



Best Known Methods to Get People to Call the Triage Nurse

Since lag time is the enemy of effective claim case management, Medcor results reinforce that proof after 1.3 million calls, referral rates for calls received in the first 24 hours are 20-30 points less than for late calls. Medcor's 24/7 Triage streamlines the reporting process tools that deliver many benefits to the injured worker and supervisor. The empathy of the nurse comes across when interpreting the verbal description of the symptoms and guiding them toward the appropriate care.

Supervisors are relieved to not have to play doctor and file the initial injury report. Getting people to call right away is the key and management should aggressively promote timely calls, no matter what the circumstances. Here are several of the best known methods Medcor observes being used to increase effectiveness:

1. Introducing Triage

- a. **The service is presented formally through a communication from the CEO or most senior person available.** It is positioned as a new benefit that will be good for everyone. This important message briefly explains the service to every employee and describes what should be done in the event of a workplace injury or illness. They should know that sometimes the nurse helps people identify life threatening injuries or illnesses that they didn't realize were serious enough to need immediate attention.
- b. **New employees are shown an orientation video that introduces Triage as a new benefit to the employee and supervisor.** It is perceived very positively because employees get to talk to a nurse about their symptoms and learn to trust the nurse. If the injury is going to require "more than a band-aid, but less than an ambulance ride," or there is not a clear need for a visit to the ER, there is no reason not to make the initial triage call, anywhere, anytime since spontaneity is crucial.
- c. **Supervisors are given a wallet card or sticker with the Triage phone number on it.** The service works best when the injured worker contacts their supervisor who then initiates the call with Medcor and provides some preliminary information. Supervisors are recommended to leave the area to enable a private conversation and then debrief at the end.
- d. **Supervisors are the primary audience for education and training.** Besides an introductory video with a sample call done on-site, webinars are offered with a Power Point overview by a Medcor nurse trainer followed by a Q&A. When supervisors are properly trained, they direct the employee to call whenever in doubt. Injured workers are guided to a preferred provider whenever identified in advance and practical. Even in states where employers cannot mandate a provider or direct care, nurse recommendations and "soft channeling" is followed over 98% of the time.
- e. **One key is to train supervisors and workers to quickly identify where they are located, the body part(s) injured and how the injury occurred.** This enables the Medcor nurse to quickly expedite the injury assessment and determine the employee's injury treatment options. When present, the supervisor is asked to come back on the line and debrief with the nurse at the conclusion of the call with the injured worker.

2. Work Rules

- a. **Employers mandate reporting injuries as a basic work rule.** This is a safety requirement and is also necessary to comply with OSHA reporting. Even in states where employees are free to choose their doctor, they can be required to report their injuries in a timely manner. The triage call should be part of the standard injury reporting procedure.
- b. **If a referral to an outside medical provider is appropriate, the nurse will recommend, but the employee makes the final choice.** First aid and self-care is often enough.

3. Enforcement

- a. **Workers and supervisors should be reminded to call the nurse whenever in doubt** such as if “...more than a band-aid, but less than an ambulance ride” is obvious.
- b. **Companies with excellent results often provide incentives for compliance** with best practices and penalties for non-compliance.
- c. **Progressive discipline may be necessary when procedures are not followed.** Calling the nurse must not be optional behavior because it “jump starts” the paperwork when a claim is necessary.

4. Word of Mouth

- a. **Encourage the sharing of Triage call experiences.** You want this word getting around since it is good news. The experience over the phone with a Medcor triage nurse, characterized as “instant warm”, is so positive and unbiased that word spreads quickly among employees. They love speaking with the nurse when questions arise and they are unsure of what to do.

Calling the Medcor nurse needs to be a clear expectation that is reinforced through the policies and procedures that are conveyed to all supervisors and employees. From a legal perspective there is no requirement for an injured worker to call Medcor. However, employees can and should be required to follow their employer’s injury reporting procedures for workplace injuries. If they don’t, it becomes a teachable moment and may be a red flag you want to know about right away.

Most employees want a credible, fast and convenient response when they get hurt at work. Telephonic triage service provides it. Like any culture change and paradigm shift in order to achieve the best results, it takes good education, forceful implementation and constant reminders, especially due to turnover.

Medcor On-Line proves that excellent telephonic Triage cuts WC claim frequency and costs because the more timely and accurate the clinical medical assessments, the less likely there will be overspending on a claim file. For more, see www.medcor.com