

Pediatric nursing teletriage/teleorientation in the context of the Covid-19 pandemic

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Abstract

Primary Objective: Determine the principal actions of Teletriage /teleorientation of pediatric nursing during the Covid-19 pandemic. Method: Exploratory, longitudinal, documentary study, with 349 registration cards, in a specialized institute from Lima, Peru, during the months of May to July in the year 2020. Principal results: 28.4% of the patients attended were breastfeeding; 54.4% were male; 47.3% with Insurance (Seguro Integral de Salud); 89.1% were from the capital; 66.9% were connected through a phone call; 20.9% presented skin problems. The primary identified diagnostic of nursing was Safety and Protection (38.1%); 87.4% were referred to medical specialties and 100 % of users expressed their agreement. Main conclusion: Pediatric nursing teletriage/teleorientation, efficient assistance procedure that initiates virtual or face-to-face outpatient consultation, selecting pediatric specialties and providing counseling. This procedure achieved social recognition.

Keywords: Teletriage. Teleorientation. Telenursing. Covid-19. Child health. Adolescent health. Pediatric Nursing.

Introduction

Telemedicine provides remote clinical support, connecting users who are not in the same physical location, through information and communication technologies (ICTs).¹ ICTs applied to telehealth constitute a powerful instrument for developing actions aimed at improving the population's access to health services, favoring the quality, safety, efficiency and productivity of services, optimizing prevention and promotion of public health.^{2,3}

Studies carried out in Spain⁴⁻⁶ and Mexico⁷ have proved the benefits of telenursing, justifying the increase in projects of this kind in the health system, mainly aimed at monitoring chronic patients, phone support and patient care at home. Despite this, they recognize that computerization is a progressive process and the skills that nurses have to handle ICTs are very basic.

In Peru, the development of telehealth began with the creation of the Comisión Nacional de Telesanidad in 2003,⁸ and has developed gradually until the creation of the National Digital Transformation System in 2020.⁹ There are currently two studies that provide an overview of the telehealth experience in the country¹ and propose a teleconsultation model for health cen-

ters,¹⁰ however, no research has been conducted on nursing teletriage/teleorientation. At the National Institute of Child Health of Peru (INSN), since 2018, the first team of professionals of the Telehealth Unit has been formed, with a nurse in charge of coordination.¹¹ In 2020, due to the restrictive measures taken to control the Covid-19 pandemic, which included the discontinuation of face-to-face consultations, the INSN approved the Teleguidance and Telemonitoring Implementation Plan. The process, initiated by a family member's call to the appointment center, required first access to the Teletriage/Teleorientation of Pediatric Nursing (Teletriaje/teleorientación de enfermería pediátrica TTEP) service, and then to be referred to a specialty.

The evidence of the advantages of telemedicine¹² and experiences of nursing interventions in Latin America, North America and Europe, through ICTs, in solving the health problems of their target population,¹³⁻¹⁶ allowed the INSN nursing graduates to embrace this innovative experience, developing a model of interaction during the TTEP, with a climate of a high level of empathy, which helped the approach to each family. The families of new patients who wished to have a medical consultation, from anywhere in the country, called the *call center* and were directed to the TTEP nurses, who provided

care by applying the stages of the Nursing Care Process.

When this new and unprecedented experience was developed in the institution, it became necessary to carry out a study to provide scientific evidence of nursing care through ICTs, when the population was unable to attend health facilities in person due to home isolation and the temporary closure of outpatient health services. This information is useful as an initial diagnosis of the TTEP process and serves as a reference for its follow-up. This study sought to determine the main TTEP actions in the context of the Covid-19 pandemic.

Method

A non-experimental, longitudinal, exploratory, documentary, non-experimental study was carried out. The sample for infinite populations with a 5% margin of error, was 349 TTEP records, registered by the nurse during the attention to the INSN users in Peru, in 2020.

Simple random probability sampling was used, through random selection of the cards found in the digital database. Forms with incomplete data were excluded.

The TTEP cards are institutional documents with institutional validation and approval. The data from the cards were transferred to an Excel form where they were coded before being transferred to the SPSS version 26 software.

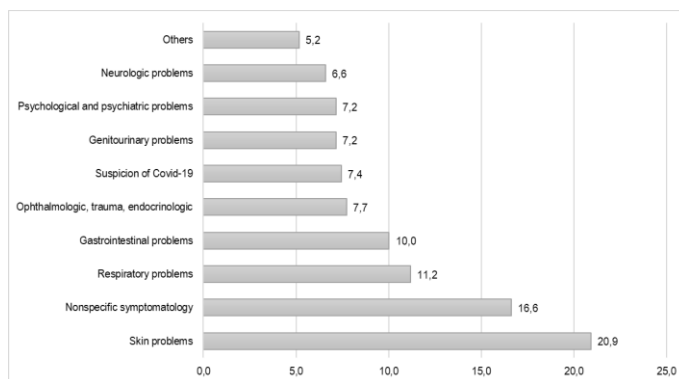
Descriptive analysis was conducted using frequencies and percentages.

The study protocol was reviewed and approved by the INSN Ethics Committee, which authorized access to the institutional database in accordance with the principles of bioethics and confidentiality.

Results

The population treated by the TTEP nurses belonged mainly to the breastfeeding age group (28.4%), followed by schoolchildren (20.1%), an equal proportion of preschoolers and adolescents (16% each) and a smaller number of newborns (6.6%). The majority were male (54.4%), had Comprehensive Health Insurance (SIS) (47.3%) and came from Lima (89.1%). Users could access the TTEP by any of three means: phone call, video call or the *Doxi me* online platform; 66% made phone calls and 84% of the consultations were requested by mothers (see Table 1). The main problematic situations reported by parents in the TTEP process were skin problems (20.9%) and non-specific symptomatology (16.6%) (see Figure 1).

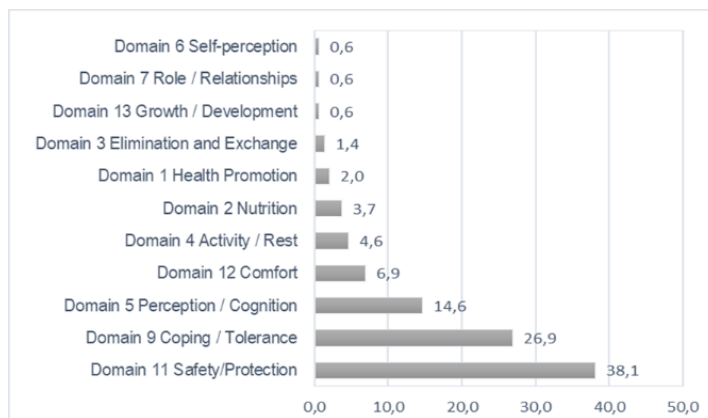
Figure 1. Percentage of problematic situations expressed by parent



The INSN TTEP format provides for two nursing planning activities: intervening in the promotion and prevention of patient and family health, exclusively, and intervening in the promotion, prevention and decision on the intervention of another professional. The first activity was carried out in only one case, while the second planning activity was applied in 99.7% of the users. Likewise, 99.7% of the users treated were classified as cases of medium complexity, requiring not only preventive care and nursing promotion, but also the care of a specialist physician. There was only one case of low complexity and there was no evidence of high complexity interventions.

The different health problems reported by the patient's family member to the TTEP nurse led to the identification that 87.4% of the cases were referred to medical specialties and 12% to surgical specialties (see Figure 2).

Figure 2. Percentage of referral of the pediatric population treated by TTEP



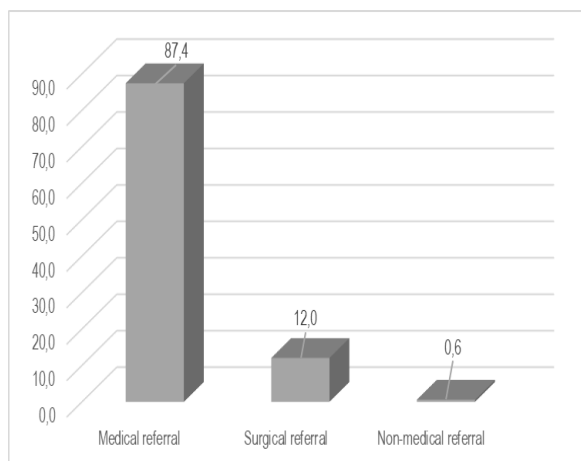
The nursing diagnoses registered during the TTEP belonged to the NANDA classification by domains and class; 38.1% corresponded to domain 11 Safety and Protection and 26.9% to domain 9 Stress Coping and Tolerance.

The most frequently used diagnosis was Anxiety, followed by Impairment of skin integrity, Willingness to improve knowledge, Risk of impairment of skin integrity and Acute pain. The nurse intervened at the family level, providing support and counseling to the minor and caregivers, considering the pandemic circumstances (see Figure 3).

Table 1. Family member and primary means of connection used to access Pediatric Nursing Teletriage/Teleorientation

Family member	Phone Call		Videocall		Doxi.me	
	N	%	N	%	N	%
Mother	196	66,9	96	32,8	1	0,3
Father	26	55,1	18	40,9	0	0,0
Grandfather	5	62,5	3	37,5	0	0,0
Brother, Uncle	3	75,0	1	25,0	0	0,0

Figure 3. Percentage of main nursing diagnoses identified in the TTEP



Finally, at the end of the INSN TTEP, 100% of the parents treated, expressed their satisfaction with the service to TTEP was by phone call. This result coincides with those of Rodríguez¹⁹ and Monsalve et al.,²⁰ in Spain, who found that 76% of patients immediately resolved their problems by phone teleorientation by the nurse and 84.4% of the calls satisfactorily resolved the patients' problems by teleorientation. A study conducted in Argentina, Guatemala and Peru also proved that telephone calls are highly effective (95%) as a means of access to teleorientation.²¹ Some researchers recommend video calls as an alternative that allows a better understanding of the patient's reality.²² A study in Mexico even reported that 98% of patients were satisfied with the video call service and family members preferred to be informed through this channel.²³

Discussion

The study findings demonstrate that during the Covid-19 pandemic, when there was no face-to-face consultation, the child population treated by TTEP was mainly breastfed infants. This result is different from the one shown before the pandemic in the INSN Health Services Situational Analysis - 2019, where there was higher demand in the 1–4-year age group.¹⁷ No similar reports have been found in other contexts. However, it appears that demand by age changed in teleconsultation circumstances during the pandemic lockdown, leaning toward children with more care-dependent ages. Using the same data sources, no variations in demand by sex were found before and during the pandemic.

Most of the children were covered by the Comprehensive Health Insurance (SIS), followed by EsSalud. This is understandable because, in Peru, the SIS is the most important financing entity, which includes the largest number of affiliated Peruvians living in poverty and extreme poverty.¹⁸ In the INSN, free virtual care is a strategy that was implemented for the entire infant and adolescent population, regardless of the insurance regime; considering that the EsSalud care system, in other facilities, was not operational due to the pandemic.

The main channel of access as can be seen, in order to limit the spread of Covid-19, preventive measures were taken, such as the use of phone calls in TTEP.²⁴ In this regard, cell phones are very useful tools for the remote medicine experience.²⁵ Thus, the need for training nurses in communication skills and

active listening arises.²⁶ It can be concluded that the use of the phone connection constituted the most accessible and convenient method for the parents, because they could expose the child's health situation without invading their family's privacy.

The main conditions found in children were skin problems, followed by non-specific symptoms, respiratory problems, gastrointestinal problems and suspicion of Covid-19. This result coincides with Mata et al.²⁷ who, in a study with a child population during the Covid-19 alarm state, through telephone assistance, reported skin problems as the main reason for phone consultation (12%). A different situation occurs with telephone care in pediatric palliative care, where the main reasons for consultation were psychoemotional or social problems.²⁸ In all these cases, TTEP is necessary to avoid situations that complicate the patient's condition when leaving home.²⁹ In fact, during the study, requests for remote care increased, due to parental concern about symptoms related to Covid-19.

In this study, the main nursing care intervention was promotion, prevention and decision to intervene with another professional in medium complexity care. Since there is no history of TTEP activities in the INSN, it was evident that this procedure contributes to the management of pediatric health demand by providing greater classification precision and accuracy in therapeutic management, by reducing unnecessary patient visits to the health care facility,^{30,31} by optimizing the number of specialists³² and by strengthening comprehensive care of the individual, family and community.³³

In this study, very low referral to non-medical specialties was found because the TTEP team of nurses only treated new patients, who on their first contact had to be admitted to a medical office. During the face-to-face care before the pandemic, demand exceeded supply, finding limited spaces in the different medical or surgical specialties. However, since the health emergency, the TTEP, working from a virtual office, offered health counseling, including emotional support, in the Covid-19 scenario, reducing the mobilization of patients and their families.

In TTEP, nursing diagnoses corresponding to domain 11 Safety and Protection were identified as a priority, followed by other diagnoses from domain 9 Stress Coping and Tolerance. There are no recent studies on nursing diagnoses in TTEP. However, in order to identify them, the staff had to obtain subjective and objective data, specifying affected needs and functional patterns of health.³⁴ NANDA establishes the scientific language, supports the clinical reasoning of nurses³⁵ and proposes the diagnoses, grouping them into domains. Each domain refers to an area of functioning or the person's behavior.³⁶ The Safety and Protection domain groups diagnoses of absence of danger, physical injury or immune system impairment; preservation of loss; and safety and protection. The Stress Coping and Tolerance domain defines diagnoses of coping with life events or processes.³⁵ It can be stated that in the present study the treated population has more diagnoses in the Safety and Protection domain because the users prevent their younger children from being exposed to complications if they are not treated.

The last study result reveals that all the family members who were treated in TTEP expressed their satisfaction with the service. Studies have reported patient satisfaction and acceptance when using the teletriage system, qualifying the

phone method as effective and satisfactory.^{25,37} Bearing in mind that satisfaction is not only a personal evaluation but also a social evaluation, from and with the other,³⁸ it is understood that user acceptance was achieved thanks to the technique used by the nurses during their intervention, which included empathetic listening to the family member, selection of the most appropriate specialty and personalized counseling. All in an average time of 20 minutes. This method was more efficient than the one used before the pandemic, where the user had to wait in long lines of 30 to 40 minutes, in environments that exceeded capacity, to be treated by a triage nurse in less than two minutes.

Conclusions

The INSN TTEP is defined as an innovative and efficient procedure, developed by specialized nurses at the beginning of the outpatient, virtual or face-to-face consultation, identifying the most appropriate pediatric specialties and providing recommendations or counseling to the families that require it, through ICTs.

The TTEP as a measure taken because of the pandemic lockdown, contributed to revitalize care to the pediatric population, by adequately directing health services, without the need to expose the child to unnecessary visits to the health care facility: *The INSN moves to the home of the sick child, before the child moves to the INSN.* This activity also reduced

waiting time and eliminated the overcrowding that existed in the waiting rooms before the pandemic.

The TTEP reinforced the nurses' communication skills, maintaining an atmosphere of empathy and trust with the families, which favored humanized interaction and society's recognition of their work. The study proved that, through ICTs, INSN nurses also provided support and accompaniment services to the most vulnerable users.

It was concluded that the majority of care was provided to male breastfeeding infants, with comprehensive health insurance and from the capital. The phone call was the main channel of communication chosen by the mothers who accessed TTEP, where skin problems were the most frequent. Nursing care led to intervention with another professional, mostly a physician, as the patients were of medium complexity. The most frequently used nursing diagnoses belonged to domain 11 Safety and Protection and the acceptance of the users with TTEP was absolute.

Considering that the digital transformation of the health sector is a fact, the professional profiles from the universities should be adapted so that the nursing professional develops digital skills, in line with current needs. It is recommended that, regardless of the suspension of remote work, every specialized institute should have a Multidisciplinary Unit of Teletriage/teleorientation, which includes professionals with a qualified profile; ensuring a sustained supply of nursing professionals.

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