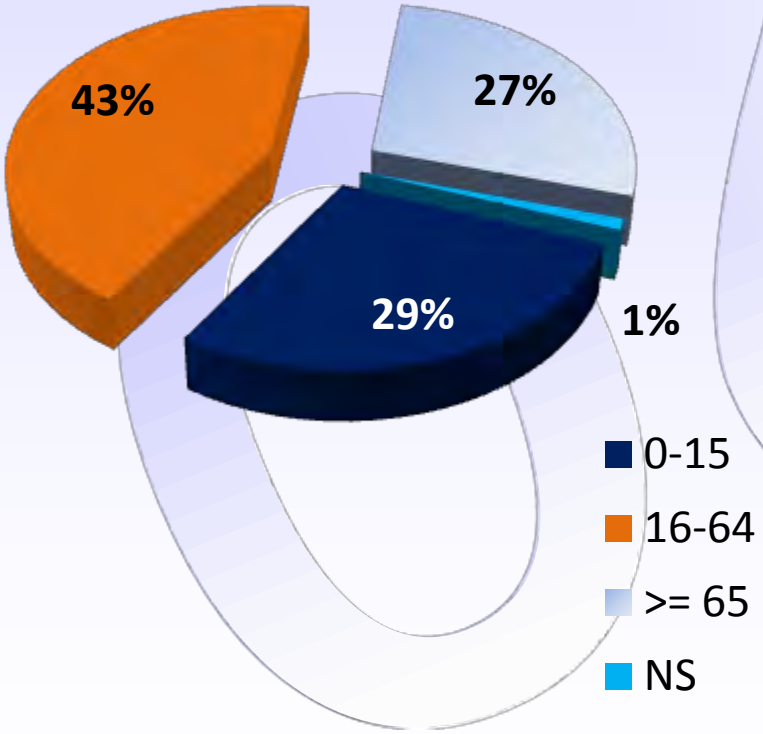
Distribución por tipo de finalización de los procesos DUE 2012



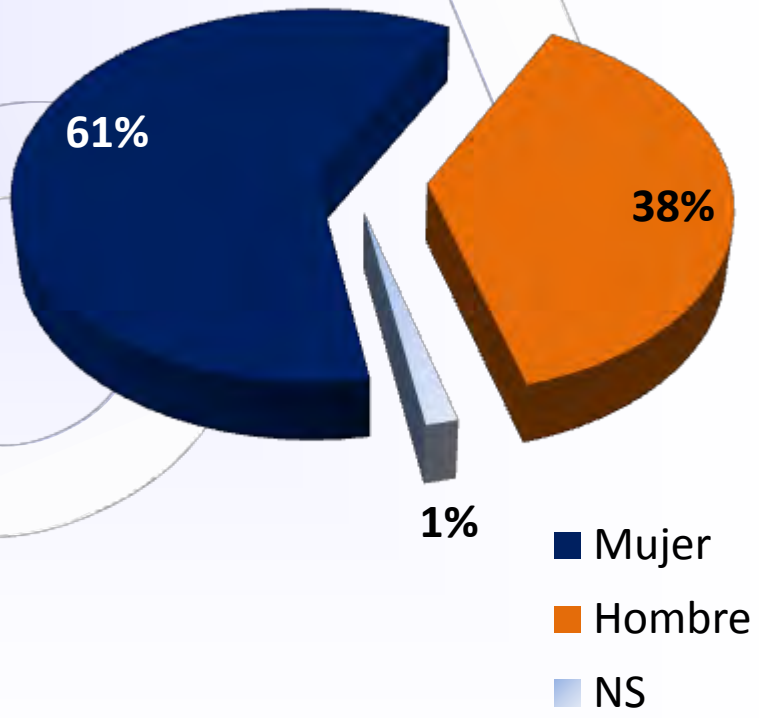
Fuente FPUSG-061; ACORDE®

Usuarios de consulta telefónica de enfermería 2012

Distribución por edades

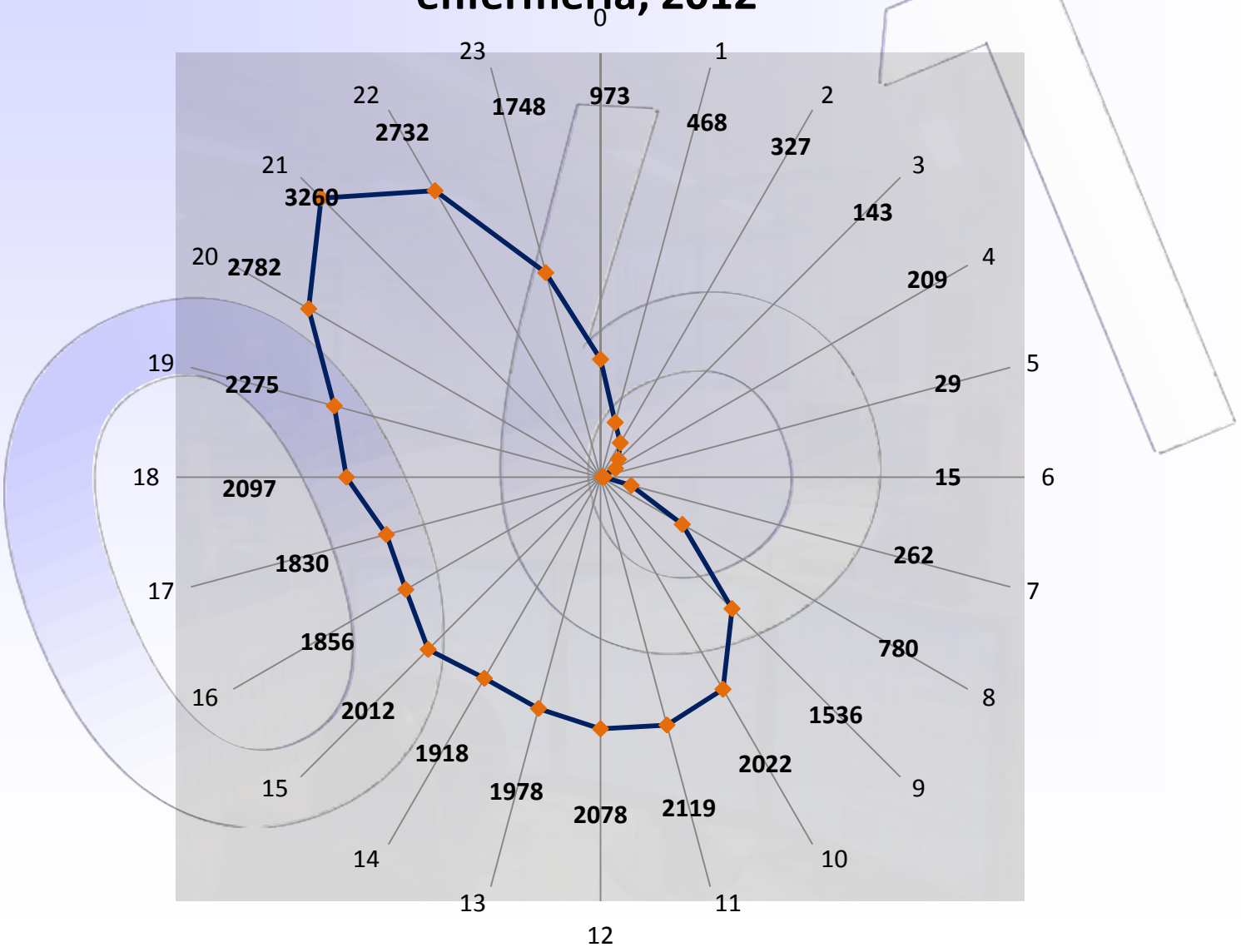


Distribución por sexo

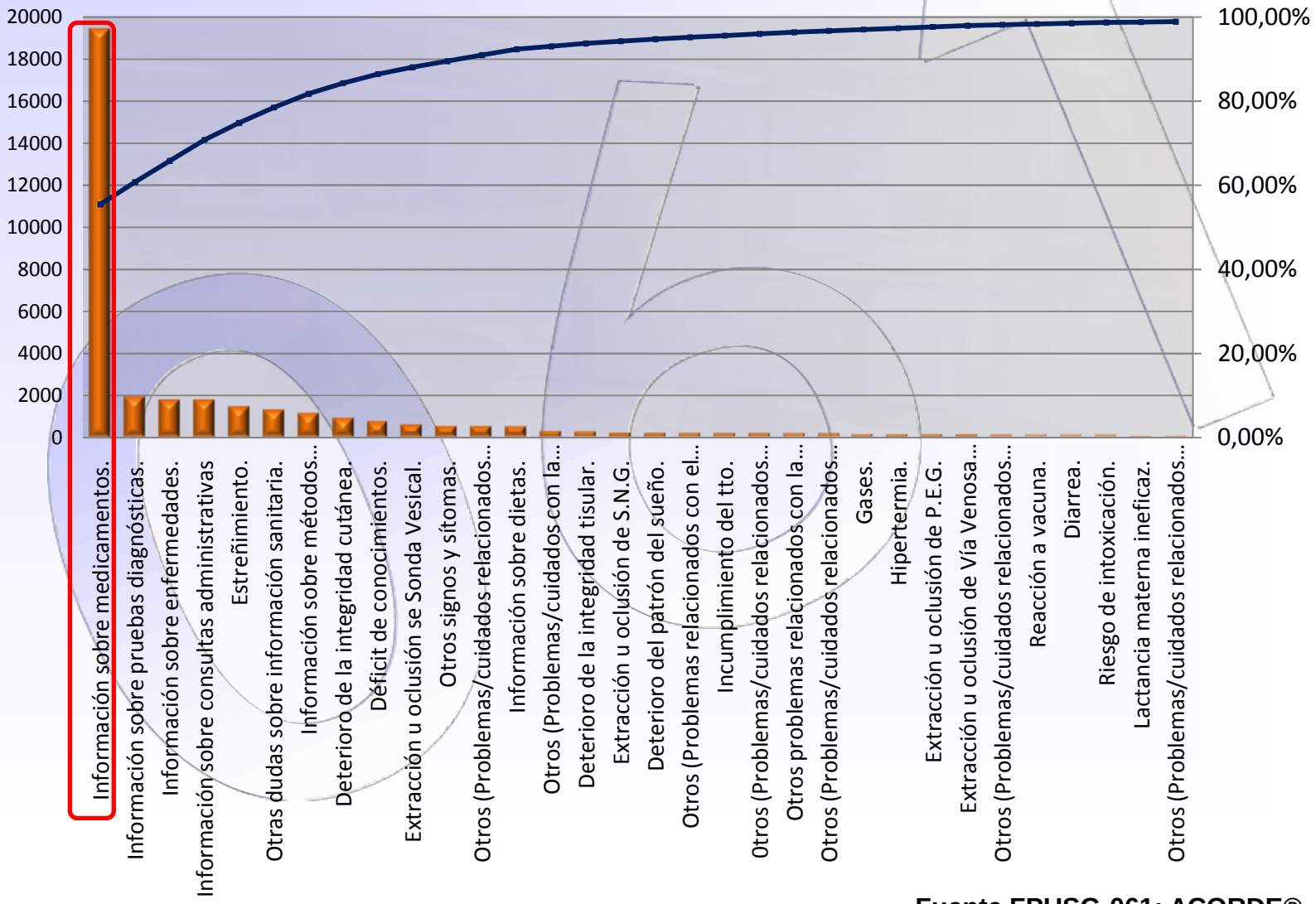


Fuente FPUSG-061; ACORDE®

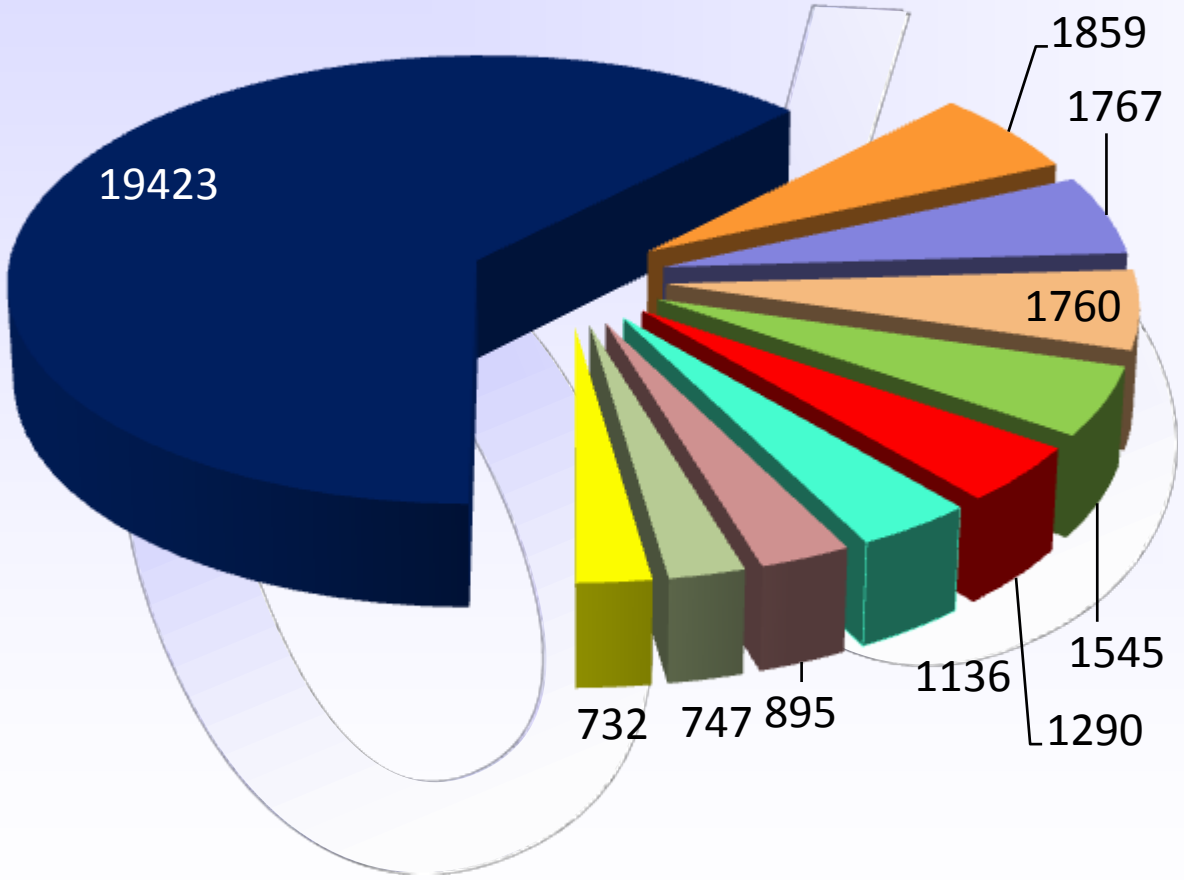
Distribución horaria de las consultas telefónicas de enfermería; 2012



Distribución de las causas etiológicas del consulta telefónica



Fuente FPUSG-061; ACORDE®



- Información sobre medicamentos y vacunas
- Información sobre pruebas diagnósticas.
- Información sobre enfermedades.
- Información sobre consultas administrativas
- Estreñimiento. Problemas/cuidados relacionados con la eliminación
- Otras dudas sobre información sanitaria.
- Información sobre métodos anticonceptivos.
- Deterioro de la integridad cutánea.
- Déficit de conocimientos. Otros aspectos
- Información sobre dietas. cuidados con la alimentación/hidratación

Fuente FPUSG-061; ACORDE®

Que depara el futuro

Procesos agudos. Sistematizar

Procesos crónicos. referenciar

SINERGIA

Consulta y consejo

Apoyo cuidador

Camino reactivo. consulta

Seguimiento de altas hospitalarias

Seguimientos en domicilio

INTEGRACIÓN

Colaboración con gestión de casos

Alertas a poblaciones diana: gripe, ola calor…

Camino Proactivo. Seguimiento

Bibliografía

- Telecuidados: posibilidades de una alternativa asistencial en Enfermería Comunitaria. JM Morales Asencio, JC Morilla Herrera, FJ Martín Santos, FJ Tejada Fernández, E Gonzalo Jiménez. Index de Enfermería 01/2004; 12:4-48.
- Osarean-Osakidetza sarean disponible en www.parlamento.euskadi.net/irud/09/00/030180.pdf. *Consultado en 02/04/2013.*
- Lattimer V, George S, Thompson F et al.: Safety and effectiveness of nurse telephone consultation in out of hours primary care: randomised controlled trial. BMJ 1998; 317:1054-1059.