Hospice Community Referrals: Ensuring an appropriate and timely response through the use of a telephone triage tool

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Care and support through terminal illness

Background

The Marie Curie community specialist palliative care teams in Edinburgh and West Lothian receive over 800 new referrals per year. Crucial for any service is the process around the screening of referrals; important both in clinical terms and to ensure efficiency of the service.

As part of the Lothian redesign project, the hospice is striving to ensure that patients are supported in the *right place, at the right time, by the right person*. This means maximising hospice community services, considering the further development of outpatient and day services. Historically the teams have seen all new patients at home, as soon as possible, without a robust triage process to determine need, urgency or appropriate location for the first visit. This led to the development of the triage tool.

Aim

- To establish a consistent approach within the team for all new referrals to the service, ensuring they are seen at the right time and in the right place by the right person.
- To describe the needs of the cohort of patients currently being referred to the service, guiding future service developments.

Method

The teams in Edinburgh and West Lothian developed a tool to support the triage process for all referrals, with a telephone call being made to the patient by an experienced clinical nurse specialist. The tool allowed the team to gather specific information, allowing a more consistent, robust and in depth assessment of:

- the appropriateness of the referral
- the complexity of the patient and family's situation
- the severity and range of symptoms
- the urgency of the required response
- which location would be appropriate for the first assessment.

Results

Referrals to the services over a six month period from February to July 2015 were analysed *(n=406)*.

Appropriateness

- Only 7% of referrals were assessed as not being appropriate for the service *(n=28)*, see Table 1.
- The remaining 378 patients accessed the service over the six month period.

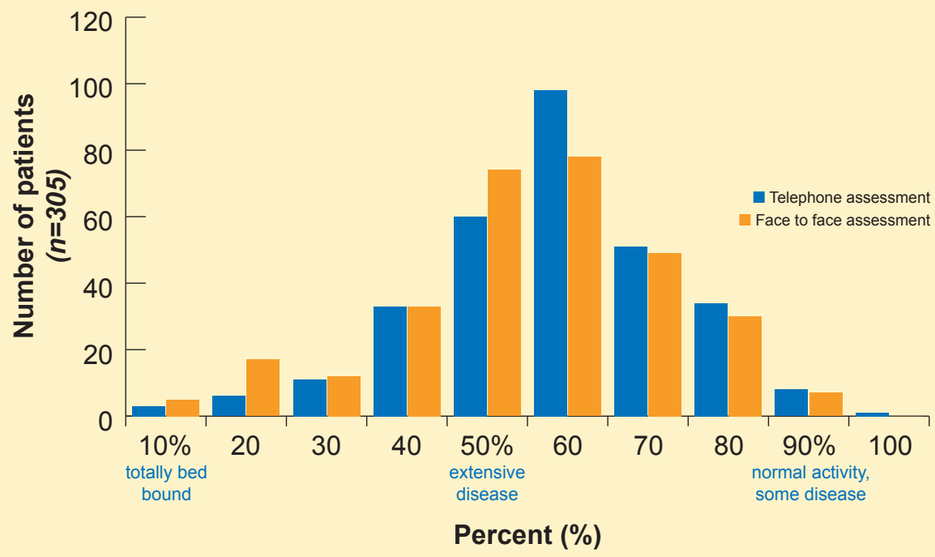
***Table 1:** Reasons for patients not appropriate for care*

Did not wish the service	8
Did not require the service	17
Died before referral processed	3
Total	**28**

Complexity and severity

- 256 of the 378 patients reported a physical symptom at the time of the initial phone call. In 34% of these there was obvious distress.
- In 305 cases it was possible to assess the Palliative Performance Scale (PPS) first on the phone, then again following the initial face to face assessment. The PPS level was similar when assessed by phone (average score 58%) and face to face (average score 55%), see Figure 1.

***Figure 1:** Palliative Performance Scale (n=305)*



Response time

The triage process determined how urgent the patient needed to be assessed, see Table 2.

3% of referrals required an urgent same or next day assessment, 24% within 3 days, and 78% within one week.

Overall the service was able to respond within the timeframe identified, with 55% of patients assessed within 5 days of the triage call. Exceptions to this were when patients were still in hospital or could not be seen for other reasons.

***Table 2:** Triage response time*

Urgency assessed on telephone *(n=354)*	Average response time for first visit *(Range in days)*
Same or next day *(n=11)*	1 day *(0 to 6)*
2-3 days *(n=84)*	3 days *(1 to 17)*
4-7 days *(n=180)*	6 days *(0 to 23)*
More than 7 days *(n=79)*	9 days *(1 to 20)*

Location of first assessment

- 10% of patients were first assessed in the hospice outpatient setting.
- 90% of patients were assessed at home, most of whom had a PPS of 70% or lower. However, a small number of patients (6%) with a PPS of 80% or higher, were physically able to attend as an outpatient, but elected to be seen at home.

Conclusion

The telephone triage tool is an effective method of determining the appropriateness of referral and location for the first assessment, allowing care to be prioritised. The use of the tool demonstrates the team offer a responsive service to complex and urgent cases – *the right patient is seen in the right place at the right time by the right person*.