

CARE HOME TELEPHONE ASSESSMENT (dietetics) Leeds Community Healthcare NHS Trust



What is the innovation?

Using a telephone based triage system to improve timely clinical advice to care home residents.

Who came up with the innovation?

Dietitians working in the Enhanced Care Home Scheme (ECHS) in Leeds, and adapted for use by the core community team by practitioners.

What problem does it solve?

High demand for dietetic input in care home residents, where referrals can be lacking in detail. In this past this has meant that it was not always possible to establish priority of need, or the most appropriate mode of treatment.

What was the inspiration for the idea?

As the ECHS was a new service, the referral paperwork for the core community service was proving inadequate for their needs, and the dietitians were finding themselves telephoning the care homes for extra information, in order to assess whether patients were appropriate for the core service or for the ECHS. Through this they realised that in some circumstances they were able to provide advice over the phone, and realised this could be a new model of working.

How did the innovation journey start?

This was piloted in ECHS, with ongoing modifications to the telephone assessment paperwork. However the dietitians found that this was time-consuming, and that it could sit within the core community team (with an expanded use city-wide). They also identified that with the correct pathways and structure, it could be a role that dietetic assistants could do as well as dietitians. Therefore these were put in place to make sure everyone using it was keeping within their scope of practice.

Where is the innovation now (stage of development)?

This is now an integral part of the working pattern for the core community dietetics team. Standardised assessment paperwork and pathways are in place, and processes allowing for accurate recording.

Future plans for the innovation?

At current getting the paper based version onto the computer system so that it aligns with our paperlight service. There are also plans to measure the impact of the telephone assessment checklist on waiting times, and quality of referrals.

Has this idea sparked more innovations/other colleagues to come forward – other impact?

It has been identified that a similar style of assessment would help prioritise referrals which the core service receives for patients with pressure ulcers.

This style of working with care home patients and staff has been effective in promoting self-management.

Any lessons learned?

A simple idea can be very effective!