

Improving Awareness of the UHM Referral Process to the Specialist Palliative Care Team

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Abbreviated abstract: Referrals for University Hospital Monklands (UHM) inpatient Specialist Palliative Care (SPC) advice have recently been requested via a telephone triage line instead of via the onsite SPC Clinical Nurse Specialist (CNS). This Quality Improvement Project (QIP) aims to improve awareness of and adherence to the new referral process. This QIP provided invaluable insight into staff experience and expectations in referring to the SPC service, allowing for identification of areas requiring improvement and enhancement of the SPC service.

Related publications:

1. Hui D, Heung Y, Bruera E. Timely Palliative Care: Personalizing the Process of Referral. *Cancers*. 2022; 14(4):1047.
2. National Guideline Centre (UK). Timing of referral to palliative care services: End of life care for adults: service delivery; Evidence review B. London: National Institute for Health and Care Excellence (NICE); 2019 Oct. (NICE Guideline, No. 142.)

Motivation for Change & QIP Plan:

Background to QIP:

SPC advice has recently been requested via a telephone triage line instead of via the onsite SPC CNS to:

- Ensure consistent and rapid access to in-hours advice.
- Allow for efficient use of limited SPC staff time & to prioritise workload of CNS.
- Allow for telephone advice without inpatient review.

Baseline Data:

- 37.5% of SPC referrals from UHM were being made correctly via SPC triage line.
- Only 46% of staff were aware of changes to referral pathway.

PDSA Plan

ACT:

Staff education on SPC service.
Create poster highlighting referral service.

PLAN:

Increase awareness and use of the new referral telephone triage service for in-hours SPC advice.

STUDY:

Analyse % of referral calls made to triage line and directly to SPC CNS. Review questionnaire comments.

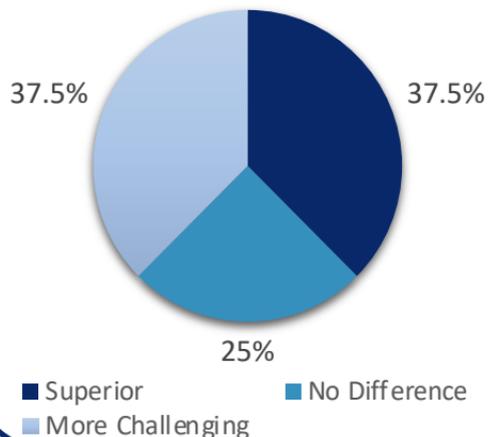
DO:

Staff questionnaire to assess baseline understanding & raise awareness of SPC services.

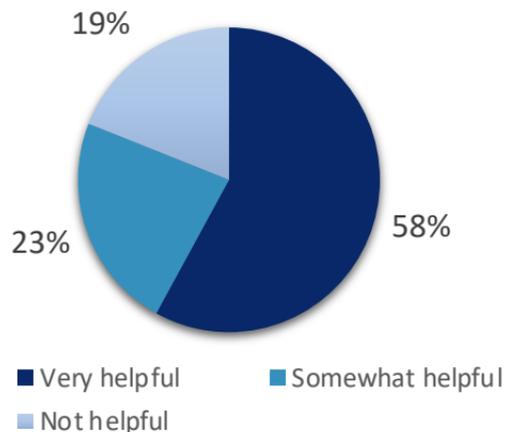
Questionnaire Summary:

Responses were collected from 37 healthcare professionals in different specialties.

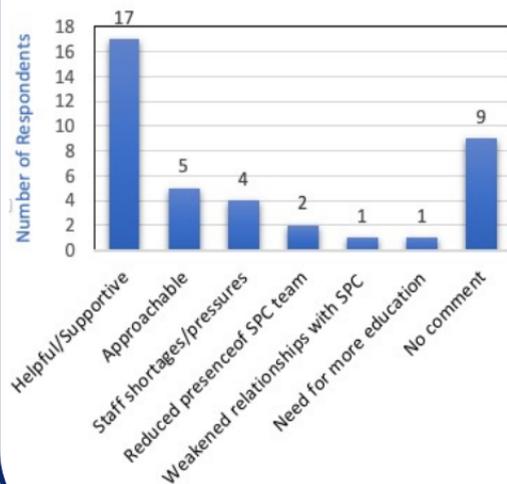
How do you find this new referral process compared to previous direct referrals to SPC CNS? (n= 16)



What was the impact of the SPC triage line in supporting your patient management? (n= 26)



Comments regarding SPC service? (n= 28)

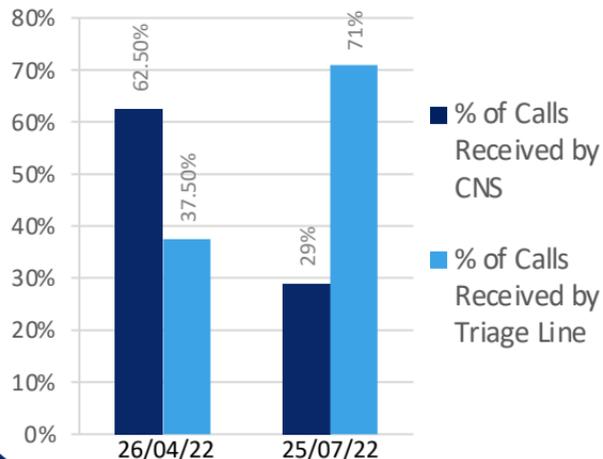


Themes Identified from Free-Text Comments

QIP Conclusions:

Audit Results:

71% of SPC referrals from UHM were made correctly via SPC triage line with raised awareness following questionnaire.



Summary of Findings:

- Project highlighted the value of SPC input for inpatient care.
- Highlighted lack of knowledge of current SPC referral process & subsequently improved adherence.
- Revealed issues within referral service: reduced SPC staff presence, variances in expectations of referral system, effect of staff shortages.

Next Steps:

- Discussion with SPC triage team to aim for consistency of response.
- Aim for expert communication with referrers to ensure SPC reaches the right patients.
- Poster educating UHM staff on referral process & information required to enhance referrals received.