

Who's calling?



Evaluation of a Specialist Palliative Care 24/7 Telephone Advice Service

Alexander Hayes, Kirsten Cumming, Libby Ferguson

Marie Curie Hospice, Balornock Road, Glasgow, G21 3UL, tel: 01415577400

Introduction

There is a growing demand for 24/7 palliative medicine services. The provision of specialist palliative care advice makes up a significant portion of the hospice workload. Efficient and streamlined telephone advice services are key to best delivering this service.

Aim

This service evaluation aimed to examine telephone calls to the Marie Curie Glasgow Palliative care team; to better understand who is calling, when and why calls are being made, and examine whether calls are being directed to the appropriate team members. We aimed to better understand the efficiency, associated workload, and outcomes of our current telephone advice system.

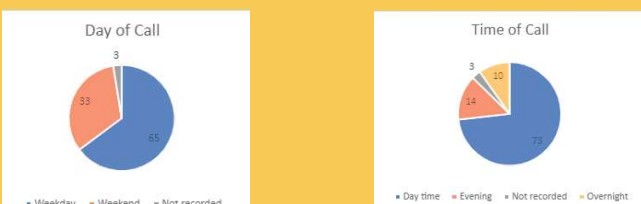
Method

Over two separate two-week periods we audited calls received by the hospice contact nurse, duty palliative care nurse specialist (DPCNS), and on-call doctor. We asked call holders to complete data collection forms for each call received (image 1). Results were collated and analysed.

Marie Curie Telephone advice Project			
Day of week	Monday-Friday	Saturday-Sunday	
Time of call	0900-1700	1700-2100	2100-0900
Call received from	Patient	Relative	Carer/Care home
	CNS/DN Healthcare worker Other (Please state)	Doctor Other (Please state)	
Call received by	Contact Nurse	Duty CNS	On call Dr
Reason for call	Clinical advice	Req for IP admission	Clinical Update
	Request to Review patient	Discuss referral	Administrative
	Other (please detail)		
Brief description of nature of call (if additional info or not summarised in above options)			
Time taken dealing with call	<15 minutes	15-30 minutes	30-60 minutes
Outcome of call	Redirect to alternative phone number within hospice team Redirect to non-hospice team (GP, DNs, social work) Advised to call 111 Clinical advice issued In person clinical review with hospice team organised (community or clinic) Follow up telephone review with hospice team organised Hospital admission Hospice admission		
Was this call put through to correct team member/number?	Yes No (please detail who call should have been put through to)		

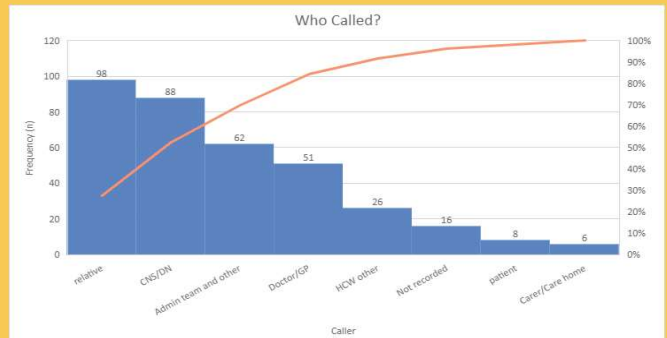
Results

Over the observed 4-week period 355 calls were received (N=143 + N=212, respectively). Almost three-quarters of the calls were received during the hours of 0900-1700, 73% (N=260/355); a smaller proportion of calls were made between the hours of 1700-2100 14% (N=50/355) and overnight 10% (N=35/355). Two thirds of the calls were made during weekdays, 65% (N=230/355).



Calls were received from patient relatives 28% (N=98/355), district and community nurses 25% (N=88/355), administrative team members 17% (N=62/355), and GP/hospital doctors 14% (N=51/355). Other HCWs calling included paramedics (N=2), pharmacists (N=3) and care home staff (N=6).

The hospice contact nurse received almost half of the calls 46% (N=165/355), and the remainder were received by the on-call doctor 26% (N=91/355), and duty CNS 23% (N=81/355).



The most common reason for calls were clinical advice 38% (N=137/365), administrative queries 28% (N=103/365) and clinical updates 17% (N=62/365). The majority of calls were of short duration, <15 minutes 84% (N=297/355).

The most common outcomes following all calls were, clinical advice issued 32% (N=121/383), redirection to an alternative hospice phone 8% (30/383), a patient review by the hospice team organised 7% (N=25/383) and a follow up telephone call arranged 5% (N=20/383), 37% of call outcomes were not recorded (N=142/383).

Calls were mostly received by the correct hospice team member, 89% (N=316/355).



Conclusion

The results show that 1/4 of advice calls are received out with office hours of 0900-1700, and that 1/3 of advice calls are received at the weekend.

Calls are predominantly from relatives and health care professionals, not patients. The findings suggest that our current telephone advice model is efficient and highlights the increasing demand for 24/7 palliative care telephone advice services. The findings of this work will help further inform local palliative medicine service provision planning.

