A DSN telephone audit: one way to manage telephone work

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Introduction

Handling telephone calls has been recognised as an integral part of the DSN workload. However, it can be a cause of stress to DSNs because of the volume of calls to a DSN office. This article describes the results of a DSN telephone work audit and changes implemented to DSN practice as a result.

Telephone contact between patients and healthcare professionals, and DSNs is an established and integral part of the DSN workload. This has previously been described by Wilbourne and Wilson (1996). The National Service Framework for Diabetes (DoH, 2001) states that patients should have access to high quality care and support and this can certainly include telephone access to healthcare professionals including DSNs. However, as Johns (1997) comments telephone contact work is often unrecognised and is a hidden area of the DSN workload.

Miles (2002) describes the stress of increasing DSN workloads, which is recognised by many DSNs. She describes DSNs as being 'slaves to the telephone', having their work interrupted by telephone calls throughout the working day. Wilbourne and Wilson also (1996) noted that the impact of telephone calls on DSNs workload was significant.

The Airedale experiences

Our experiences at Airedale General Hospital are very similar to those described by Miles (2002). As a DSN team, we realised that we received calls throughout the day and that DSNs are the first contact for anything related to diabetes. Many telephone calls from patients and healthcare professionals were appropriate. However, other telephone calls relating to appointment queries or requests for medical notes were clearly not.

Objective of the audit

Our aim was to review the number and type of telephone calls to the DSN office. We also wanted to assess the amount of time spent on processing and dealing with telephone calls to our office and the impact this made to our clinical workload.

Prior to our audit, the DSN office had three telephone lines. Two of these accepted incoming calls and were attached to answerphones. These three telephone lines were shared by five people (three DSNs, the ward diabetes liaison nurse and the senior healthcare support worker). The phone lines were used for both incoming and outgoing calls. Although we had two answerphones, we had no agreed standards or policies for answering calls. All members of the team were frustrated by the constant ringing of the telephones, as it interrupted our planned work and meant having to access more than 10 messages at a time from the answerphones.

Initial audit

In conjunction with the clinical effectiveness unit, a telephone audit form was devised to record the type and amount of all incoming calls, the relevance of the call to the DSN office and the action taken by the DSN after receiving the call. This audit form was piloted for a week then amended to produce the final audit form.

The initial audit took place over 2 weeks in 2001. All completed audit forms were then processed by the clinical effectiveness unit. Initial results are summarised in *Table 1*.

Changes to practice

After reviewing our results, the DSN team

ARTICLE POINTS

1 Telephone contact between patients and healthcare professionals is an established part of the DSN workload.

2 The telephone audit identified the time spent on telephone calls by DSNs.

3 Over 30% of the calls to the DSN office did not require DSN action and could have been dealt with by other team members.

4 Raising awareness of the type and amount of work generated by incoming telephone calls helped secure a DSN receptionist post.

5 Small changes in practice in answering incoming telephone calls made the workload easier to manage.

KEY WORDS

- **Telephone calls**
- **DSN workload**
- **Answerphone**
- **Changes to practice**

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Table 1. Results from the initial audit

Total number of incoming calls during the audit period	283
Average number of calls per day	28
Average length of incoming calls	4 minutes
Time spent each day on incoming calls	2 hours
Calls from patients	118 (42%)
Calls from other sources, including 10% from community nurses and 19% from hospital nurses	165 (58%)
Telephone contact main topics:	
● Diabetes queries	89 (31%)
● Appointment queries	30 (11%)
● Meter problems	28 (10%)
Calls needed to be actioned by DSN (deemed appropriate)	173 (61%)
Not requiring DSN action: e.g. appointment queries, medical notes queries	108 (39%)

STANDARDS FOR ACTIONING CALLS

- Incoming calls will automatically be put through to the answerphone service.
- The answerphone message will say: "You are through to the Airedale Diabetes Centre. If you are calling about an outpatient appointment please phone 01535 294399. If you need to speak to a children's nurse, please phone 01535 294395. If you require urgent medical attention please contact your own GP, otherwise you are welcome to leave your name, telephone number and a short message after the tone. We will answer all messages periodically throughout the day until 4 pm. Thank you.
- All answerphone messages received before 4.00 pm will be dealt with on the next working day.
- The Diabetes Centre is open Monday to Friday 9 am to 4 pm.
- The standards will be reviewed on a six monthly basis.

Figure 1. Standards for actioning incoming calls to the DSN office at Airedale General Hospital

Table 2. Results from the second audit

Total number of incoming calls during the second week of the audit period	189
Average number of calls per day	19
Calls from patients	73 (39%)
Calls from other sources, including 13% from community nurses	25 (61%)
Calls needed to be actioned by DSN (deemed appropriate)	128 (68%)
Calls not requiring DSN action	61 (32%)
Telephone contact main topics:	
● Diabetes related	66 (37%)
● Appointment related	9 (5%)
● Monitoring equipment related	17 (9%)

made the following changes to practice in relation to telephone calls:

- A designated incoming direct telephone line with an answerphone was used to receive incoming calls only.
- Each DSN had their own outgoing line but only the answerphone line telephone number was given to patients and other healthcare professionals.
- An answerphone only service was initiated with an agreed standard for accessing answerphone messages (messages were accessed at four hourly intervals up to 4 pm each day – *Figure 1*).
- A specific answerphone message which, as well as explaining how messages would be accessed, also gave the direct line numbers for diabetes centre appointments and diabetes paediatric services. The message also directed patients to contact their GP if they required urgent advice or treatment.
- All the above changes were advertised via the centre newsletter and by the DSN who explained the changes to practice at every patient contact.

Two other changes took place at the same time which impacted on DSN practice. Appointments for diabetes clinics, which had previously been organised by the general outpatients department, were centralised within the diabetes centre and organised by a newly appointed diabetes centre appointments co-ordinator. In addition, the hospital blood glucose meter contract was awarded to a meter company which offered much more support to ward nurses. The company provided a helpline number which ward staff were encouraged to use for any problems they encountered.

A second audit

Once the answerphone service for incoming calls was established, we decided to re-audit 6 months later.

The second audit took place over two consecutive weeks and used the same audit form. The only difference from the first audit was that the audit forms were completed after the answerphone message had been recorded by the DSN. Results from the second audit are summarised in *Table 2*.

Results from the second audit were

very similar to those from the initial audit. There was a reduction in the total number of calls but it is difficult to draw any conclusions from this as the reduction in calls could have been due to a variety of reasons including:

- Wanting to speak to someone personally.
- Not wanting to leave a long message.

Other changes to practice as a result of the second audit

We purchased telephone headsets for all the DSNs as a result of a visit to a NHS call centre where it was noted that all nurse advisors used headsets. The telephone headsets enable us to have a telephone conversation but allow us to be 'hands free', so enabling us to access computer results or nursing notes and write and record conversations at the same time.

Our results were presented to the other members of the diabetes team and to our immediate line managers. This helped immensely in raising awareness of the type and amount of work generated by incoming telephone calls to the DSNs. With the support of our managers and the diabetes team, we were able to secure a post for a DSN receptionist. The receptionist is based in the diabetes centre and is able to access all calls to the DSNs, redirect calls as appropriate and take relevant messages for the DSNs. The system is proving to be popular with patients and healthcare professionals and allows us to work in an office not interrupted by incoming calls all the time. In addition a voicemail system is in operation when the receptionist is not on duty. We plan to re-audit our telephone work again, once our new system is established.

Discussion

The change to an answerphone only service was not universally popular with patients or other healthcare professionals, according to some of the comments received. However, it can be argued that very few patients obtain instant access to their GPs or other healthcare professionals without either leaving a message via a receptionist or answerphone. In addition, as a DSN team we feel that our role is not to offer an emergency advice service but to offer support in a proactive rather than a reactive role.

The percentage of 'appropriate' calls from patients and other healthcare professionals stayed constant at about 67% in both our audits. This indicated the need for patients to be able to contact the DSNs. On average, approximately 70-120 minutes were spent processing incoming calls per day. These findings appear similar to those from previous studies (Johns,1999; Wilbourne and Wilson, 1996).

As a team, we felt the answerphone message should be clear and appropriate. We also believed it was important for patients and other healthcare professionals to know that all messages would be accessed on a regular basis and calls returned within the same working day.

The headsets have been extremely useful in helping us manage our telephone work plus reduce the risk of neck strain. At a cost of approximately £80 each, we believe this has been very cost effective.

Conclusions

Our audit results demonstrated the number of calls and time spent by DSNs on processing incoming calls.

Telephone work is an important and integral part of the DSN workload which cannot be planned for in advance. We found that by implementing small changes to our practice in answering incoming calls, our workload became easier to manage and in turn created a more positive effect in relation to telephone work. ■

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PAGE POINTS

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