

STANDARD OPERATING PROCEDURE REFERRAL AND TRIAGE FOR COMMUNITY SERVICES

Document Reference	SOP18-014
Version Number	6
Author/Lead Job Title	Carol Wilson Locality Matron
Instigated by: Date Instigated:	09/11/2017
Date Last Reviewed:	January 2023
Date of Next Review:	January 2025
Consultation:	PCCCLD care Group; Clinical Leads, Assistant Care Group Directors, Service Managers and Team Leaders
Ratified and Quality Checked by: Date Ratified:	Community Services Clinical Network Group. 19 January 2023
Name of Trust Strategy/Policy/Guidelines this SOP refers to:	

VALIDITY – All local SOPS can be accessed via the Trust intranet

CHANGE RECORD

Version	Date	Change details
3	17/04/2018	<i>Addition of Scarborough and Ryedale information. Standardisation of process for Scarborough and Ryedale, Pocklington and Whitby</i>
4	29/06/2021	<i>Updated re changes in community services</i>
5	15/07/2021	<i>Update in triage tool due to service pressures</i>
6	19/01/2023	<i>Update in triage tools – removed and hyperlinks added. Text added to reflect one community SPOC. Approved at Community Services Clinical Network Group (19 January 2023).</i>

Contents

1. INTRODUCTION	3
2. SCOPE	3
3. DUTIES AND RESPONSIBILITIES.....	3
4. PROCEDURES.....	3
Appendix 1 - Decision Making Triage Tool - Community Nursing Services	7
Appendix 2 - Community Nursing Triage Prompts.....	7
Appendix 3 - Community Therapy Triage Tool	7

1. INTRODUCTION

To promote robust referral and triage processes through having access to clear and concise patient information in order to make safe and effective decisions about the patient's care.

2. SCOPE

This SOP will be used across all Community teams within Humber NHS Foundation Trust. It includes both registered and unregistered community nursing and therapy staff who are permanent, temporary, bank and agency staff.

It will cover all patients referred to community from a range of sources

3. DUTIES AND RESPONSIBILITIES

Service Managers, Modern Matrons and appropriate professional leads will ensure dissemination and implementation of the policy within the sphere of their responsibility. They should also ensure staff are supported in attending relevant training and that time is dedicated to the provision and uptake of training and sign off competencies.

Charge Nurse/Team Leaders will disseminate and implement the agreed SOP. They will maintain an overview of associated training needs for their respective teams. The Charge Nurse/Team Leader will ensure mechanisms and systems are in place to facilitate staff to attend relevant training as part of their Performance and Development Review (PADR) process in order to undertake training and sign off competencies.

All clinical staff employed by the Trust will familiarise themselves and follow the agreed SOP and associated guidance and competency documents. They will use approved documentation and complete relevant paperwork as per policy and Standard Operating Procedures as relevant to each clinical activity. They will make their line managers aware of barriers to implementation and completion.

4. PROCEDURES

For all Community Services teams

- A referral is received by the Single point of contact and processed as per agreed administration processes.

All Areas

- Qualified clinicians with appropriate experience are responsible for reviewing/triaging all referrals to the caseload on a timely basis
- Where referral information is unclear or insufficient, the necessary clarification should be sought from appropriate sources:
 - If **demographic information** is missing the Administrator will access this.
 - Where there is **missing/unclear clinical information** required to safely determine/deliver care, the triaging clinician will contact the referrer

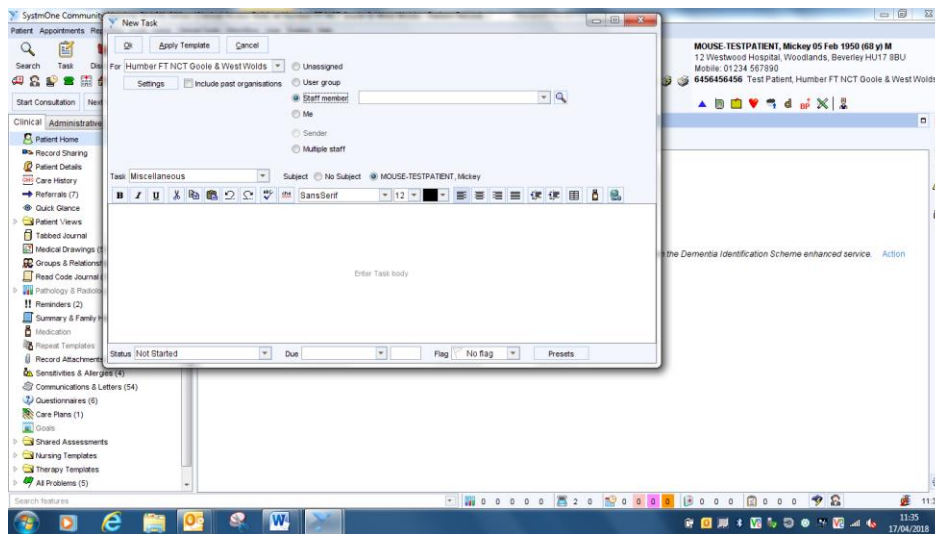
- All referrals are then put into the appropriate triage caseload for the triaging clinician to triage.
 - If the referral is urgent, it should be phoned out to the co-coordinator for the appropriate team
 - At regular intervals throughout the shift the identified triaging clinician is to review the triage caseload and allocate referrals to the appropriate caseload.
- Triage should be completed by senior clinician; it may be undertaken by a band 5 clinician with support of a senior clinician as part of their development.
 - The triaging clinician clearly documents their rationale for decision making in the patient System One. Guidance on triage priorities is included in appendix 1 and 2 (nursing) and appendix 3 (therapy). This should include:
 1. Reason for referral (important as it informs the rationale for decision making)
 2. Referral decision- accepted/rejected- make specific reference to the inclusion/exclusion categories in triage tool
 3. Priority response and rationale-make specific reference to the priority tool
 4. Banding rationale
 5. Actions- record any actions you have taken in relation to this referral including scheduling an initial visit with an appropriate clinician, informing referrer if patient declined with reasoning.
- The triaging clinician will either allocate a visit or clinic appointment to the appropriate member of staff including the reason for the visit or place the patient on the appropriate waiting list.
 - Where the service has reached capacity at the end of a shift if a new request is received it will be triaged and visits reviewed alongside capacity in all areas. For core community nursing if we are unable to meet the need of the referral in a timely manner it will be escalated to overnight nursing team for Scarborough / Ryedale / Whitby teams. For Pocklington services this would be escalated to out of hours.
 - The triage rationale is to be documented in the patient records by the triaging clinician and saved with an activity

The screenshot shows a 'Consultation Activity' dialog box with the following fields and values:

- Contact with: Patient Record
- Activity: Triage
- Method: Documentation
- Duration: 7 minutes
- Template: (empty)

Buttons: Ok, Cancel, Expenses

- The triaging clinician will task the identified caseload holder detailing the new referral



- Patients should be categorised by the triaging clinician into the following response time categories: see Decision Making Triage Tool per profession (see below).
- The triaging clinician will decide if the patient is to be seen at home or whether they can be given a clinic appointment. (N.B. home visiting is only offered to the housebound or patients who require an assessment or procedure better suited to being undertaken in the home environment).
- Where there is a lack of clarity about the most appropriate service/team to deal with the patient, efforts should be made, in the first instance, to gain better clarification. Where this is not possible, the patient **must not** be passed backwards and forwards between service areas/teams, instead the patient should be assessed and a decision made then as to the most appropriate team/service to care for the patient.

Onward referrals

- If a referral not appropriate for a speciality within the services. Refer the patient onto the appropriate service, document where the referral has gone with rationale and close the referral to your service.
- If the referral is for another speciality within the services, create the required referral and add it to the relevant triage caseload, task the appropriate team to inform them of their new referral. Close the referral to your speciality with where the referral has gone with rationale and close the referral to your service.

End Referral : Humber FT Scarborough & Ryedale Community Services Planned Treatment

Referral End Details

Reason for end of referral Discharge Death

Date of discharge / death 29 Jun 2021 15:16

Location after discharge / place of death Home

Interventions

- Discharge Without Contact
- Discharged - Admitted elsewhere
- Discharged - Moved out of the area
- Discharged - No further treatment appropriate
- Discharged - Patient Requested Discharge
- Discharged - Patient did not attend
- Discharged - Patient died
- Discharged - Referred to other specialty/Service
- Discharged - Refused to be Seen
- Discharged - Treatment completed
- Patient Declined Further Treatment
- Patient Non-compliant

Ok Cancel

Banding Referrals-

Patient referrals may be delegated once it has been identified it is within the scope of practice of the competent clinician.

- Band 3 – Patients should not be assigned to a Band 3 clinician for an initial assessment/visit.
- Band 4 – Within the competency framework for Band 4 clinician. Non- complex health/social care presentation as triaged by a Registered clinician
- Band 5- Patients requiring assessment by a Registered clinician, to meet Health needs, likely to include co morbidities.
- Band 6 - Patients requiring assessment provided by a Specialist Clinician and complex presentation of Health and Social Care needs
- Band 7- Patient requires assessment by a Clinician with Advanced clinical skills/knowledge for advancing and complex pathologies

Appendix 1 - Decision Making Triage Tool - Community Nursing Services

[Decision Making Triage Tool - Community Nursing Services](#)

Appendix 2 - Community Nursing Triage Prompts

[Community Nursing Triage Prompts](#)

Appendix 3 - Community Therapy Triage Tool

[Community Therapy Triage Tool](#)