A. GENERAL STATEMENT OF POLICY:

It is the policy of Texas Tech University Health Sciences Center Department of Surgery to triage patient telephone calls.

B. SCOPE:

This policy will cover the Department of Surgery.

C. ADMINISTRATION:

This policy will be revised by the administrator and approved by the chairman.

D. TEXT:

ENT Division:

Emergent: A nurse will be notified and immediately take the call if the following symptoms are described by the patient: post operative bleeding, tracheal or lung problems, or facial cellulites.

Urgent: A nurse will return the call within one hour if the following symptoms are described by the patient: mastoiditis, sudden hearing loss, head and neck cancer patients, and tonsil abscess.

Semi-Urgent: A nurse will return the call within four hours if the following symptoms are described by the patient: post operative pain or complications with incisions and tracheal stoma problems.

Non-Urgent: A nurse will return the call by the end of the clinic day for: prescription refills, surgery or anesthesia rescheduling, lab, test rescheduling, supplies and home health orders.

General Surgery Division:

Emergent: A nurse will be notified and immediately take the call if the following symptoms are described by the patient: bleeding, chest pain, shortness of breath, and calls from the Star Center when the patient is there.

Urgent: A nurse will return the call within one hour if the following symptoms are described by the patient: pain, drainage, fever, nausea, and vomiting, or any symptom based complaint.
Non-Urgent: A nurse will return the call within 24 hours of the initial call for: prescription refills, surgery or anesthesia rescheduling, lab, test rescheduling, supplies and home health orders.

Level of urgency is determined using the *Telephone Triage Protocols for Ambulatory Care*.

**E. DISTRIBUTION**

This policy and procedure should be distributed to all Department of Surgery Employees.

**F. REVISION**

It shall be the responsibility of the administrator and/or designee to indicate any revisions to this policy and it shall be the responsibility of the chairman to approve any revisions to this policy.
Surgery has established the following standards of performance for returning phone calls to patients.

<table>
<thead>
<tr>
<th>Type of Call</th>
<th>Amount of Time for Return Call</th>
<th>Press Ganey Best Practice</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergent*</td>
<td>Immediately________</td>
<td>Immediately</td>
</tr>
<tr>
<td>Urgent **</td>
<td>Within one hour____</td>
<td>1 hour</td>
</tr>
<tr>
<td>Routine****</td>
<td>By the end of the clinic (AM or PM)</td>
<td>End of Clinic</td>
</tr>
</tbody>
</table>

*Emergent
- condition requires immediate medical attention
- Delay is harmful to patient
- Disorder is acute and potentially a threat to life or function

**Urgent
- Condition requires medical attention within a few hours
- Patient is in danger if not attended
- Disorder is acute but not severe

****Routine
- Prescription refills, surgery or anesthesia scheduling, lab and x-ray rescheduling, and supplies.
- Condition does not require emergency service
- Disorder is minor or nonacute

Per department OP 3.9-Telephone triage