Manchester Triage System

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Telephone Triage and Advice

The past, the present, and next steps

November 2017

Lisbon

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MTS

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The Origins of TTA…..

- NWAS 2006-Macro Drivers-Taking Healthcare to the Patient
- Cat C 999 Desk- Six Advanced ECPs
- Rotational See & Treat – crucial!
- Assessment was haphazard and needed a more structured approach
- Looked to build on established Manchester Triage
  - 2016-3500 triage events
  - 2016/17-120,000 events
  - target for 17/18-240,000 events-left shift!!

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Everything Emergency Services is be based on these five principles.

It's all about making the most of the contact with patients in the early stages – in other words, a '**left shift**'.

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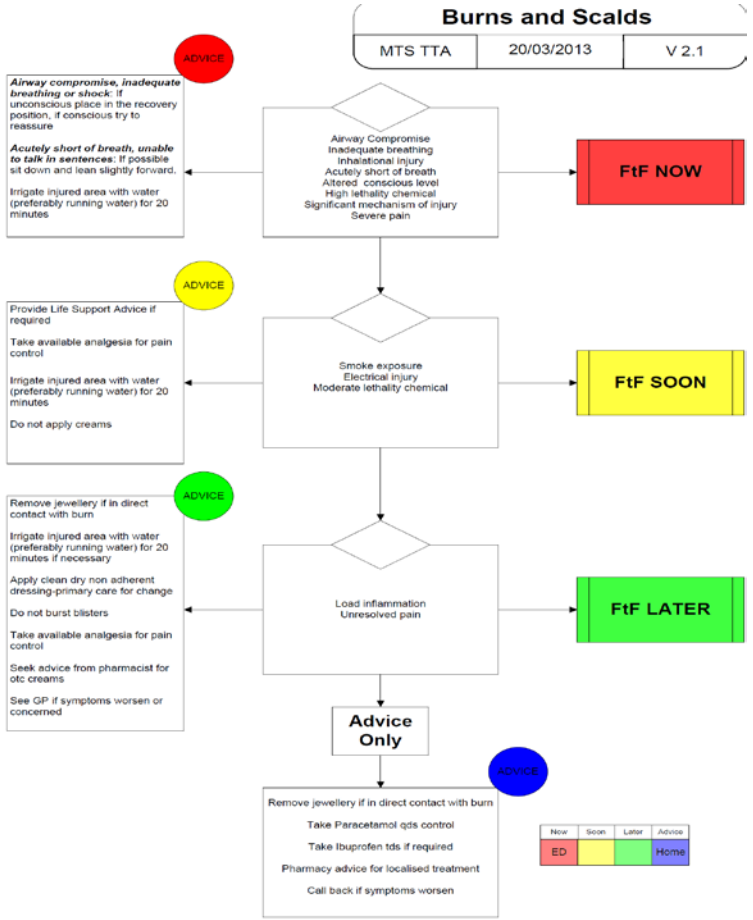
Principles of Telephone Triage?

- To establish clinical priority based on symptoms NOT diagnosis
- To align time, place, and level of definitive care with clinical priority
- To align transport modality if necessary
- They are reductive and algorithmic systems
- Should be supported by academic and experiential learning and protocols
- They should use common nomenclature in defining discriminators
- Telephone triage must be reproducible and auditable



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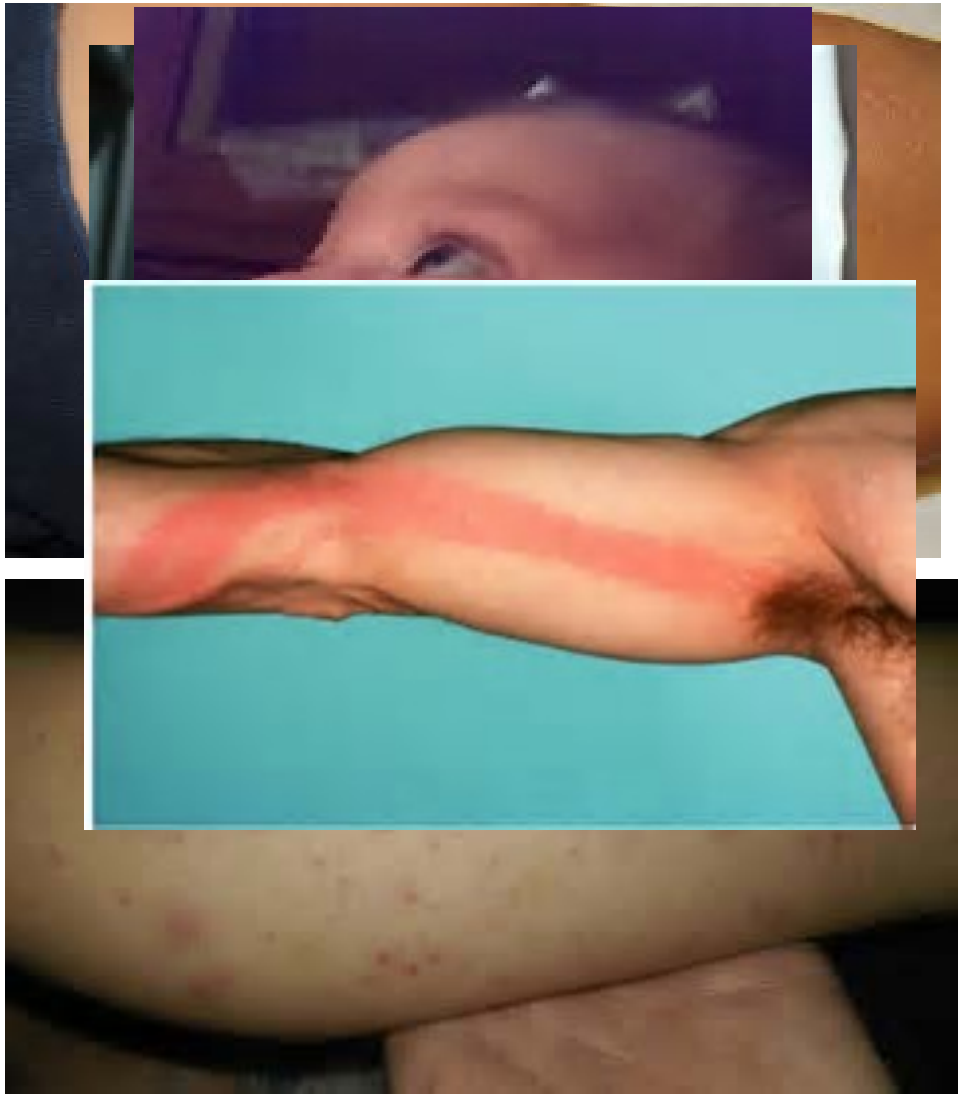
What are the common pitfalls?

- Applying face to face logic to non-visual assessment
  - Direct Observation
  - Direct Examination
  - Diagnostic tests
  - Smells
- Straying from a framework – haphazard and unsafe
- Over/under reliance on CDSS
- Communication barriers
- Failing to listen for non-visual clues
- Exceeding scope of practice
- Poor audit and evaluation processes



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Quality Governance is Crucial

- Decisions must be made on the basis of a structured reductive approach
- Decisions must be made on the basis of symptom recognition and not diagnosis
- Triage CDSS help clinicians to apply structure
- But clinical competency is crucial to probe for, and elicit critical symptoms
- These processes assist in mitigating risk and improving outcome quality
- Robust Audit is crucial and will be built into MTS TTA Governance requirements
- Governance is weighted towards quality and not performance or cost
- In UK for example 60% of audit content is quality driven
- Successfully introduced into the Azores in 2013/14

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NWAS Impact

- Last year appr 31% (n=41,000) of patients triaged were deflected from any vehicular response
- In some categories only 25% needed a Emergency Vehicle
- Good use of available fleet and services- maximises emergency response for the time critical patients
- Re-contact within 24 hours about 2.9%
- Common nomenclature used across Face to Face, Telephone, Nursing Homes, and Pathfinder (ASTRA)
- We have developed consistency and removed local variation

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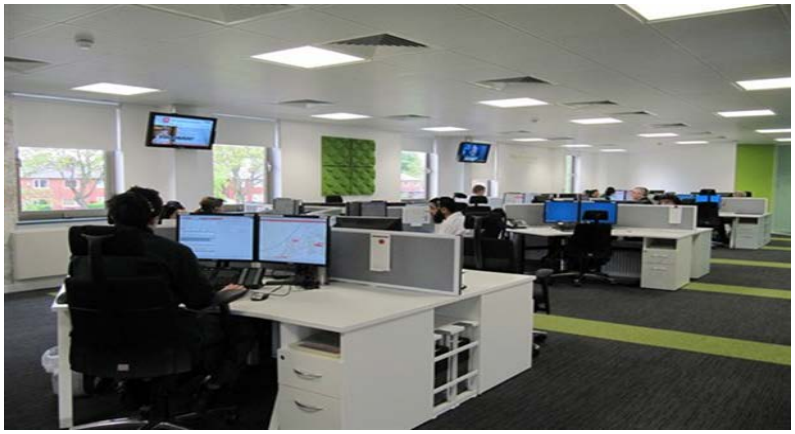
North West UK General Overview

- North West UK in 2006
- 7.2m Population
- Variable Patient Demography
- > 750,000 Triage Events in North West
- 2016/17 North West Outcomes
  - 113,097 Triage Episodes post MPDS
  - 60,287 Patients managed without emergency response
  - No level 4/5 incidents



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UK Utilisation

Provider	TTA Implemented	Triage Events 2015/16	Deflected from Emergency response Advice or Referral	
North West Ambulance Service UK Paramedic Emergency Service	2006	92,126	41,019	44.5%*
Welsh Ambulance Service UK Paramedic Emergency Service	2014	18,566	2,710	14.6%**
Scottish Ambulance Service	2013	42,000	8,820	21%
London Ambulance Service	2013	100,387	36,243	36%
Yorkshire Ambulance Service	2011	42,012	13,440	32%
Total		295,091	102,232	34.6%

- *31% by telephone deflection 13.5% by alternative response options
- ** Part year in first year of operation

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International Utilisation

Provider	TTA Implemented
Norway	2014
New Zealand	2014
South Australia	2015
Northern Ireland	2017
Portugal (Azores)	2013
Mexico and British Colombia	Est Start 2017

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System Wide Benefits

- ED attendance reduced by 0.5% since 2013 whilst activity growth has exceeded 9%
- Vehicle allocation per incident reduced from 1.7 to 1.2
- See & Treat (secondary to TTA) increased by 2.28% per annum (n=27,558)
- Financial Efficiencies c. 7.3m per annum
- Vehicle Efficiencies c. 66000 Hours per annum

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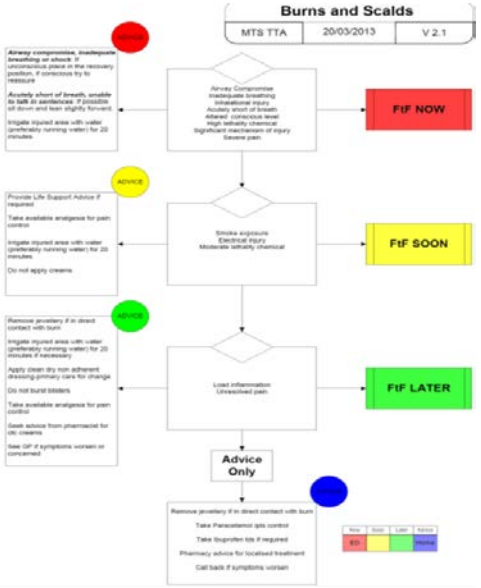
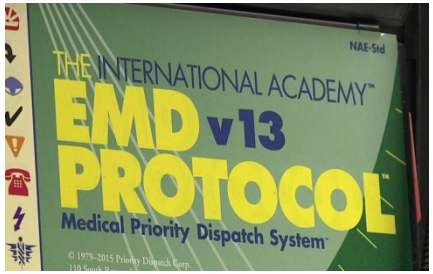
Future Challenges (and Opportunities) for TTA

- It’s a digital world!
- Interoperability
- Joined up care
- Care Planning/Known Patients
- Directory of Services – just what is out there?





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Wider Triage Challenges

- Managing Patient and System Expectations
- Governance/Bringing it all together
  - New MTG structures
- Non clinical drivers – organisation and system pressure
- Identity Issues – it is not a gatekeeper
- A diagnostic approach is high risk!

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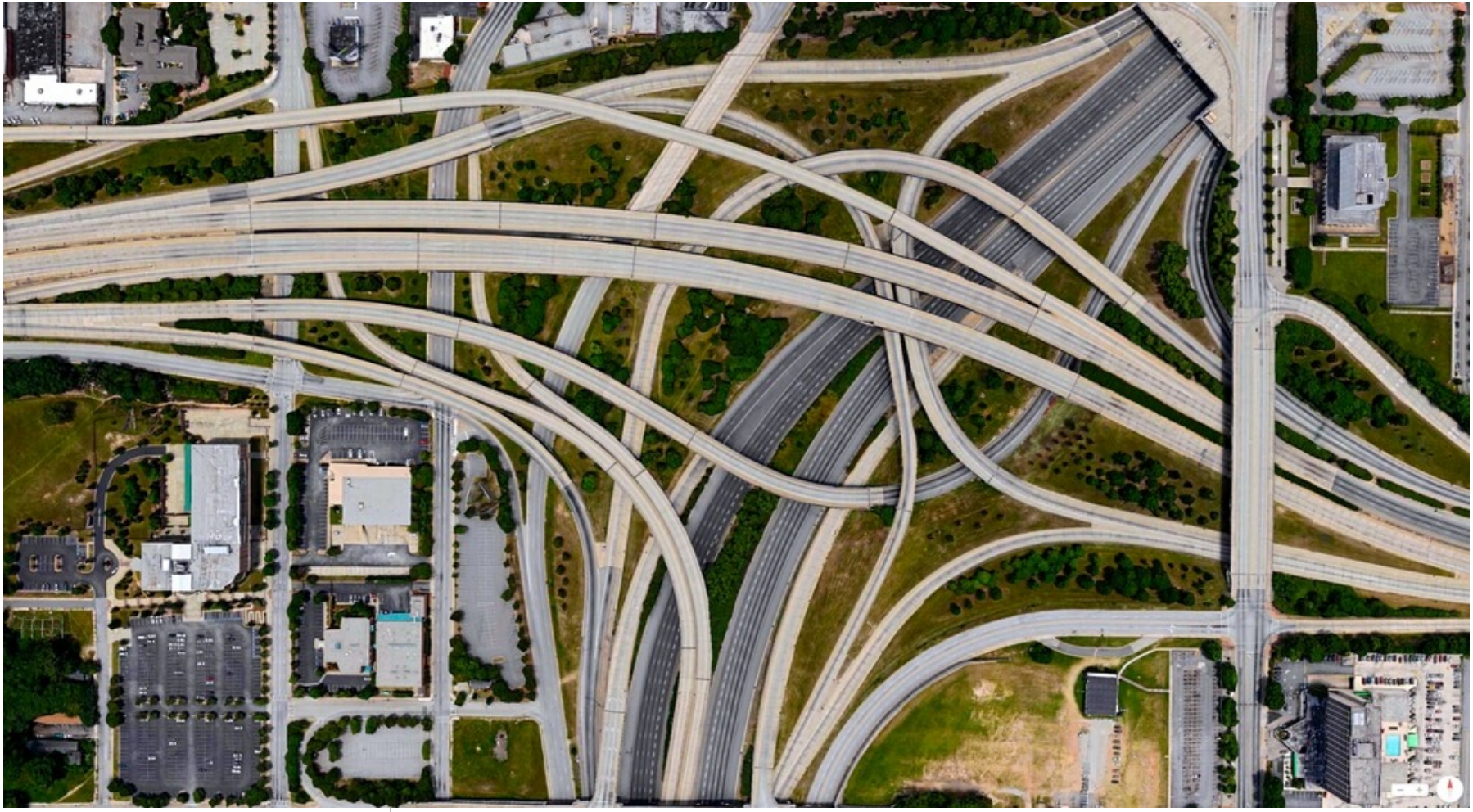
Complex Health Systems with Demand Growth Need Effective Navigation!



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Thank you