# Decision Making Approaches to Telephone Triage Task

<table>
<thead>
<tr>
<th>Algorithm</th>
<th>Pattern Recognition</th>
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| • Two sets of guidelines for office and after hours  
• Pediatric set lacks any definition by age  
• Functions like Decision-making Tool  
• Preliminary assessment is not emphasized  
• Premature selection of CDSS  
• Clinician’s confidence is eroded | • One set of guidelines address all hours 24/7  
• Age-based Pediatric separated into two volumes: Infant toddler Birth to 6 Years, School Age: 6 to 18 years  
• Functions as Decision Support Tool for the purpose of identifying, estimating or ruling out urgent symptoms.  
• Clinical Process-based (Assess, Impression, Plan, Evaluate)  
• Requires detailed Preliminary Assessment to elicit pattern  
• Requires Adherence to & documentation of – nursing process steps (metacognition) |

**Design: Diagnostic, Statistical**  
• Procedural in design  
• Binary logic algorithms may be unsuited to conditions of extreme uncertainty (telephone interactions)  
• Specific Y/N questions without adequate preliminary assessment  
• Specificity of tool erodes clinician autonomy

**Design: Pattern Recognition, Contextual**  
• Flexible, functions as Reference  
• Pattern Recognition suited to high uncertainty  
• Supports clinical judgement  
• Require Nursing Process and detailed elicitation of information via Prelim Assessment and in order to match pattern to guideline

**Dispositions: Office Hours Based. Nine ambiguous Dispositions**  
1. Call EMS 911 now  
2. Go to ED Now  
3. Go to ED Now (or to Office with PCP Approval)  
4. Go to Office Now  
5. See Today in Office  
6. See Today or Tomorrow in Office  
7. See within 3 days in Office  
8. See within 2 weeks in Office  
9. Home Care

**Dispositions: All Hours Based. Five explicit Categories of Urgency (Five Tier) Site- and Time Frame- Based**  
1. 911/ED within 0-1 Hr (Emergent)  
2. ED/UCC within 1-8 Hr (Urgent)  
3. ED/UCC/Office in d-24 H (Acute)  
4. Appt 24 + Hours or Advice Only (Non-acute)  
• Fewer, better defined dispositions reduce Decision Fatigue, enhance Informed Consent, User Friendliness, Continuity, Simplify Stat tracking, Triage Function
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<table>
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<tr>
<th>Disposition Decrease Accessibility: Office Hours Based</th>
<th>Disposition Facilitate Accessibility: All Hours Based</th>
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<tbody>
<tr>
<td>* Restricts Site/ Time of Day to Office Hours (2080 H/Yr)</td>
<td>* Comprehensive Coverage 24/7</td>
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<tr>
<td>* Unworkable Dispositions outside of rigid Office Hours parameters.</td>
<td>* Defined, time frame and Site: ED, UCC, Office: 24/7 (4296 H/Yr period)</td>
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<td>* CDSS use as “First Pass”</td>
<td>* Emphasizes use of CDSS as “Last Pass”</td>
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<tr>
<td>* Overly dependent on Software</td>
<td>* “Fail Safe” requires asking key questions to support QA/CQI</td>
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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](https://en.wikipedia.org/wiki/Heuristic)
6. Pattern recognition: When operated by qualified, trained clinician, can promote safe decisions