Shifting the Balance Of Care: Improving Safe Non-Conveyance Through Secondary Telephone Triage.

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The Scottish Ambulance Service aims to increase the number of patients that can be safely managed by providing advice or referral to alternative treatment pathways through improved secondary telephone triage (‘Hear and Treat’). This seeks to ensure people are treated in the right place first time and reduces unnecessary attendance at the Emergency Department.

Clinical Advisors (Paramedic and Nurses trained in telephone triage) work within all three Ambulance Control Centres (ACC’s) in Scotland and have a split function within the ACC:

1. Hear and Treat
2. Emergency and Urgent call welfare - a safety netting procedure for our lower acuity and non-emergency booked ambulances.

This project aimed to change models of working within the Ambulance Control Centre by testing Urgent Welfare Calls being safely undertaken by emergency call handlers using the Medical Priority Dispatch System (MPDS) instead of by Clinical Advisors. This allowed Clinical Advisors to focus on higher acuity Emergency Call Welfare and Hear and Treat. This led to increased Clinical Advisor capacity to provide Emergency Call Welfare and safely hear, treat and/or refer patients to alternative pathways. This is underpinned by the 2020 vision of providing care safely at home or in a community setting where appropriate.

Following introduction of the new model of working, there was an increase in both the number of patients who received at least one Urgent welfare call and also an increase in Clinical Advisors ‘hear and treat’ safe advice/referral outcomes of more than 50%. Chart 1 below shows the increase of hear and treat outcomes with exclusion of other factors such as transferring callers to NHS24.

There were no known adverse events reported. This model will continue to be measured to determine if the shift is sustainable.

**Aims**

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**Outcome/Results**

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**Methodology**

A PDSA methodology was undertaken. A review of roles within the Ambulance Control Centres identified that Clinical Advisor capacity to undertake secondary telephone triage of high acuity but non-immediate life threatening patients could be achieved by reallocating welfare calls to call handlers.

This change was implemented on 5 October 2017. Outcome data was collected, analysed and depicted in the form of a run chart for integration into business as usual.

**Chart 1**

Aims

- To increase the number of patients that can be safely managed by providing advice or referral to alternative treatment pathways through improved secondary telephone triage (‘Hear and Treat’).

Conclusion

Dedicating emergency call handlers increases capacity for Clinical Advisers to provide secondary telephone Triage. This safely led to an increase in ‘hear and treat’ outcomes, with more patients being treated safely at home or in a homely setting.