

Patients telephoning A&E for advice: a comparison of expectations and outcomes

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Abstract

Objective—To investigate the expectations of patients when they phone the accident and emergency (A&E) department, how this relates to the advice they receive, the action they subsequently take, and their satisfaction with the service.

Setting—The study was undertaken at an inner city hospital in south east London.

Methods—597 calls to the department were documented during the study period, and callers for whom a phone number had been recorded were followed up by structured interviews carried out by a trained interviewer within 72 h of the call. Up to three attempts were made to contact each patient. The interviews were conducted at various times of the day to avoid excluding people with different work or social patterns.

Results—The interviewer was able to contact 203 patients within 72 h of their call to the A&E department. Of these 197 (97%) agreed to participate. Almost two thirds stated that when they phoned A&E they anticipated receiving self care advice; 11% expected to be advised to see or contact their general practitioner. Only a quarter of callers stated that they had expected to be told to attend A&E. There was disagreement between the advice that nurses documented as having been given, the advice the caller recalled receiving, and the action the patient subsequently took. Even so, 107 (55%) callers were very satisfied and 62 (32%) were satisfied, while 11 (6%) were dissatisfied with the telephone consultation; 15 (8%) were unsure. In all, 170 (87%) thought the advice they received was helpful.

Conclusions—Understanding the reasons why patients phone A&E departments and their expectations should contribute to developing more responsive and effective services.

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Keywords: telephone advice; accident and emergency department; patient satisfaction; patient expectations

The general public often call accident and emergency (A&E) departments to seek medical information and advice. One recent study found that approximately 50% of the problems discussed with A&E staff over the phone were managed without the patient having to attend; those callers were either redirected to another agency or were given advice over the tele-

phone.¹ There is some evidence that the majority of patients who phone an A&E department do so for primary care or non-trauma-related problems.² A high level of patient satisfaction with A&E telephone advice has been reported.³

Although the demand for telephone advice from A&E departments in the United Kingdom appears to be increasing, little is known about why patients call. The aim of this study was to investigate the expectations of patients when they phone and how they relate to the advice they receive, the action they subsequently take, and their satisfaction with the service. The study was undertaken as part of a larger project to develop a telephone consultation skills training programme for A&E nurses, together with decision support software to assist clinical assessment and advice giving. An analysis of the characteristics of patients who call for advice, and their presenting complaints, has been published elsewhere.²

Methods

The study was undertaken at King's College Hospital between 7 November 1993 and 3 February 1994. A telephone consultation record (TCR) proforma was developed to record information about each call for advice received in the A&E department from members of the public. The hospital switchboard was asked to put all calls from the public through to a designated extension within the department. Departmental policy was amended so that all staff taking calls were required to complete a TCR for each call taken, which included recording the date, time, callers' telephone number and relationship to the patient, patient's age, sex, nature of problem, and the advice given.

The TCRs were collected daily. The advice given to callers was coded into five categories: visit the A&E department; contact the patient's general practitioner (GP) immediately; make a routine appointment to see the GP; contact another agency; or follow self care advice.

During the study period, 597 calls to the department were documented on TCR forms. Callers for whom a phone number had been recorded on the TCR were followed up by structured telephone interviews carried out by a trained interviewer within 72 hours of the call to the department. Up to three attempts were made to contact each patient. The interviews were conducted at various times of the day in order not to exclude people with different work or social patterns.

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Table 1 Reasons that were given by patients for phoning A&E for telephone advice

"She was in pain, we weren't sure if it was indigestion. I thought I'd better phone up first and I didn't want to go up to hospital if it was indigestion . . . I was hoping he wouldn't say come up." Female patient, aged 19 years.
 "I just wasn't sure what to do, whether to bring him up, or call a doctor . . . in fact, I really expected them to say well call your own GP first, which we did." Male patient, aged 21 years.
 "I phoned because I had a doctor out to my daughter in the early hours of the morning and I had also taken my daughter to the doctors late morning. I wasn't actually satisfied with what I was told was wrong with her." Mother of female patient, aged 4 years.
 "I couldn't get hold of my doctor or anyone else to give me some advice on some tablets I'd been given by the dentist." Male patient, aged 52 years.

The interview was phrased carefully so as to explain the purpose of the study, obtain consent for the interview, and to ensure that confidentiality was maintained. Subjects were asked about their views on the advice given, what they did following their call, how they felt they were dealt with, whether they had considered contacting their GPs first, whether they had had any previous contact with the department, and their satisfaction with the service overall. Subjects were asked to place their satisfaction level into one of the four following categories: dissatisfied, unsure, satisfied, very satisfied.

The design of the study was approved by the local ethics committee. The follow up interviews were tape recorded and then transcribed for coding. The data was entered into a mainframe computer and analysed using SPSS^x.

Results

The interviewer was able to contact 203 patients within 72 hours of their call to the A&E department. Of these, 197 agreed to participate, a response rate of 97%. (Four people refused to participate, one person had language difficulty, and one interview was not conducted as the patient concerned had died.)

REASONS FOR CALLING

Examples of the reasons given for having called the A&E department are shown in table 1. Expectations most frequently related to wanting to receive self care advice (table 2).

Forty one (20.9%) patients reported having previous contact with a GP about the presented problem. A further 64 (32.7%) had considered contacting their GP; the main reason given for not having done so was perceived unavailability at the time that the call to A&E was made, or an expectation that there would be too long a delay before they could be seen. Eighty six (43.9%) callers had not considered contacting a GP, usually because they considered their need to be inappropriate

to general practice. Only five (2.5%) were not registered with a GP.

ADVICE—RECALL AND COMPLIANCE

As shown in table 2, there was some discrepancy between the advice patients recalled receiving, the advice that was documented on the TCRs as having been given, and what patients said they actually did subsequent to the call.

The 71 patients who attended A&E included 16 (22.5%) who had TCRs documenting advice to see their GP; of these eight recalled the advice that they had been given as having been to attend A&E. Conversely, 13 patients had advice to attend A&E documented on the TCR but had not done so.

A similar pattern applied to the 51 patients who stated that they had followed self care subsequent to the call to A&E. They included four (8%) with advice to attend A&E documented in their TCR, 16 (31%) with advice to contact their GP documented, and two (4%) with advice to contact another agency documented. Seven out of these 22 patients, however, stated that they recalled the nurse who answered their call giving them self care advice.

Similarly, of the 67 patients who contacted their GP following the call to A&E, 27 (41%) had other advice documented on their TCR: eight were documented as being advised to attend A&E and 19 were offered self care advice. However, 24 of these 27 patients recalled the advice given to them as being to contact their GP.

SATISFACTION

When asked to express their overall satisfaction with the telephone consultation, 107 (54.9%) were very satisfied, 62 (31.5%) were satisfied, and 11 (5.6%) were dissatisfied; 15 (7.7%) were unsure. In all, 170 (87.2%) thought the advice that they received was helpful, and 22 (11.3%) found the advice unhelpful; three (1.5%) were unsure. Forty five callers (23%) described aspects of the service that they had received that they were dissatisfied about. Examples of the factors that were mentioned as leading to dissatisfaction are given in table 3.

Discussion

This is the first study in the United Kingdom to describe factors influencing the decision to telephone an A&E department for advice. The majority of patients who phoned A&E described doing so for advice rather than because they considered that a visit to A&E was required. Almost two thirds anticipated receiving self care advice, and a further 11%

Table 2 Callers' expectations, advice as documented on telephone consultation records (TCR), how callers perceived the advice given, and what patients did following the call

	Attend A&E n (%)	GP urgent n (%)	GP routine n (%)	Self care n (%)	Other agency n (%)
Expectations of callers (n=189)	49 (25.9)	8 (4.2)	13 (6.9)	118 (62.4)	1 (0.5)
Advice as documented on TCR (n=195)	55 (28.2)	30 (15.4)	44 (22.6)	61 (31.3)	5 (2.6)
How callers perceived the advice given (n=196)	64 (32.7)	36 (18.4)	38 (19.4)	41 (20.9)	17 (8.7)
What the patient did (n=194)	71 (36.6)	49 (25.3)	18 (9.3)	51 (26.3)	5 (2.6)

Table 3 Factors mentioned by patients as causes of dissatisfaction with the telephone advice service provided

Inefficient access to the service; prolonged waiting times on phone
Manner of the nurse
Inadequate assessment
Insufficient or inadequate help and/or advice provided
Failure to be advised to attend A&E
Not knowing grade or identify of staff member taking the call

expected to be advised to see or contact their GP. Only a quarter of callers stated that they had expected to be told to attend A&E. On the other hand, few had contacted their GP about their problem or had considered doing so. For most patients, it appeared that A&E was perceived as being a more readily available source of advice. Only 37% of patients attended A&E following the call.

Although there is evidence that nurse-led telephone consultations can be as effective as those that are face to face,⁴ consideration needs to be given to factors that will enhance the validity, safety, and consistency of telephone assessment and advice.⁵ Evans and colleagues⁶ surveyed telephone advice in 18 major and 16 minor A&E departments and found that none had a formal policy or provided staff with training for dealing with patients' telephone inquiries. This raises concerns about the consistency and reliability of the advice that is given in many British A&E departments. There is evidence that A&E nurses themselves recognise the need for guidelines and training in the provision of telephone advice.⁷

We found considerable discordance between the advice that nurses recorded on the TCR as having been given, the advice the caller recalled having received, and the action that was subsequently taken. Despite this, patients' satisfaction with the telephone consultations was high. Lacking an objective record of the content of calls (such as from tape recordings) and clinical outcome data, it is impossible to know the extent to which these differences reflect ineffective telephone assessment and communication skills, inaccuracies of recall of advice received, low adherence to the advice given, or poor record keeping by the nurse. There is a need for more detailed investigation of these factors.

Several specific elements of dissatisfaction were reported relating to difficulties in getting access to the service, the telephone manner of the nurse, the quality of the assessment, and the advice given. These point to several key areas which could be tackled in developing the quality of telephone assessment and the advice provided by an A&E department. As reported previously,² many of the TCRs were poorly completed in terms of recording the problem presented and the advice given.

In considering the applicability of these findings to other departments, it is important to note that the study was undertaken in an inner city hospital. The expectations that callers have in other districts may differ from those observed here. Although only 33% of callers met the inclusion criteria for being interviewed (that is, having their phone number recorded on the TCR, and being successfully contacted for follow up interview within 72 hours of the call to the department), the response rate for those who were contacted was 97%. We sought to minimise systematic bias by conducting follow up interviews at various times of the day in order not to exclude people with different work or social patterns. However, it is possible that such bias may have entered the study through variations in the way individual nurses documented patients' details. This may have resulted in certain callers being less likely to have their phone number documented.

In conclusion, this study provides data about why patients phone A&E for advice and raises questions about patients' recall of and adherence to advice received. Given the medicolegal dangers implicit in telephone consultation, these findings provide support for the need for departmental policies, protocols, guidelines and audit, and providing staff with training in telephone assessment, advice giving, and documentation skills.⁵ Consideration also needs to be given to the tape recording of all advice calls, although debate still surrounds the ethical and legal need to inform callers about this.⁸ Understanding the reasons why patients phone A&E departments and their expectations should inform this process and contribute to the development of more responsive and effective services.

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