

## Decision Making Approaches to Telephone Triage Task

<i>Algorithm</i>	<i>Pattern Recognition</i>
<ul style="list-style-type: none"> <li>• Two sets of guidelines for office and after hours</li> <li>• Pediatric set lacks any definition by age</li>   <li>• Functions like Decision-making Tool</li> <li>• Preliminary assessment is not emphasized</li> <li>• Premature selection of CDSS</li> <li>• Clinician's confidence is eroded</li> </ul>	<ul style="list-style-type: none"> <li>• One set of guidelines address all hours 24/7</li> <li>• Age-based Pediatric separated into two volumes: Infant toddler Birth to 6 Years, School Age: 6 to 18 years</li> <li>• Functions as Decision <i>Support</i> Tool for the purpose of identifying, estimating or ruling out urgent symptoms.</li> <li>• Clinical Process-based (Assess, Impression, Plan, Evaluate)</li> <li>• Requires detailed Preliminary Assessment to elicit pattern</li> <li>• Requires Adherence to- &amp; documentation of – nursing process steps (metacognition)</li> </ul>
<p><i>Design:</i> Diagnostic, Statistical</p> <ul style="list-style-type: none"> <li>• Procedural in design</li> <li>• Binary logic algorithms may be unsuited to conditions of extreme uncertainty (telephone interactions)</li> <li>• Specific Y/N questions without adequate preliminary assessment</li> <li>• Specificity of tool erodes clinician autonomy</li> </ul>	<p><i>Design:</i> Pattern Recognition, Contextual</p> <ul style="list-style-type: none"> <li>• Flexible, functions as <i>Reference</i></li> <li>• Pattern Recognition suited to high uncertainty</li> <li>• Supports clinical judgement</li> <li>• Require Nursing Process and detailed elicitation of information via Prelim Assessment and in order to match pattern to guideline</li> </ul>
<p><i>Dispositions:</i> Office Hours Based. Nine ambiguous Dispositions</p> <ol style="list-style-type: none"> <li>1. Call EMS 911 now</li> <li>2. Go to ED Now</li> <li>3. Go to ED Now (or to Office with PCP Approval)</li> <li>4. Go to Office Now</li> <li>5. See Today in Office</li> <li>6. See Today or Tomorrow in Office</li> <li>7. See within 3 days in Office</li> <li>8. See within 2 weeks in Office</li> <li>9. Home Care</li> </ol>	<p><i>Dispositions:</i> All Hours Based. Five explicit Categories of Urgency (Five Tier) Site- and Time Frame- Based</p> <ol style="list-style-type: none"> <li>1. 911/ED within 0-1 Hr (Emergent)</li> <li>2. ED/UCC within 1- 8 Hr.(Urgent )</li> <li>3. ED/UCC/Office in d-24 H (Acute)</li> <li>4. Appt 24 + Hours or Advice Only (Non-acute)</li> </ol> <ul style="list-style-type: none"> <li>• Fewer, better defined dispositions reduce Decision Fatigue, enhance Informed Consent, User Friendliness, Continuity, Simplify Stat tracking, Triage Function</li> </ul>

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<p><i>Disposition Decrease Accessibility: Office Hours Based</i></p> <ul style="list-style-type: none"> <li>• Restricts Site/ Time of Day to Office Hours ( 2080 H/Yr)</li> <li>• Unworkable Dispositions outside of rigid Office Hours parameters.</li> </ul>	<p><i>Disposition Facilitate Accessibility: All Hours Based</i></p> <ul style="list-style-type: none"> <li>• Comprehensive Coverage 24/7</li> <li>• Defined, time frame and Site: ED, UCC, Office: 24/7 (4296 H/Yr period)</li> </ul>
<ul style="list-style-type: none"> <li>• CDSS use as “First Pass”</li> <li>• Overly dependent on Software</li> </ul>	<ul style="list-style-type: none"> <li>• Emphasizes use of CDSS as “Last Pass”</li> <li>• “Fail Safe” requires asking key questions to support QA/CQI</li> </ul>

1. System 1 vs System 2 Thinking
2. Algorithms operate on System 1 mode. Current algorithmic systems are not working, not being used
3. Pattern recognition (system 2) a better match for the task
4. Pattern recognition requires and presupposes adequate assessments to estimate urgency
5. *Pattern Recognition* as a Match to Telephone Triage Task.
  - a. “Reduce a complex problem to its simplest elements.
  - b. Too much information paralyzes the unconscious; keep it simple”. *Malcolm Gladwell*
  - c. Where the exhaustive search is impractical, heuristic methods are used to speed up the process of finding a satisfactory solution via mental shortcuts to ease the cognitive load of decisionmaking. *Heuristic* refers to problem solving techniques that provide solutions not guaranteed to be optimal. Examples of this method include: [rule of thumb](#), an [educated guess](#), or [common sense](#). [Wikipedia](#)
6. Pattern recognition: When operated by qualified, trained clinician, can promote safe decisions