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## CONFERENCE ABSTRACT

### **Nursing practice with triage decision making for COPD patients of a telemedicine centre – An ethnographic approach**

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**Introduction:** The collaboration reform has increased the responsibility of Norwegian municipalities for health care services for patients with chronic diseases; whereas chronic obstructive pulmonary disease (COPD) represents a large group [1]. This change, associated to the reform, requires establishing new clinical pathways. Telemedicine (TM) has demonstrated potential in advanced nursing practice in terms of efficacy and quality of care [2]. Through TM, nurses can determine patient's health status and follow-up supported by a decision aid software program. To date, there is little research investigating how nurses working in municipal health care services make clinical decisions based on a triage to assess COPD patient's health status. This research presents an ethnographic study with three nurses working in a telemedicine center (TMC) in Southern Norway as part of a European project, namely United4Health. Patients used a tablet at home with video camera for video consultations and a pulse oximeter device for transference of clinical measurements (oxygen saturation and heart rate). The aim of the study was to investigate how nurses in a TMC using video consultations made decisions on COPD patient's health status using triage as part of the decision making process.

**Methods:** The data collection was made through participatory observations, field notes and focus group interview including three nurses working in a TMC from October 2015 to February 2016 in southern Norway. The collected data is currently being analysed using qualitative content analysis [3].

**Results and discussion:** Preliminary results showed that nurses working in the TMC found the triage useful as part of the decision making process that allowed identifying health problems and prioritising the patients need for help. However, the nurses often used workarounds and made decisions according to their own knowledge and experience when interpreting the software recommendation; in these cases, the triage model was seen just as guidance. In addition, this interpretation was not only based on the daily triage assigned to each patient, but also on the content of past triaging and earlier nurses' documentation for each patient. This indicated that triaging a chronic patient is complex, time consuming and relies on the nurses' previous knowledge concerning both patients' medical history and life. Furthermore, video consultation was important for the nurses as a visualisation of the patient, and it was a significant additional component to the triage recommendation and nurses' own decision.

Video consultation follow-up was often replaced by telephone calls because of frequent technical problems. This led to important visual information for the decision making process was not possible to be observed by nurses, which could have negatively influenced the decision outcome.

**References:**

- [1] Report No. 47. The Coordination Reform: Proper treatment – at the right place and right time 2008-2009: Oslo: Ministry of Health and Care Services.
- [2] Reed K. Telemedicine: Benefits to Advanced Practice Nursing and the Communities They Serve. Journal of the American academy of nurse practitioners 2005: 17(5) 176-180.
- [3] Graneheim UH and Lundman B. Qualitative content analysis in nursing research: concepts, procedures and measures to achieve trustworthiness. Nurse Education Today 2003: 24: 105-112.

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