FAQs – Nursing and Residential Triage

What benefit would using the Nursing and Residential Tool have?

7.6 million patients over the age of 65 years were admitted to hospital in the UK in 2016 – accounting for 41% of total admissions.

The average length of an admission in the UK for a patient 65 years or over = 11.9 days.

2.7 million bed days are being taken unnecessarily for patients with no requirement of hospital care.

These unnecessary hospital stays can have significant consequences for elderly and frail patients, with people with dementia having even 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.

Approx 30% of patients from North West Ambulance Service are discharged on scene; these are patients that would have been appropriate for an alternative pathway of care and could have saved a valuable emergency resource.

The aims of the Nursing and Residential triage tool are not only to reduce the number of unnecessary 999 calls but to ensure that patients are not admitted to the emergency department/hospital unnecessarily by using the tool to direct the staff to the most appropriate referral pathway first time.

**The Nursing and Residential Tool is not a clinical assessment tool and does not ask staff to make clinical decisions.**

It does however, provide staff with the confidence to make decisions as to the most appropriate pathway of care for their patient in order to ensure patients are assessed in the most appropriate timeframe by the most appropriate health care professional.

It also provides Nursing and Residential Home managers increased support to show how decisions regarding a patient’s care was achieved, should this need to be shared with a patient’s family.
If I use the tool and it advises me to contact a GP, can I still ring 999 if I have any concerns?

Yes. The use of the tool gives guidelines for appropriate referral pathways, however it does not take away your judgement should you feel that an emergency response is required. You may still be contacted from a clinician to obtain further information who will then advise you as to the most appropriate pathway for your patient.

I’m not a clinician and don’t feel comfortable making a clinical decision.

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What time frame do I need to wait if I come out at an amber response?

If a patient comes out as an amber outcome, the appropriate health care professional would be contacted straight away, and it would be for the GP or other Health Care Professional to make the decision as to the timeframe they are happy with in which to assess the patient.

I am unable to access a GP for an amber outcome, what do I do?

If your patient is assessed as requiring further urgent care assessment but you are unable to contact the GP/Primary Care, you should contact 111 or 999 where you may receive a telephone assessment to determine the most appropriate outcome.

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