### Introducing the Triage Hub Meeting at The Ayrshire Hospice

#### Doreen Ross, Elaine Greig <sup>1</sup> The Ayrshire Hospice

**Abbreviated abstract:** The Ayrshire Hospice provides specialist palliative care support to the population of Ayrshire and Arran, both in the community, and in our in patient unit. In February 2022 in-patient bed numbers reduced from 20 to 12, due to an ongoing decant whilst the hospice undergoes a rebuild.

With reduced bed capacity, effective systems were essential to ensure all patients on the waiting list were subject to multi-professional discussion to prioritise beds to meet patient needs.





This poster is part of the SPPC Poster Parade 2022

# Previous work, challenge, and approach

Prior to decant, daily admission meetings were chaired by Charge Nurses in the In-patient Unit, on a rotational basis..

Representation at the meeting comprised specialist palliative care nurses from the hospice community team, hospice medical team and the hospital palliative care team.

Attendees varied across the week, which combined with the rotational chairing responsibilities, meant that there was a lack of consistency regarding decision making.





# **Techniques and Methods**

A **revised flow** to facilitate discussion at the daily admissions meeting was tested, with the aim that 100% of all patients placed on the admission waiting list be discussed and appropriately supported timeously and consistently

Several iterations of the flow were tested rapidly, in accordance with the Plan, Do, Study, Act cycle, until the team were happy with the format

Responsibility for chairing the meeting was allocated to the triage team to ensure consistency across the week, as this team work Mon-Fri and not shifts. This shift in practice meant that there was increased equity in decision making regarding prioritising allocation of beds to patients





## **Results and Conclusions**

This change has resulted in improved MDT communication, continuity across all admissions meetings, and ensures that those with the greatest level of knowledge about the patient's circumstances can input into admission discussions and decision making.



