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## ST ELIZABETH HOSPICE ONECALL 24hr advice

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### Standards

- Calls will be taken from known and unknown patients of the hospice, their families and professionals, and will be received by hospice staff experienced and knowledgeable in palliative care.
- A minimum of 80% of calls will be answered in person and usually within a few minutes. When the nurse is engaged with other callers or patient care, callers will be able to leave a message or call back. Calls to be returned within one hour.
- Calls will be no longer than 15 minutes.
- The service will be available 24 hours a day, 7 days a week.
- All calls will be taken professionally, recorded, logged, audited and in a secure manner i.e. callers will not be identified by others without authorisation. Callers will be able to stop the call at any time and will be endorsed to make their own decisions without coercion. Patient confidentiality is of the utmost importance.
- Advice will be given within the competence and knowledge level of the call handler and transferred to another person, when required. The caller, where possible or needed, will be offered support when contacting others.
- If the call handler needs the support of a colleague, she/he will transfer the information on behalf of the caller ensuring the caller doesn't have to repeat any information already given. A maximum of 2 transfers only in any given call.
- Callers, needing counselling and comfort, will be offered the services of the Family Support Team or H@H. The advice line is unable to provide this kind of service.
- All callers will be greeted by a recording to explain that calls are taped, and then given the name and role of the call handler. During the call they will be asked for their name, telephone number and address.

### Purpose

To provide callers with information and advice on general and Specialist palliative care this includes access to the Multi-disciplinary team. Once the caller has phoned, the nurse will endeavour to answer the question within their level of competence or act on behalf of the caller and relay any information already given.

### Procedure

#### Taking calls:

- a. The nurse will endeavour to answer most calls directly and seek additional support and information when the call is outside of their competence.
- b. Patients not known to the hospice will be asked if they would like an explanation or information sent to them about the hospice, go through our referral process or allow us to gain more information from their GP or nurse in order for us to further support them in the future if they were to phone again.
- c. Calls are made to the *service*, not the individual nurse, and therefore information will be shared between authorised staff of the hospice. (Refer to Confidentiality policy). Consent must be given

by the caller before their information is used beyond the hospice, unless: There is a legitimate reason for a breach of confidentiality. This will usually be after discussion with a Senior Manager (SMT) and legal advice may be needed. It is not an offence to withhold information, even relating to serious crime except on matters of terrorism, however, when there is a child protection incident or risk of harm to others, then the Vulnerable Adult and Children's policies will be adhered to. If terrorism is suspected - 0800 789 321 for the police anti-terrorism Hotline

- d. Personal information, e.g. accessed through I Care or patient documentation, will only be shared with the caller when it is confirmed they are legitimately entitled to the information. There will be no breach of patient confidentiality.
- e. If the caller is threatening suicide the nurse will alert others in the community. If the caller becomes unresponsive during the call and the nurse has the address then an ambulance will be called.

#### Record keeping and auditing calls:

- a. All calls will be recorded on tape and may be reviewed.
  - i. The outcome from the call will be documented and reviewed at the next referral meeting to assess the advice given
  - ii. Follow up on these calls will be affirmed as well
  - iii. The advice form will be filed into the patients notes should they have a record of documentation held by the hospice
  - iv. Information on patients unknown to the hospice will be kept as well
  - v. All information will be kept according to our record keeping and data protection policies
  - vi. Records of calls will be reviewed and any changes to the advice will be dealt with by a member of the referral meeting on the day that the advice is discussed
  - vii. The advice forms will be used to inform training in order to upskill the advisors
  
- b. Activity recorded to include;
  - Number of calls
  - Time of day
  - Number of calls not responded to
  - Number of callers who replaced the phone after hearing recorded message
  - Time taken to return a call
  - Category of caller (known or unknown patient,/family Doctor, nurse, social care, allied health professional)
  - Time spent on call
  - Outcome (e.g. went to H@H, Doctor, FSW, Therapist, DN, Mac)
  - Number of referrals to other hospice services
  
- c. All nurse call handlers will be offered both 1:1 Clinical and Management Supervision.

APPROVED BY VERITY JOLLY, DIRECTOR OF PATIENT SERVICES, SEPTEMBER 2010  
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