

Strata IToCH SOP: Managing 2-Hour Urgent Crisis Response (UCR) V0.14

Procedure overview

Guidance for Transfer of Care Hub (ToCH) staff on how to record referrals for 2 hour urgent community response (UCR) in the Strata Pathways referral management and/or RiO systems. UCR referrals are for people in their own home a risk of acute hospital admission.

GPs and ambulance crews will be the main referrers and may make referrals via the phone (recommended), a Strata Pathways referral or web referral

Principles

- Criteria for a 2 hour Urgent Community Response is included in Appendix 2
- UCR referrals should take highest priority and be triaged and actioned before all other referrals.
- Referrers are encouraged to refer by phone.
- ToCH staff responsible for monitoring and reviewing web-referrals should routinely scan new referrals for UCRs so processing can be prioritised.
- Referrers should be contacted within 15 minutes by a ToCH prioritiser to determine need. The ToC is responsible for quickly sourcing the required capacity through liaison with the relevant community services by phone and notifying referrer of the outcome. Strata should not be used to make onward referrals to receiver services.
- RiO, not Strata, remains the primary data source for local and national UCR reporting. Strata will only ever hold a sub-set of all UCR referrals and for this reason should not be used for accurate reporting.

Other (reference documentation)

- CFT SOP – Recording UCR’s in RiO
- Transfer of Care Hub Handling urgent telephone calls SOP
- Transfer of Care Hub how to change Strata referral priority guidance

Procedure

There are 2 scenarios to be considered:

- (i) UCR referrals where the ToCH prioritiser determines a 2 hour UCR triage outcome is appropriate
- (ii) UCR referrals where the ToCH prioritiser determines a non-2 hour UCR triage outcome is appropriate, e.g. admission to a Community Assessment and Treatment Unit or Same Day Emergency Response.

The diagrams in Appendix 1 summarise the above for all 3 referral types (phone, Strata and web referral)

Scenario 1 – UCR referrals where the ToCH prioritiser determines a 2 hour UCR triage outcome is appropriate

Within 15 minutes of referral receipt, the ToC triager will discuss the referral with the referrer by phone. Where a 2 hour response is agreed, the ToC triager will source the care from community services and notify the referrer by phone of the outcome, including if there is no capacity available to provide a 2 hour response.

The table below shows how the referral should be recorded in RiO or Strata

Telephone referral	No need to create a referral on Strata – required – a UCR referral should be cr

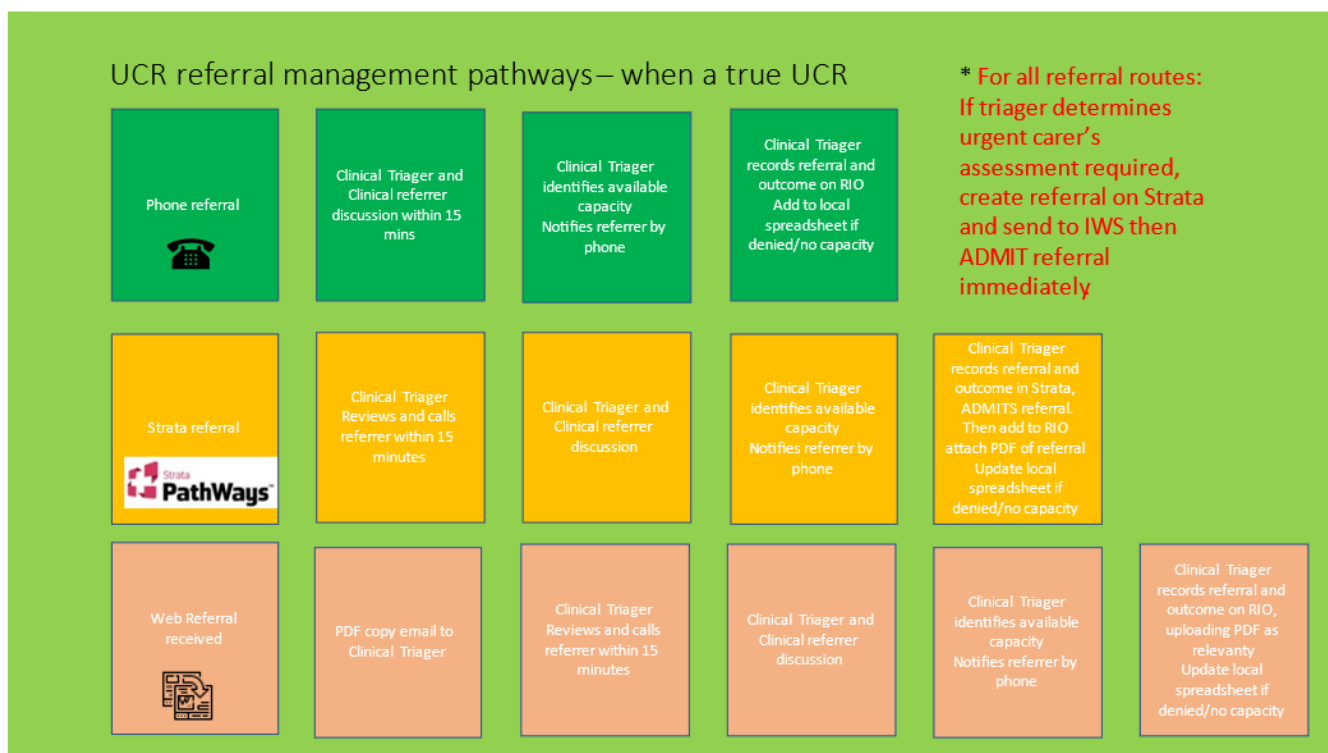
	<p>sent on to the Independence and Wellbeing Service</p> <p>Record in RiO in line with the Cornwall Partnership</p>
Strata Referral	<p>Complete the triage screen (Edit referral, ADMIT the referral)</p> <p>NB – Do not send the referral on to any other service as a full assessment is required. Then a UCR referral should be created using the Referrals SOP and sent on to the Independence and Wellbeing Service immediately admitted.</p>
Web referral	<p>Save UCR referral as PDF using organisational email</p> <p>Email to UCR prioritiser and send Teams message to prioritise needs prioritising.</p> <p>After triage, record in RIO in line with the guidance, uploading PDF as appropriate.</p> <p>Do not create a Strata referral unless triage determines a UCR referral should be created using the Referrals SOP and sent on to the Independence and Wellbeing Service</p>

Scenario 2 – UCR referrals where the ToC prioritiser determines a NON 2 hour UCR triage outcome is appropriate

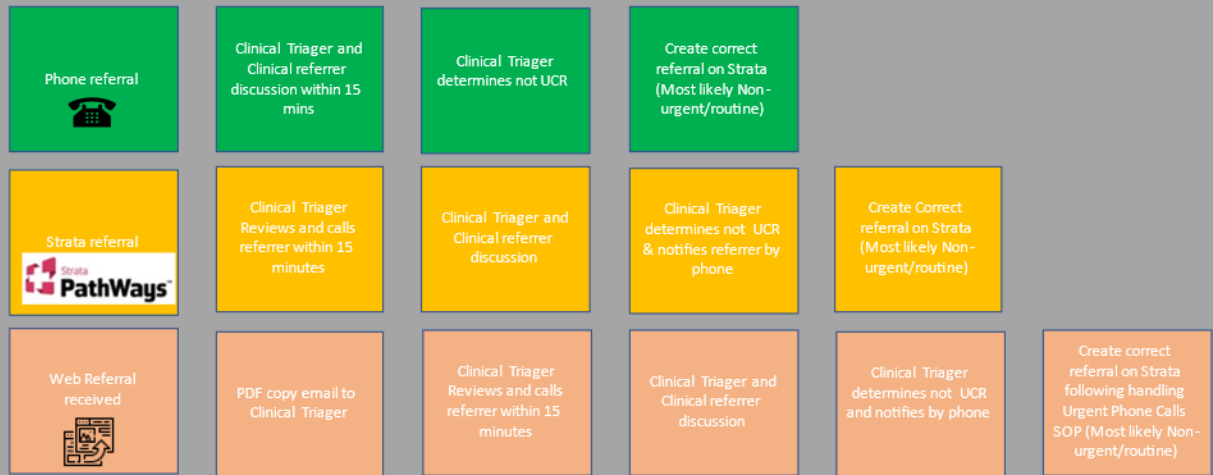
Telephone referral	<p>Create a referral in Strata for the right referral</p> <p>Telephone Calls SOP</p>

	Manage as usual
Strata Referral	Complete the triage screen (Edit referral, Change the referral type following the HO
	Manage as usual
Web referral	Save UCR referral as PDF using organisa After triage, create a referral in Strata for Handling Urgent Telephone Calls SOP. U
	Manage as usual

Appendix 1



How to manage referrals originating as UCR but different triage outcome selected,
e.g. Same day response



Appendix 2

2-Hour Urgent Crisis Response: Inclusion and Exclusion Criteria for Community Service Response



Cornwall and the Isles of Scilly
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Inclusion Criteria:

- Aged 18 and over
- An individual who is frail or housebound that requires a response within 2 hours, without which would result in a direct admission to the acute hospital due to being medically unstable and unsafe at home
- An individual presenting with a confused state with an unknown cause which if not seen within 2 hours will result in their admission to hospital
- An individual with deterioration in dementia
- An individual presenting with an acute dyspnoea further to their known longterm condition such as COPD or Heart Failure
- An individual with an acute change in their mobility which, without intervention from community services and/or equipment in the next 2 hours would lead to their admission to the acute hospital
- An individual who requires an intervention from community services to support them in the home without which they would be unsafe and at risk
- A palliative patient who has developed an acute change in their health and requires intervention from community services to avoid admission to an acute hospital
- Urgent catheter care or retention which may result in admission to hospital if not addressed within 2 hours
- An individual who has fallen with a subsequent decline in their confidence, resulting in an immobility and is at risk of injury without prompt intervention from community services

A 2-hour UCR is delivered by a range of the community services, which includes Community Matrons, Community Nurses, HomeFirst and Advanced Community Practitioners

Exclusion Criteria:

- An individual who requires an immediate response such as suspected sepsis, suspected cardiac chest pain, suspected acute stroke, cardiac arrest.
- An individual who requires a specialist pathway such as primary percutaneous coronary intervention (PPCI) or Neurosurgical review for cauda equina
- An individual with an acute presentation which may require commencement of a single treatment. Not considered to be complex, that needs no further referral to other community teams, nor requires clinical oversight to facilitate the prescribed treatment
- An individual with a presentation linked with pregnancy
- An individual with a presentation linked with an acute change in their mental health
- An individual that does not require a response within 2 hours to avoid an acute admission
- An individual that can present themselves to a GP surgery or a Primary Care Centre

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Online URL: <https://elearning.cornwall.nhs.uk/site/kb/article.php?id=350>