



Non Health-care Professional triage: Nursing and Residential

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National picture

18.7 million adults were admitted to hospital in the UK in 2016 – 7.6 million (41%) were aged 65 years or over

The average length of an admission in the UK for a patient 65 years or over = 9.4 days.



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National picture

There are an estimated 10,000 nursing and residential homes in the UK

Among people living in care homes, emergency hospital admissions for avoidable conditions increases by 30%.



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National picture - Dementia

There are an estimated 850,000 people living with dementia in the UK

People with dementia have poorer outcomes in hospital compared with those without;

- They are 5 times more likely to be admitted
- They have longer admissions
- They are 3 times more likely to die in hospital.



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North West

Up to 10% of calls to the North West Ambulance Service are from Care Homes

Approximately 30% of these calls are discharged on scene.



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Why collaborate?

‘Those responsible for care in local areas need to work together quickly to address the number of avoidable emergency admissions to hospital’.

CQC Chief Executive David Behan



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Why collaborate?

- Care Home staff know their clients best
- Care Home staff want to care and manage their residents with acute conditions without the need for A&E when appropriate
- Care Home staff often struggle to access GP services.



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Objectives

Designed for use by both clinicians and non-clinicians, the Nursing and Residential Triage tool has been developed to support Care Home staff to make the correct decision when calling for clinical assistance.



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Objectives

- Reduce the number of unnecessary 999 calls
- To provide a consistent and safe approach to the management of care home residents with illness or injury
- To provide more appropriate access to alternative pathways of care.



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Nursing and Residential Triage Tool

- The triage tool has two sides - Injury and Illness
- The discriminators are followed from top to bottom and stop where the patient has any of the symptoms presented on the chart.



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Nursing and Residential Triage Tool

Nursing and Residential Triage

Date: _____ Time: _____ Completed by: _____
 Patient Name _____ DOB _____ NHS no (if Known) _____
 Name of GP practice or referral pathway: _____ 999 Ref No: _____

Injury

Illness

Does the patient have an EoL or CCP in place?

Does the patient have an EoL or CCP in place?

Airway Compromise-----
Shortness of breath-----
Shock-----
FAS Test positive-----
Chest pain-----
Currently fitting-----
Major haemorrhage-----
Vascular compromise-----
Altered conscious level-----
Chemical injury to the eye-----
Open fracture-----
Severe pain-----

***Refer to End of Life or Community Care Pathway prior to calling 999, ensuring it is signed and in date. If in any doubt – call 999**

Airway Compromise-----
Shortness of breath-----
Shock-----
FAS Test positive-----
Chest pain-----
Hypoglycaemia-----
Currently fitting-----
New abnormal pulse-----
Altered conscious level-----
Oedema to the face and/or tongue-----
Vomiting Blood-----
Passing fresh or altered blood PR-----
Signs of meningism-----
Non blanching rash-----
Abdominal pain and back pain-----
Very hot-----
Severe pain-----

999 Emergency Vehicle Response
 Ambulance to be requested via 999 immediately*
 *You will still be required to provide all details to the 999 call taker who will prioritise the call based on the information provided
 999

Minor Haemorrhage-----
Smoke exposure-----
Direct trauma to the back-----
Deformity-----
Unable to use limb-----
Has been unconsciousness-----
Recent head injury-----
Dizziness prior to a fall-----
Facial swelling-----
Worrying wound-----
Moderate pain-----

Further Clinical Assessment required
 Contact 999 and request Urgent Care Desk assessment*
 or
 Contact other local urgent care team e.g. Tele-health or Single Point of Access
 999 Urgent/Primary Care

Headache-----
Unable to use limb-----
New confusion-----
Hot-----
Hyperglycaemia-----
Dizziness prior to a fall-----
Has been unconscious-----
Recent head injury-----
Persistent vomiting-----
Widespread rash or blistering-----
Moderate pain-----

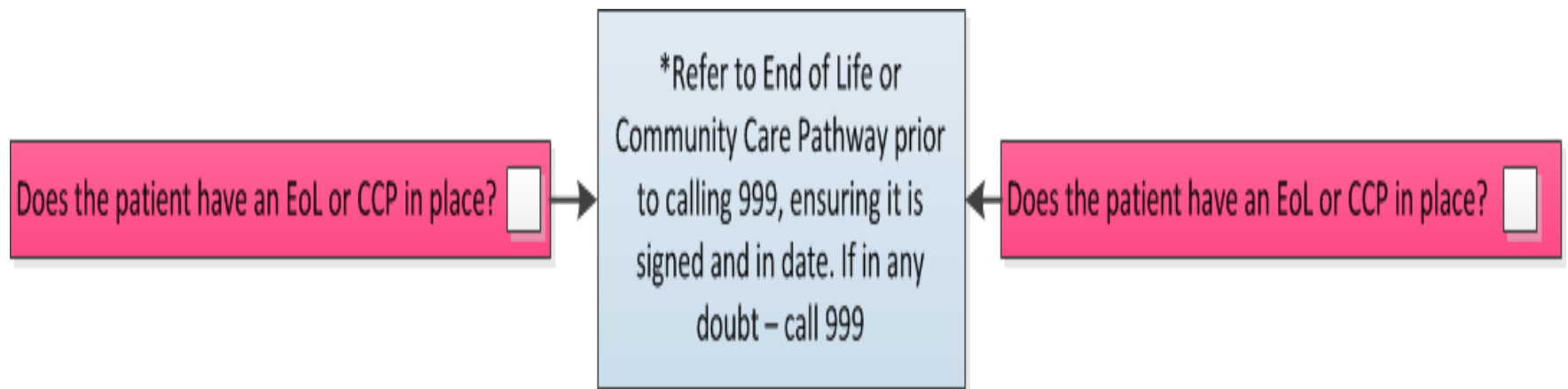
Injury Illness
 If the patient has fallen and none of the above discriminators are present, assist patient from the floor using correct lifting aids and manual handling techniques or contact local falls/lifting service for assistance where available

Patient outcome: ED GP District Nurse Advice only (Following use of triage tool) Advice only (Following further clinical assessment) Other



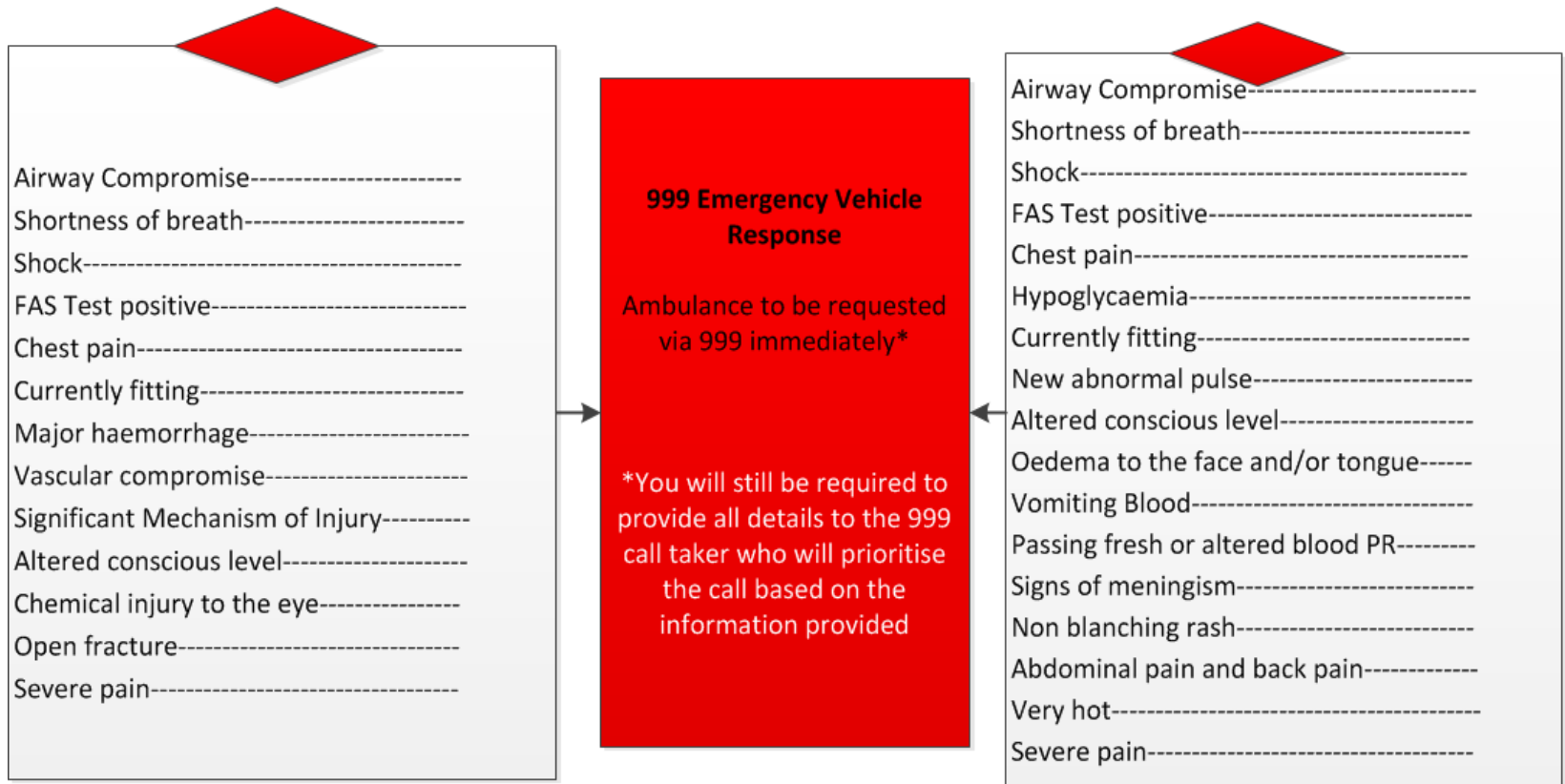
End of Life or Community Care Pathways

Should the patient have an End of Life or Community Care Pathway in place, these should be consulted prior to calling 999 even in the presence of a red discriminator





Immediate 999 call required

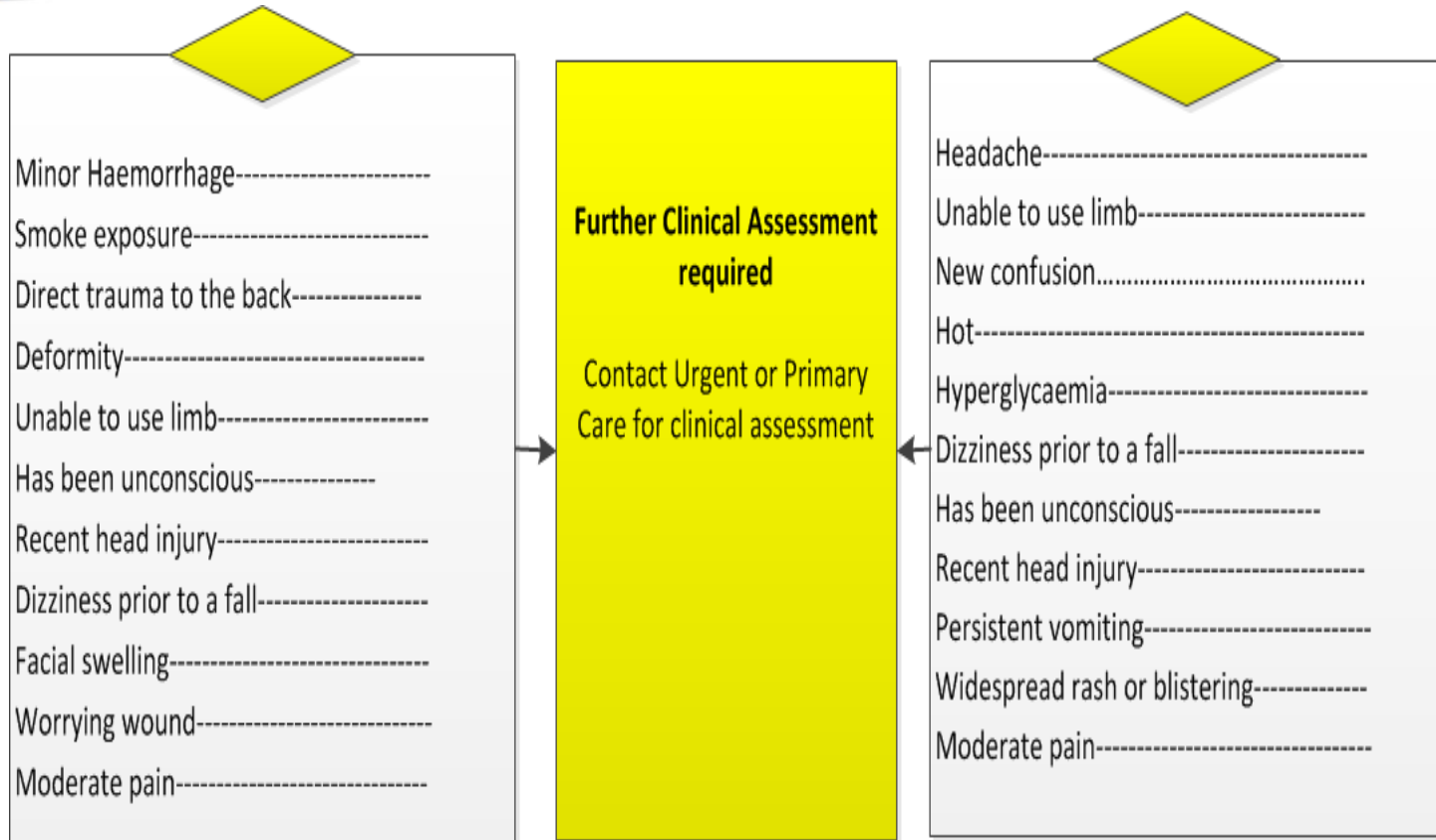


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Further assessment required



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No Discriminators Found

If no discriminators are found, the patient's own Primary Care Team may be contacted.



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Evaluation



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Feasibility Study

Two care homes were selected as they were high users of 999;

- Care home 1 - A care home with no registered nursing staff
- Care home 2 - A nurse-led home.



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Feasibility Study

During the 3 months that both homes trialled the Nursing and Residential Triage, they saw a marked reduction in 999 Activity

There was no increase in the number of HCP admissions from these homes

There were no critical or adverse incidents reported during the 3 month feasibility study.



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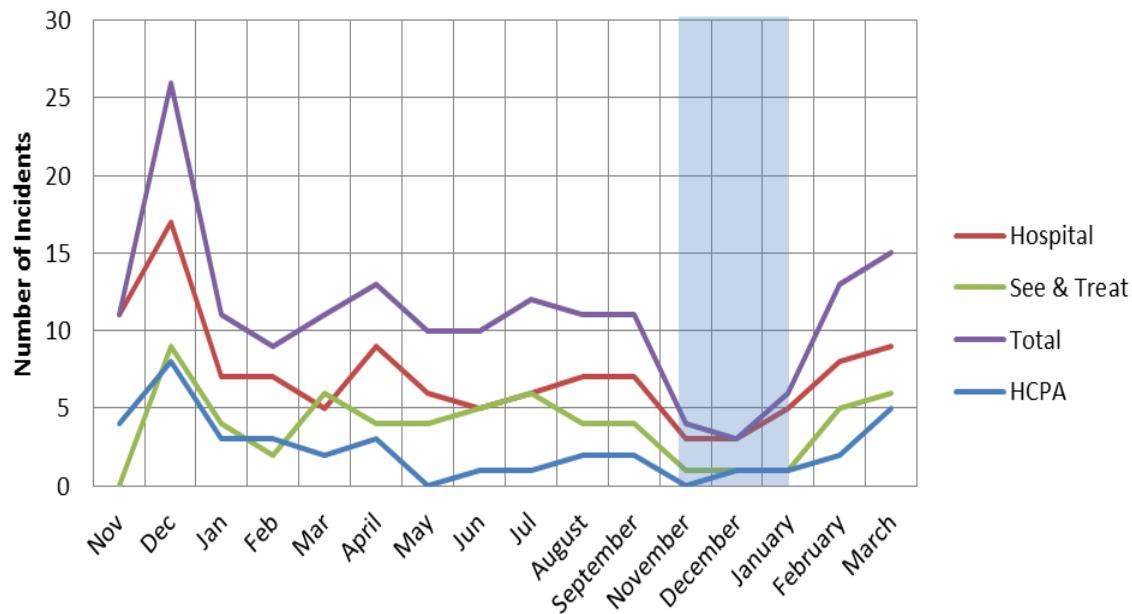




Care home 1

- Trialled from November 2016 to January 2017

Site 1 Data - Care Home



- Decrease in 999 calls and hospital admissions

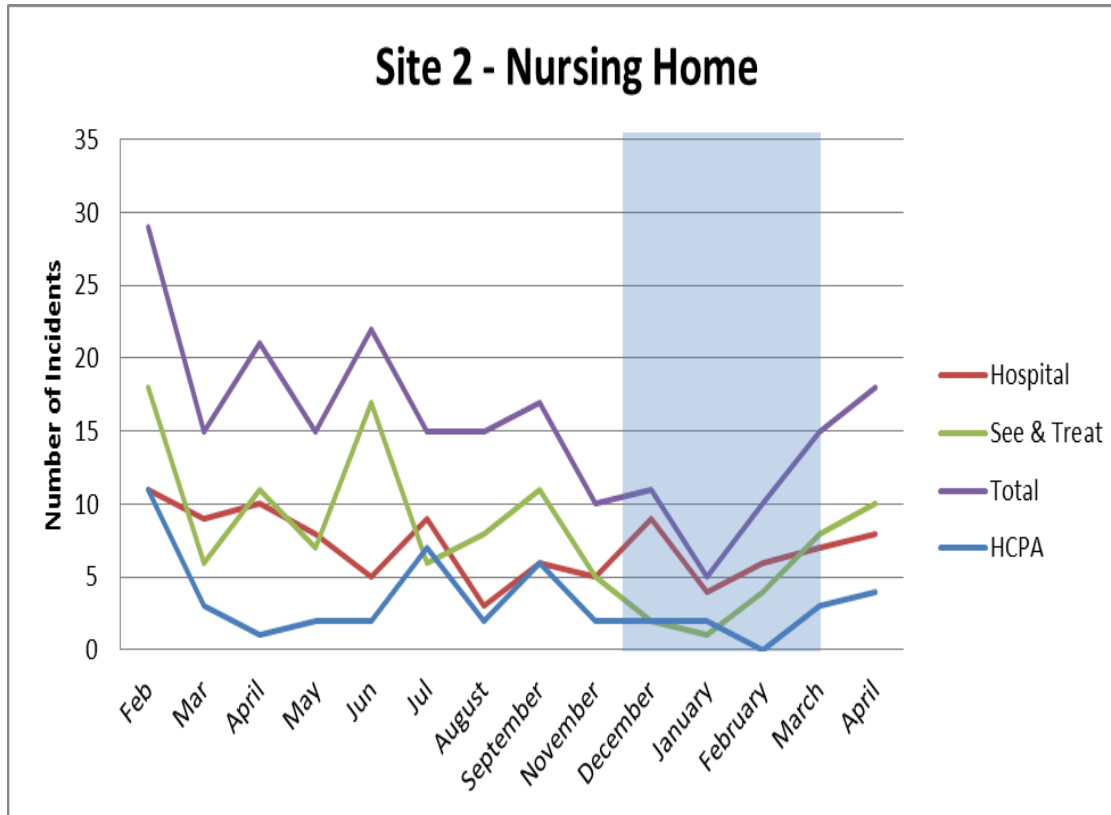


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Care home 2



- Trialled from November 2016 to February 2017

- Decrease in 999 calls and hospital admissions



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Pre and Post Nursing and Residential Triage tool figures

Care home type	6 months prior to implementation		6 months post implementation		
	Average calls per month	999 conveyance rate	Average calls per month	999 conveyance rate	Call reduction
Residential home	7.33	52%	2.6	87%	64%
Nursing home	15.83	59%	7.6	87%	52%



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Potential cost savings for 2 care homes

	Cost savings over 3 months	Projected cost savings over 12 months
999 attendance and conveyance to Emergency Department (£185 per See and Convey)	£9158	£36,630
Emergency Department attendance only* (£142.68 per ED attendance)	£7063	£28, 251
Total cost savings	£16,220	£64,881

* Does not include Hospital admissions



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Next Steps in NWAS

6 month pilot across the North West to look at;

- Comparison of 999 calls - 6 month before and 6 months after
- Staff survey
- Audit use of the tool
- Cost savings
- Ambulance hours prevented.



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Future

Buy in from local services such as Urgent Care Desks, local Primary Care Services will be required to enable the introduction of the Nursing and Residential Triage tool.



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Future

Care homes are introducing the tools with the support of local commissioners

Implementation package now available with e-learning, training and audit mechanisms.



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References

- Nursing and Residential Triage Evaluation, M. Wenman, North West Ambulance Service, 2017
- Older People's Care in Acute Settings: Benchmarking Report, NHS Benchmarking Network, March 2016
- Later Life in the United Kingdom, Age UK, August 2017



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