基督教聯合醫院
UNITED CHRISTIAN HOSPITAL

醫院管理局
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"LEVEL OF CARE TRIAGE MODEL"
PILOT PROJECT IN COMMUNITY NURSING SERVICE

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INTRODUCTION

Community Nursing Service (CNS) provides continuous care to patients from hospital to community. In order to facilitate early patient discharge, CNS liaison nurse works closely with the Clinical Management Team and takes part of assessing client's need upon discharge. For providing the 'right care in the right place at the right time', CNS has developed a "Level of Care Triage Model" to classify the risk of referred patients from low risk to very high risk. The earlier in identifying the client's level of care, the more effective in facilitating a smooth transition of care between hospital and community.

OBJECTIVES

- To develop a "Level of Care" triage tool to identify discharged patients' risk
- To explore the efficiency of implementing the liaison nurse as a role for "Level of Care" categorization
- To explore the effectiveness of implementation of the "Level of Care" on community nursing service

METHODOLOGY

- This is a prospective cohort study conducted in CNS of UCH from November/2010 to January/2011
- The CNS liaison nurse triaged "Level of Care" for referred patients before discharge and communicated the identified "Level of Care" to related CNS centre
- Patients' "Level of Care" was triaged again by community nurses in the first home visit for analyzing
- The staff satisfaction survey was conducted after three months implementation.

Level of Care Triage Model

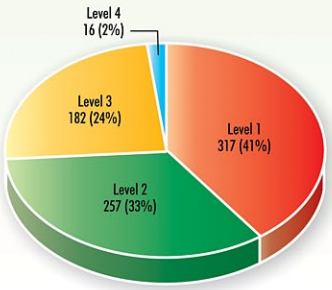
Stage	Managed Care	Scope of Practice	Responsible Nurse
Level 1	Low Risk (prevention & health promotion)	Basic Nursing Care	EN
Level 2	Moderate Risk (patient care management)	Specialized Nursing Care	RN
Level 3	High Risk (acute & complicated disease management)	Protocol Driven Nursing Care	Senior RN (>2 yrs experience)
Level 4	Very High Risk (case management)	Overall Patient Care & High Complexity Care	NO / APN

References
1. Transforming Chronic Care in Survey & Sussex - "Kaiser Triangle"
2. Core Competencies of ENs, RNs & APNs (HAHO)

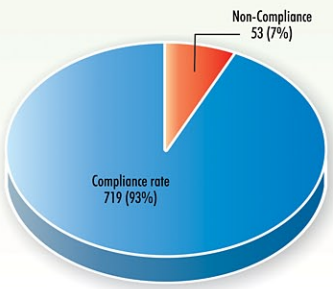
RESULTS AND OUTCOMES

Seven hundred and seventy-two cases were recruited. Among them, seven hundred and nineteen cases (93.2%) were visited according to the level of care as the liaison nurse suggested. The high compliance rate implies that staffs were highly committed to the change.

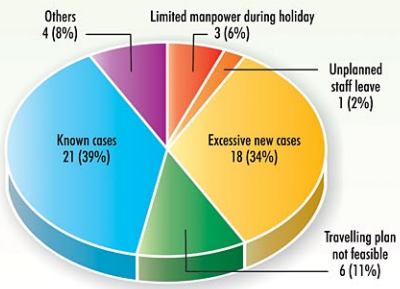
Fifty-nine community nurses have participated in the project and showed a very positive response to this model.



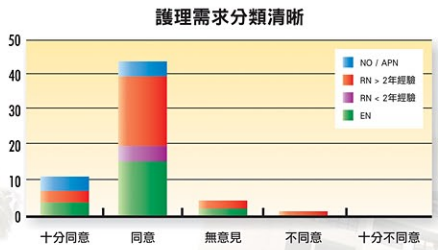
Cases Recruited with "Level of Care" triaged

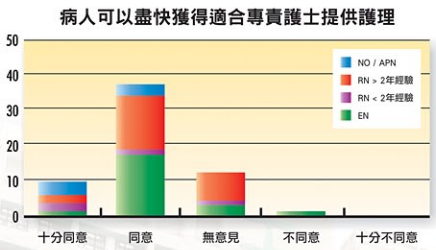


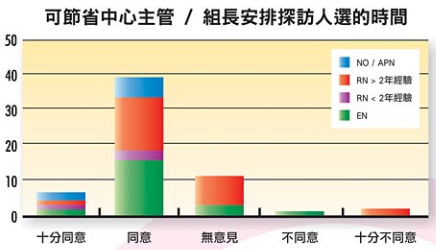
Compliance Rate to "Level of Care"



Reasons of not Compliance to Assigned "Level of Care"







CONCLUSION

The "Level of Care Triage Model" is effective to identify and manage high risks patients who require complex care algorithm. It also provides valuable information for communication and staffing among community nurses. The liaison nurse provides a link between hospital and community services and serves as facilitators and coordinators of discharge planning.

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