

Streamlining Telephone Triage: Improving Safety & Efficiency with a Red Flag List

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UCHealth Patient Line RN Triage

Telephone triage is a critical component in today's healthcare landscape, ensuring patients receive timely, evidence-based guidance when deciding where to seek care. At UCHealth, the Patient Line RN Triage team answers patient calls during clinic hours, using Schmitt–Thompson protocols to assess symptoms and determine safe dispositions. However, prolonged waiting times for emergent calls highlighted the need for system improvements.

A review of call queue data revealed a mismatch between how calls were classified and the actual patient acuity needs. While 68% of calls were escalated as “emergent,” only 12.5% truly required an emergent disposition by a registered nurse. This over-triage created safety concerns: patients with life threatening symptoms experienced delays while non-urgent cases occupied limited nurse triage resources.

To address this, the UCHealth clinical education team refined the Red Flag List—a tool used by non-clinical staff to identify symptoms requiring immediate escalation. By aligning the list with Schmitt–Thompson protocols and national 911 response criteria, the number of Red Flag symptoms was reduced from 84 to 39. This change streamlined deci-

sion-making and ensuring consistency across the triage process.

The impact was significant. The average speed to answer (ASA) for emergent calls improved from 1 minute 17 seconds to just 22 seconds. Emergency department (ED) referrals also increased, rising from 11.3% to 20.9%, reflecting that the emergent calls reaching nurses were more appropriately classified. Feedback from staff confirmed that the new list was easier to use and improved confidence when routing patient calls.

During the pre-implementation period (December 2022–November 2023), total inbound (IB) call volume of 182,803 calls, with 124,588 (68.2%) routed to the emergent nurse line. The average speed to answer (ASA) for emergent calls was 1 minute 17 seconds, exceeding the goal of less than 60 seconds. Of the emergent calls handled by RNs, 1.2% resulted in a 911 disposition and 11.3% were referred to the emergency department (ED). Among the total 1,893,599 agent-handled calls, 6.6% were escalated emergently to RNs. Overall, this reflected a 55.7% over-triage rate, indicating that many calls were inappropriately classified as emergent despite lower acuity.

During the post-implementation period (January–December 2024), total call

volume decreased to 148,598, with only 27,295 (18.3%) transferred to the emergent nurse line. The average speed to answer improved dramatically to 22 seconds, far exceeding the organizational goal. Of the emergent calls, 2.2% resulted in a 911 disposition, and 20.9% were appropriately referred to the ED. Emergent transfers also declined to 1.4% of all 1,848,235 agent calls, signaling stronger call classification accuracy and improved workflow efficiency.

The trend continued into 2025, where total IB call volume was 112,268, and 30,636 calls (27%) were transferred to the RN emergent line. The average speed to answer was 28 seconds, with 19.9% resulting in ED referrals and 1.7% in 911 dispositions. These metrics illustrate sustained improvement in triage precision, resource utilization, and patient safety outcomes. Out of 1,519,178 agent calls, 1.7% were transferred to the emergent RN skill.

To sustain this progress, UCHealth established a Red Flag Review Committee, bringing together stakeholders for ongoing evaluation and alignment with best practices. The initiative demonstrates how nurse-led innovation, evidence-based protocols, and collaborative systems can directly improve patient safety and efficiency in telephone triage. ■