Advanced Triage Nurse Pilot

October 2024- January 2025

Stakeholder Pack

Advanced Triage Nurse Pilot – Why are we doing this ?

❖ Gynaecology Emergency Department (GED) is currently identified as a high-risk area (Risk 1928, rated 16) due to consistent failure to deliver NHSE's 95% 4-hour standard Type 2 target.

❖ Over the past three years, the GED has experienced a statistically significant surge in attendances, with patients presenting with increasingly complex conditions requiring enhanced care.

❖ Despite steadily increasing demand and ongoing issues related to the built environment in Sunrise B that staff must contend with, Queen's GED continues to perform better than local comparators, consistently delivering Type 2 performance of over 80% over the last 9 months. In comparison, Whipps Cross, Basildon and the Royal London Hospital (RLH) have far superior staffing ratios but report worse Type 2 performance.

❖ However, this performance comes at a cost, with staff reporting burn out, high rates of sickness and worsening retention rates reflecting the strain that GED staff are working under. GED is one of the primary causes of negative GMC survey results related to high workload in obstetrics and gynaecology.
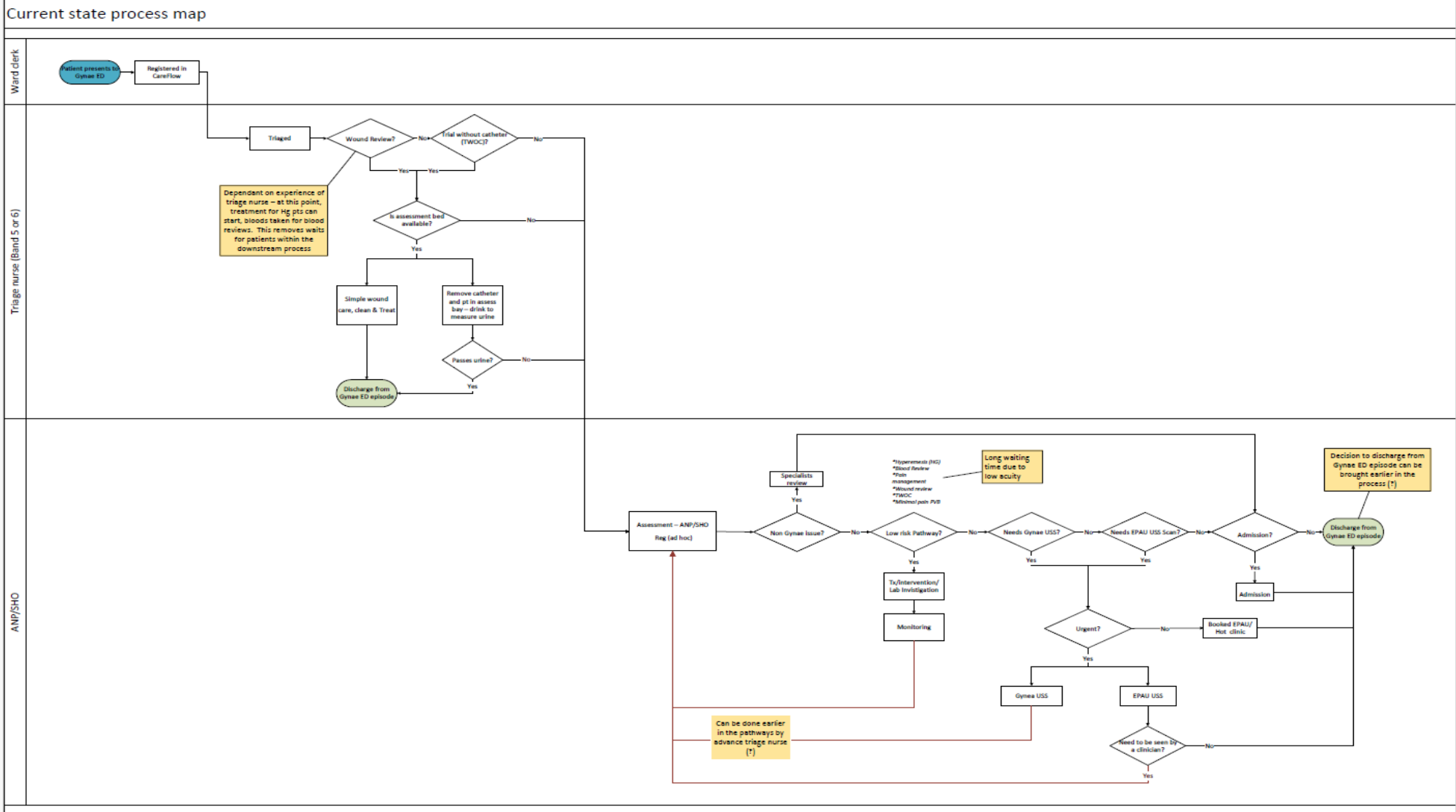
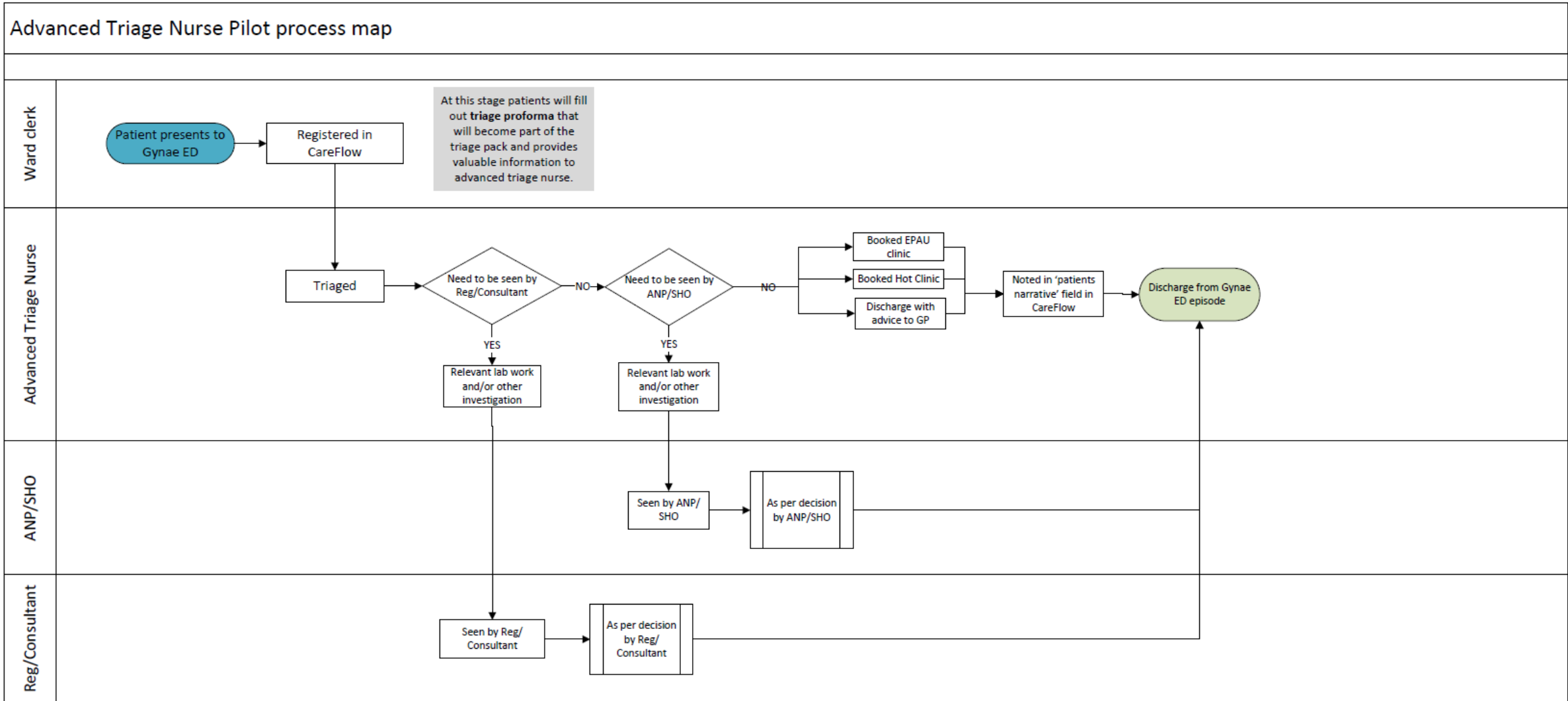# Advanced Triage Nurse Pilot – A Band 6 Nurse, leading triage , 7 days a week

❖ **Improved patient care satisfaction:** Earlier decision making and placement of patients onto correct pathways will reduce waiting times, swiftly reassure patients who do not require urgent care and reduce demand to ensure that patients who do require urgent and emergency interventions can be seen more quickly.

❖ **Improved performance:** This early senior nurse input should lead to improved 4-hour performance by enabling earlier decision-making - reassuring and diverting away 'worried well' high intensity users who do not need emergency intervention – and placing patients onto the correct non-urgent community and secondary care pathways (including Women's Health Hubs).

❖ **Improving patient experience:** Reduced waiting times and timely access to appropriate care will enhance patient satisfaction.

❖ **Optimising resource utilisation:** Redistributing patient care across the skill mix will enhance efficiency and alleviate pressure on clinical staff. Earlier intervention on needed investigations will also streamline the patient's journey

❖ **Service resilience:** Additional resource would benefit the resilience of the service during peak hours/seasons, mitigate against the effect that HEE doctor changeover has on departmental performance, empower our nurses, and improve morale on the unit.

Advanced Triage Nurse Pilot - Current State Process Map

Advanced Triage Nurse Pilot - Future State Process Map

NHS
Barking, Havering and Redbridge
Hospitals

Advanced Triage Nurse Pilot process map

Ward clerk

Patient presents to Gynae ED → Registered in CareFlow

At this stage patients will fill out **triage proforma** that will become part of the triage pack and provides valuable information to advanced triage nurse.

Advanced Triage Nurse

Triaged → Need to be seen by Reg/Consultant —NO→ Need to be seen by ANP/SHO —NO→
- Booked EPAU clinic
- Booked Hot Clinic
- Discharge with advice to GP

→ Noted in 'patients narrative' field in CareFlow → Discharge from Gynae ED episode

Need to be seen by Reg/Consultant —YES→ Relevant lab work and/or other investigation

Need to be seen by ANP/SHO —YES→ Relevant lab work and/or other investigation

ANP/SHO

Seen by ANP/SHO → As per decision by ANP/SHO

Reg/Consultant

Seen by Reg/Consultant → As per decision by Reg/Consultant

PRIDE

Advanced Triage Nurse Pilot – Project on a page

Key Stakeholders

- Senior Responsible Officer
- Project Manager
- Gynaecology Consultants
- Gynae ED Matron
- Band 7 Gynae ED nurse
- IT support
- Clinical Staff
- Gynae ED service manager

Timelines

- **Planning Phase:** 2 months
- **Implementation Phase:** 2 Months (scheduled for soft launch in October 2024, and a hard launch in November 2024 – Jan 2025)
- **Evaluation Phases:** Weekly Working group meetings

Key Milestones

- By 27th September- Band 6 Triage Training completed
- 9th October - Full stakeholder engagement session at Gynae ED
- 23rd October – All staff briefing
- 28th October – Soft Launch of Pilot
- 4th November – Hard Launch of Pilot
- 4th January 2025 – End of Pilot
- w/c 27th January 2025 – Outcomes and learning shared

Project Deliverables

- **Project Plan:** outlining objectives, roles and responsibilities, timelines, key performance indicators and data capturing.
- **Communication Plan:** outlining how the program will be communicated to staff, patients, and other stakeholders as well as sharing positive news.
- **Decision Making Criteria and Band 6 Training :** specific changes to triage process drawn up and formalised and circulated to team to improve patient care, enhance staff satisfaction, and increase efficiency in Gynae ED patient pathway.
- **Data Analytics and Reporting:** methods for capturing and analysing data related to program objectives and performance.
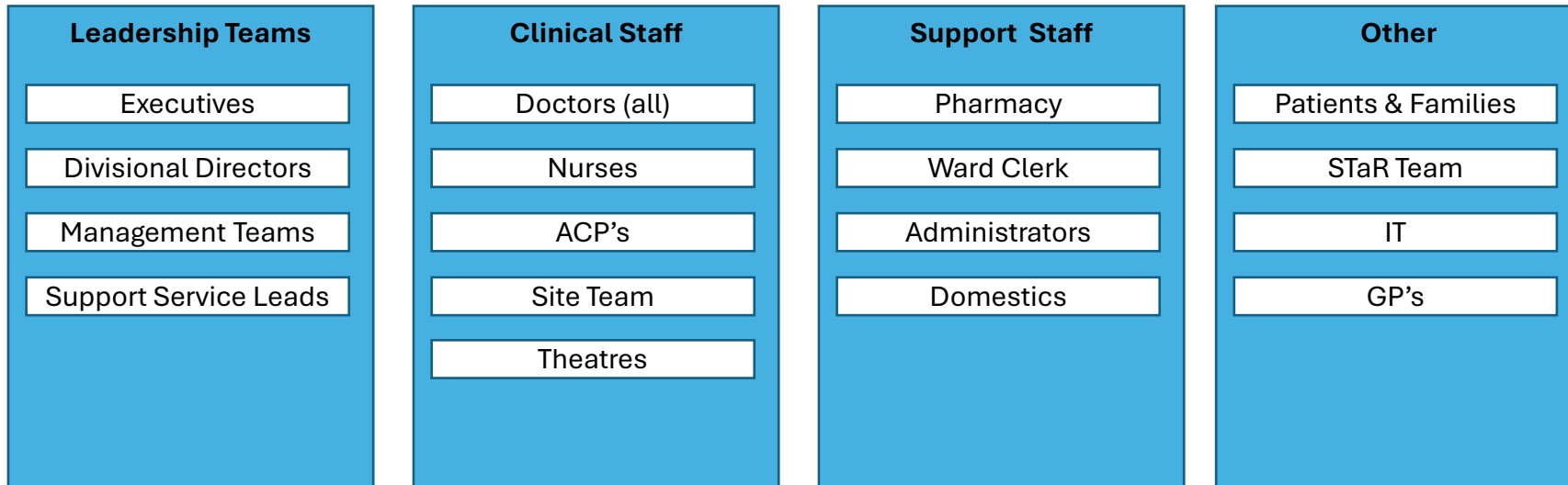
Project Objectives

Objective 1: Reduce patient waiting time for clinical assessment.

Objective 2: Improve the efficiency of the triage process.

Objective 3: Maintain or enhance patient safety.

Objective 4: Increase patient and staff satisfaction.

Key Stakeholders

Project Team

The success of this pilot depends on the active participation and engagement of a range of stakeholders across the hospital. The program requires a multidisciplinary team (MDT) approach, involving stakeholders with diverse expertise and perspectives. The involvement of these stakeholders can help to ensure that the pilot is effective, sustainable, and aligned with the needs of patients and staff.

Leadership Teams	Clinical Staff	Support Staff	Other
Executives	Doctors (all)	Pharmacy	Patients & Families
Divisional Directors	Nurses	Ward Clerk	STaR Team
Management Teams	ACP's	Administrators	IT
Support Service Leads	Site Team	Domestics	GP's
	Theatres		

Advanced Triage Nurse Pilot – Project timeline

Pre-launch task	Lead	30-Aug	06-Sep	13-Sep	20-Sep	27-Sep	04-Oct	11-Oct	18-Oct	25-Oct	28-Oct	04-Nov
Decision-making tool/SOP	Matteo/Petra/Vikki	■	■	■	■						Soft launch	Go Live
Competencies	Petra	■	■	■	■							
Training	Vikki		■	■	■	■	■	■				
Comms (GED, Trust-wide, GP's, Patients)	Debbie		■	■	■	■	■	■	■			
Rota for ATP	Vikki	■	■	■	■	■						
Backfill Band 5	Vikki						■	■				
Trial run	Petra/Vikki								■	■		
Pre-pilot observations	Giulia	■	■	■	■	■						

Advanced Triage Nurse Pilot – Assumptions

Heading	Assumption	Test
Efficiency of the Triage Process	Advanced triage nursing will reduce the time patients spend waiting for clinical assessment.	Measure and compare the average waiting time before and after the implementation of the pilot.
Appropriate Patient Diversion	Nurses can accurately identify patients who do not need to see a clinician immediately and can be safely diverted to outpatient settings or discharged.	Track the outcomes of patients who were diverted or discharged to ensure there were no adverse effects.
Patient Safety	The new triage process will maintain or improve patient safety by ensuring that all urgent cases are appropriately prioritised.	Monitor for any incidents or near misses and compare them to pre-pilot data.
Patient Satisfaction	Patients will be more satisfied with the reduced waiting times and more efficient service.	Conduct patient satisfaction surveys before and after the pilot to gauge any changes in patient perception.

Advanced Triage Nurse Pilot – Assumptions

Heading	Assumption	Test
Clinician Workload	Reducing the number of patients who need to see a clinician will decrease clinician workload and allow for more focused care on complex cases.	Measure clinician workload, including the number of patients seen and time spent per patient before and after the pilot.
Accuracy of Triage Decisions	Nurses will accurately assess the acuity of cases and make correct decisions regarding the need for clinical input.	Review the triage decisions against clinical outcomes to ensure accuracy and appropriateness.
Resource Utilisation	The pilot will optimise the use of resources, including staff time and clinical space.	Analyse resource utilisation data, including staffing levels, room usage, and equipment availability, to determine if the pilot leads to more efficient resource allocation.
Impact on Follow-Up Care	Diverting patients earlier in the flow will not lead to an increased need for follow-up care or re-admissions.	Track the number of follow-up appointments, GP visits, or re-admissions for patients who were diverted during the pilot.

Advanced Triage Nurse Pilot – Assumptions

Heading	Assumption	Test
Staff Acceptance and Training	Staff will accept the new process and feel adequately trained to implement it.	Conduct staff feedback sessions and surveys to assess their comfort level and acceptance of the new triage approach.
Scalability and Sustainability	If successful, the pilot process can be scaled up and sustained in the long term.	Evaluate the feasibility of scaling the process across the entire service and the potential for long-term sustainability based on pilot results.
Equality and Inclusion	The new triage process will maintain or improve access to marginalised population groups.	Break data by ethnicity to monitor and compare them to pre-pilot data.

Advanced Triage Nurse Pilot – Measures

Average waiting time for first clinician review
Patients waiting for review by ANP/Dr seen sooner as more patients are diverted to other pathways

Number of reattendances
Monitoring the number of patients that are redirected away from Gynae ED that go on to reattend GED

Clinician Workload
Diary carding and collecting feedback from staff in department as it pertains to their workload before and after the pilot

Number of patients diverted/discharged
Assessing attendances and patient conversation notes to quantify utilisation of alternative pathways

Patient satisfaction
Collecting feedback via IWantGreatCare and FFT to track changes in patient experience and perception

Patient Safety
Monitoring IR1's and clinical risk escalations within the department , Auditing outcomes for diverted patients and monitoring IR1 submissions

Equity & Inclusion
Monitoring the demographic of patients to ensure that the new process is not disproportionately affecting any subsection of the patient cohort

NHS
Barking, Havering and Redbridge University Hospitals
NHS Trust

PRIDE

Advanced Triage Nurse Pilot - Risk & Issues

Risk	Likelihood	Impact	Mitigation Strategy
(R) Inaccurate triage decisions	Medium	High	Development of robust decision-making tool, training with PDN
(R) Reallocation of B6 to ED will leave wards with less support	High	High	Backfill Band 6 on Sunrise B
(R) Increased patient dissatisfaction	Low	Medium	Regular patient feedback, adjust processes as needed
(R) Staff resistance	Medium	Medium	Engage staff early, provide clear communication, appropriate training