

Case study:

Paediatric Telephone Triage and Rapid Access Clinics



Purpose:

This project seeks to reduce inappropriate admissions and to divert non-urgent patients away from an inpatient admission to an alternative service that is more convenient and timely for children, their families and carers.

The Paediatric Telephone Triage provides an advice hotline to clinicians who refer into the University Hospitals of Morecambe Bay NHS Foundation Trust (UHMBFT) children's inpatient services. The advice hotline enables the clinicians to discuss individual cases with a senior paediatric clinician and agree the best course of treatment for the patient.

Rapid Access Clinics (RAC) provide a rapid referral for children who have been seen by their GP, Emergency Department or other referrer and who require an urgent opinion from a paediatrician but not necessarily a hospital admission.

Both Telephone Triage and Rapid Access Clinics work in conjunction to allow ill children to be seen by a paediatrician very promptly, avoiding attendance to the Emergency Department and, in some cases avoid admission to hospital where appropriate.

This helps to ensure children receive the right care in the right place, with the right

	<p>person and at the right time.</p>
<p>Context (processes and conversations)</p>	<p>The Royal College of Paediatrics and Child Health (RCPCH) standards – ‘The Facing the Future: Together for Child Health’ states:</p> <p><i>“Each acute general children`s service provides a consultant paediatrician-led rapid access service so that any child referred for this service can be seen within 24 hours of the referral being made”.</i></p> <p>The standard suggests RAC appointments should be within 24 hours of the clinician referral; however evidence (see RCPCH standards Rotherham example, http://www.rcpch.ac.uk/improving-child-health/better-nhs-children/service-standards-and-planning/facing-future-together-c-2) has suggested that a more realistic target is within 48 hours.</p> <p>The Paediatric Telephone Triage and Rapid Access Clinics were piloted by UHMBFT in the summer of 2015, after a need for more convenient, timely and appropriate services was identified. Since then the Better Care Together Women’s and Children’s workstream has supported UHMBFT in establishing this senior clinician Paediatric Telephone Triage service and one Rapid Access Clinic appointment (per weekday) at both Royal Lancaster Infirmary and Furness General Hospital sites.</p>
<p>How it works, setting out the steps:</p>	<p>Step 1: The clinical referrer contacts the On Call Senior Paediatric Clinician via the UHMB switchboard to:</p> <ol style="list-style-type: none"> a. Have a secure telephone discussion on the patient case b. A decision is then made on an outcome as a result of the telephone discussion, which would be one of the following options: <ol style="list-style-type: none"> i. Telephone advice given to referrer ii. Recommendation of an appointment with the Rapid Access Clinic iii. Recommendation that the patient attends a UHMBFT Paediatric assessment unit iv. Recommendation that the patient attends an Emergency Department c. The outcome of telephone discussion is then noted on patient record <p>Step two: If patient is to be referred to the Rapid Access Clinic:</p> <ol style="list-style-type: none"> d. The clinical referrer is asked to make a referral to the Rapid Access

	<p>Clinic</p> <ul style="list-style-type: none"> e. The family of the patient is contacted and advised to make contact with the Children's Outpatient Department the following morning f. The patient is then booked into the next available Rapid Access Clinic appointment slot g. If an appointment is not available within the next couple of days, patients are referred to the children's assessment unit to ensure continuity of care in a timely manner
<p>Change elements</p>	<ol style="list-style-type: none"> 1. Ensuring children receive the right care in the right place, with the right person and at the right time <ul style="list-style-type: none"> • Paediatric Telephone triage and Rapid Access Clinics seek to minimise unnecessary admissions, inconvenience and potential distress by providing referrers and therefore the family/carer with speedy advice and options. • Patients seen in Rapid Access Clinics are seen in a planned appointment by a senior clinician, rather than have to wait in hospital to see multiple clinicians, minimising the disruption to family/carer and child's time. 2. Collaboration These systems encourage closer working between referrers and hospital clinicians, improving the care given to our patients and developing a better understanding of each other's roles, which can reduce duplication and help interdepartmental working. 3. Education Paediatric Telephone Triage allows for a dialogue between clinicians which encourages joint learning, particularly around inappropriate referrals, and therefore can speed up future referrals, advice and support. 4. Cost The associated costs attributed to assessment unit attendance/admissions are considerably higher than that of an outpatient appointment (estimated to be a difference of £600 per patient). This means resources can be redirected to where they are most needed.
<p>Success so far:</p>	<p>Analysis showed that over a period of 9 months, 234 patients were seen in the Rapid Access Clinic, which could all potentially represent avoided admissions.</p> <p>The initial clinics also had a targeted questionnaire for patients, which reflected positive feedback from the majority of patients who had accessed the clinic. Feedback has included,</p> <ul style="list-style-type: none"> • "Very efficient and helpful staff, didn't have to wait at all for our appointment" • "Had all tests done the same day, brilliant staff, can't fault anything, fantastic!" • "It was all great. Step by step, it was all explained really well. The doctor was absolutely great, really listened to us and so good at describing what happens next. The nurses were also fab and everyone was friendly. I can't fault our visit." <p>Data on telephone triage outcomes is not easily accessible; however this has worked</p>

	<p>in conjunction with other workstream elements, in delivering activity reduction. In particular the workstream has seen a reduction in paediatric bed days (7.9% below the previous year, as of Feb 2017) which Telephone Triage and Rapid Access Clinics could be attributed to having supported.</p>
<p>Lessons learnt:</p>	<p>Patient engagement/feedback was vital in establishing the Rapid Access Clinics: we needed to ensure that new services would benefit the patients, rather than the organisation.</p> <p>The Telephone Triage and Rapid Access Clinics needed champions of these new services to help embed them. Two UHMB consultants worked with BCT to implement these services acting as champions with the consultant body to promote and tailor the service. A Nurse Consultant with specialism in Emergency Departments and Paediatrics worked as project lead and provided a lot of the driving force to embed the system and provide clinical assurance.</p> <p>To date usage rate of the clinic slots show only 50% of available Rapid Access appointments are used, which suggests further work is still needed to fully embed these services. To resolve this issue a targeted education plan is being put in place, looking to promote the benefits of use to clinicians, we are able to identify which clinicians use RAC less and these individuals will be offered enhanced training from fellow clinician champions.</p> <p>Very few negative comments were received, a concern was raised around time spent waiting for appointment, this was reviewed, and as the clinician makes the judgement – if a patient can wait 2-3 days to be seen, it was deemed appropriate. Patients can still be seen in Emergency Department if the condition worsened whilst waiting for the appointment.</p> <p>Further IT systems support is needed, particularly around ensuring telephone triage outcomes are recorded electronically. More engagement with IT services in the beginning could have strengthened this approach.</p> <p>It is important to:</p> <ul style="list-style-type: none"> • Plan how you will evaluate the service from the outset and do this regularly to gauge its impact. • Partnership work is essential; colleagues from the Children’s ward, Assessment Unit and Children’s outpatients on each acute site worked together on these initiatives
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