

NURSE-ON-CALL

Quarterly Newsletter

1 September–31 December 2006

Service Report

Since the launch of NURSE-ON-CALL on 4 June 2006, the service has continued to experience an enthusiastic response from the Victorian public. Over 235,000 calls have been answered in the first seven months of operation and anecdotal reports suggest that callers generally remain very satisfied with the service.

How have Victorians responded to NURSE-ON-CALL?

- NURSE-ON-CALL answered over 144,900 calls between September and December 2006.
- Calls answered in this period exceeded the projected call volume by 62,953 calls.
- Weekends remain the busiest times. Calls received on the weekend account for 32.4% of total calls received by the service between September and December 2006.
- Sunday remains the busiest day of the week and accounts for 16.48% of calls received by the service between September and December 2006.

Who calls NURSE-ON-CALL?

- 92.5% of calls received were directly from the public and 7.5% were transferred from hospitals.
- Women made up 73.25% of callers, but only 59.38% of patients.
- 33.7%* of female patients were aged between 0-14 years and 39.2% were aged between 20-44 years.
- 53.6%* of male patients were aged between 0-14 years and 24.2% were aged between 20-44 years.
- 77%** of calls received were from metropolitan Victoria and 23% were from regional Victoria. Proportion of calls received from regional Victoria has increased compared to the June to August 2006 quarter (19%).

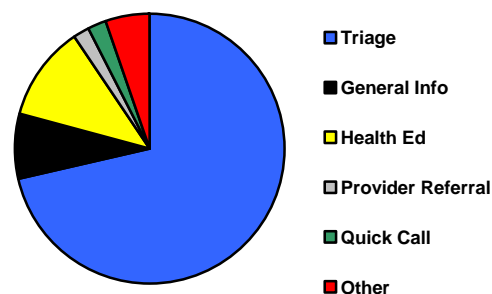
*Figures are for December 2006 - age bands were changed at this time so there is no comparative data for Sept-Nov 2006.

** Approximately 78% of calls answered had a recorded postcode. Some calls such as very urgent 000 transfers, anonymous calls and quick calls will not have a postcode recorded.

What happened when people called NURSE-ON-CALL?

- On average, each caller spoke to a registered nurse for 8.33 minutes.
- Triage accounted for the majority of calls – a full summary of the call outcome is shown below.

Summary by Outcome - % of total calls	Number	Percentage
Triage	101,866	71.45%
General Information Provided	11,137	7.81%
Health Education	16,116	11.30%
Provider Referral	2,599	1.82%
Quick Call (Includes wrong numbers, prank, hoax calls)	3,454	2.42%
Other (not recorded, admin file, transferred internally, etc)	7,388	5.18%



A single call made to NURSE-ON-CALL can result in two or more call outcomes. For example, a caller might be provided with general information and a referral to a service.

What advice did callers seek?

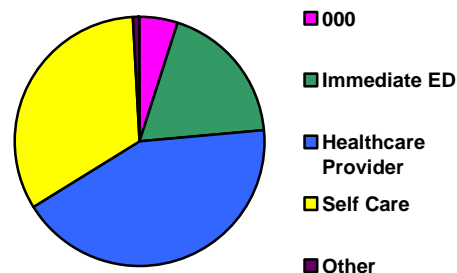
- The most frequently requested Health Education topics were: Chicken Pox (13.78%), Shingles (4.6%) Fever in children (4.31%) and Gastroenteritis in children (2.23%).

Summary of Top 10 Triage Guidelines Used	
1. Vomiting (Paediatric) (7.1%)	6. Diarrhoea / Change in Bowel Habits (2.5%)
2. Fever (Paediatric) (4.1%)	7. Chest pain/discomfort (2.4%)
3. Abdominal pain/discomfort (3.8%)	8 Rashes, Widespread, Cause Unknown (Paediatric) (2.0%)
4. Diarrhoea (Paediatric) (3.5%)	9. Cough (1.6%)
5. Nausea/vomiting (3.3%)	10. Trauma – Head (Paediatric) (1.6%)

Data from health call advice lines in other states indicates that the most frequently used guidelines and top topics for health information vary each season.

What were the final dispositions* of calls to NURSE-ON-CALL?

Summary of Final Disposition	Number	Percentage
Transfer to 000	5,153	4.96%
Attend Emergency Department Immediately	19,432	18.74%
See Healthcare Provider	43,820	42.25%
Self Care	34,530	33.30%
Other (includes Poisons, Police, etc)	757	.73%
Total	103,692	100%



*Disposition refers to the recommendation made by NURSE-ON-CALL

What did Callers intend to do and what were they advised by NURSE-ON-CALL?

As a matter of course McKesson asks approximately 70% of callers about their intended action before calling NURSE-ON-CALL. Whilst many callers know what action they intended to take there is always a significant number (47.6% of the callers surveyed in Sept-Dec 2006) who do not, and NURSE-ON-CALL provided advice on the most appropriate health care for their presenting symptoms.

Each month there are also a small proportion of callers who had not realised the severity of their illness and intended to care for themselves. Of the callers surveyed in Sept-Dec 2006, 318 cases of people who intended to care for themselves were identified by the service as having a condition that required urgent immediate care and an ambulance transfer. Subsequent feedback from some of these callers indicates that their condition had in fact been life-threatening.

With less than one year in operation, it is difficult to ascertain the impact the NURSE-ON-CALL service has made to emergency department presentations in Victoria. Emergency Department data currently available shows that emergency presentations across all categories are declining; with this reduction the figures indicate that the introduction of NURSE-ON-CALL has not led to an increase in emergency department presentations.

NURSE-ON-CALL FEEDBACK

What feedback has NURSE-ON-CALL received?

- From 1 September to 31 December 2006 McKesson received 231 compliments from satisfied customers and 37 comments from people dissatisfied with the service.
- Compliments generally include feedback about the reassurance given, effective action taken in critical situations and the manner in which triage nurses answered calls.
- Of the 37 complaints received, 10 related to clinical issues none of which had critical outcomes. Other complaints include general negative feedback such as waiting times and customer service. Where improvements are identified, strategies (e.g. coaching of nurses, adjustments to specific guidelines) have been implemented.