

SevernSide

Integrated Urgent Care

Clinical Navigation

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Role of Clinical Navigator

The role of the Clinical Navigator (CN) role is to monitor patient safety across the service by regularly reviewing the IUC Advice queue, clinical acuity, and deposition times. The CN role is particularly important during a Severnside IUC shift during peak times and escalation. During these peak times, it is not uncommon to have many cases that have breached their allocated pathways time, the queue then becomes challenging to assess in terms of acuity and clinical risk.

The Clinical Navigation role involves:

- Regularly assessing the IUC Advice queues to ensure appropriate priority has been assigned according to NHS pathway depositions.
- Assessing individual cases to ensure that there are no further clinical considerations that warrant a prompter assessment.
- Liaising closely with the Workflow and Capacity Co-Ordinator (WaCC), Call Handlers (CH), Shift Manager (SM), Assistant Shift Manager (ASM) and Clinical Co-Ordinator (CC) to ensure that patients are clinically risk assessed so that there is indicator for the level of risk the service is holding, particularly in busy times.
- Supporting the Shift Manager with operational / clinical issues within the whole service, anticipating challenges, so that these can be cascaded to the Shift Manager and escalated if necessary.

The IUC Advice Queue

The IUC Advice queue shows all patients awaiting a telephone call back from a clinician, originating from NHS111, NHS on-line, Severnside Patient Line and the Severnside Professional Line. The Clinical Navigators main duties will be to:

- Review every case on receipt in the queue to ensure that the priority / deposition assigned to the case is appropriate, using the information in the case record. Each case should be recorded as 'validated' in Adastra.
- Where the deposition is deemed inappropriate due to clinical risk of age or clinical co-morbidities and requires escalation – a priority tag can be attached. This Priority tag will ensure an immediate response and clinicians working on the Advice queue will prioritise this.
- All cases may breach on any deposition during busy periods, these cases, even though previously validated, will need to be clinically re-assessed and where escalation is required due to clinical risk – a priority tag attached. This Priority tag will ensure an immediate response and clinicians working on the advice queue will prioritise this.
- Priority tags will also be added by the operational team. Where worsening is identified when Safety Calling a priority tag will be added, as well as Shift Managers tagging longest waits

Viewing and Analysing the Patient Queue

The advice queue should be viewed in different ways to ensure that all patients are risk assessed appropriately.

- View the queue sequentially by putting them in case number order. Make a note of the number as any further case coming on to IUC advice will have a larger number than this. This is your current caseload.
- View the cases on NHS pathways deposition - time frames of 15min, 30min, 1 hour, 2-hour, 6 hour, 12 hours and 24 hours – grouping them and looking at clinical risk for each co-hort.
- View the cases on breaching deposition by black, red, amber, green– ensuring that breached cases are appropriate to wait on given clinical risk of the cohort.
- View the cases by age – viewing elderly patient cohort and assess clinical risk ensuring the patients have appropriate deposition and are safe to stay on the queue. Similarly, view the cases of the young cohort ensuring that they have an appropriate deposition and are safe to stay on the queue.

This will ensure that the data on the screen is analysed in different views – ensuring that all potentially clinically vulnerable patient are highlighted and clinically risk assessed.

Validating a Case

Once validated this is noted in the 'event list' of a case and denotes that the case has been assessed and clinical risk evaluated by the CN for the current allocated deposition at that time. Please see Appendix 1.

It may be necessary to re-visit cases once they have been validated to reassess, particularly in times of escalation, if the clinical risk is high.

Please refer to Severnside IUC Escalation Policy.

Adding text on to a case

It may be relevant when validating to add text on to case, adding relevant clinical details that may help the clinicians on the advice queue. In this instance, follow instructions for Comfort Call where text can be added to a case. See Appendix 2.

Priority Tag

Cases that the CN feels need a priority call back can have a 'priority case' tag added to them. This allows the cases to be clearly visible as cases to be called next on the advice queue for the clinicians.

A priority case tag can be added to cases for the following reasons:

- Clinical Navigator identifying a patient who may be at risk of deteriorating while they are waiting for a call back due to additional clinical factors or case deposition is breached and patient is at risk waiting any longer.
- Call Handler where worsening is declared, or they are concerned when safety calling –
- Shift manager monitoring longest waits for each case deposition.
- each case deposition

The recommended number of Priority Tag cases unlocked on the advice queue should be between 5-10, depending on clinician numbers. It may be helpful to discuss this with the Shift Manager. This is to prevent the queue being

overrun with Priority tagged cases. The CN must have a conversation with the Shift Manager at the start of the shift to agree how Priority tagging is managed to ensure that there is a balance of clinical acuity, deteriorating symptoms and longest waits balanced and highlighted appropriately. See Appendix 3.

Flexible Working

The Clinical Navigator is essential to maintaining clinical safety in the service, particularly during busy periods, However, there may be times when the queue becomes more manageable with good flow through the service and no or very few cases breaching timeframes. During these times it may be appropriate for the Clinical Navigator role to do a Clinical role for the duration or some of the shift. Please manage this with the Shift Manager making the boundaries between the two roles clear with colleagues and yourself.

To aid the close working relationship between the Shift Manager, Clinical Co-coordinator and Clinical Navigator, the role must be done in Osprey Court.

Overnight Handover

At the end of a busy shift; to maintain a safe service once the CN has finished the last task they should carry out is a final review of the IUC Advice queue. During this review, the CN is looking to identify up to the next 10 patients to be called. This will support the overnight teams in prioritising call backs.

This list should be passed to the Shift Manager at the end of the CN shift for monitoring and handing on to the overnight shift manager.

Please liaise with the Shift Manager on shift to discuss if this task is necessary.

Home visits

On occasions where the service may be breaching the home visit time frames, the Clinical Navigator will review home visit cases approaching their target times and provide a comfort call to the patient. The comfort call should be noted on Adastr, see appendix 4.

Using all Clinical Systems

The Clinical Navigator clinicians need to be familiar with the IT systems that can support decision making. This requires using Adastr, EMIS, Connecting Care, ICE and the [Clinical Toolkit](#) / BNF etc.

For access codes for Adastr/ EMIS, please complete an IT support form

For Access to ICE, please email servicedeskplus@nbt.nhs.uk from an nhs.net email account.

For links to all useful IUC websites, follow this link: <http://brisdock.co.uk/weblinks/>.

Training for Clinical Navigators

New Clinical Navigators complete a weekend “paired” shift with an experienced Clinical Navigator. This should usually and preferably be with either the IUC Head of Nursing and Allied Healthcare Professionals, or one of the IUC Nursing and AHP Lead Clinical Practitioners. After completion of the initial paired shift, we would encourage clinicians to book and undertake a weekend Clinical Navigator shift with further support if necessary.

Appendix 1 - Validating a case

Click the right mouse button on the highlighted case. Select **validate**

- On-line Clinician
- On-line Clinician
- Lookup Case Details
- Case Edit
- Comfort Call Service
- Non Clinical Call Back
- Validate**
- Change Case Tag
- Remove Case Tag
- Allocate to Provider

Select **Generic Update** tab

Generic Update (Don Text) X

Patient Details | Medical History | Event List | Previous Encounters | Special Notes | GP Connect | Summary Care Record | Primary Care Record | Questions | Case Questions | **Generic Update**

Start time: 30-Dec-22 11:27:14 GMT Finish time: 30-Dec-22 11:27:55 GMT

Notes:

Validate

You can add text here if you wish to evidence your clinical risk assessment. Select the button on the right, **Validate**. This will validate the case.

You will be presented with the following text box – select **Next**

adastra

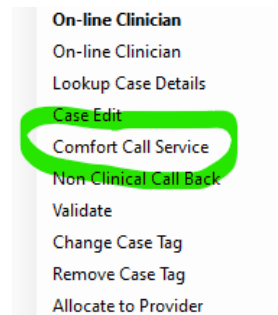
Warning!

This will validate the case

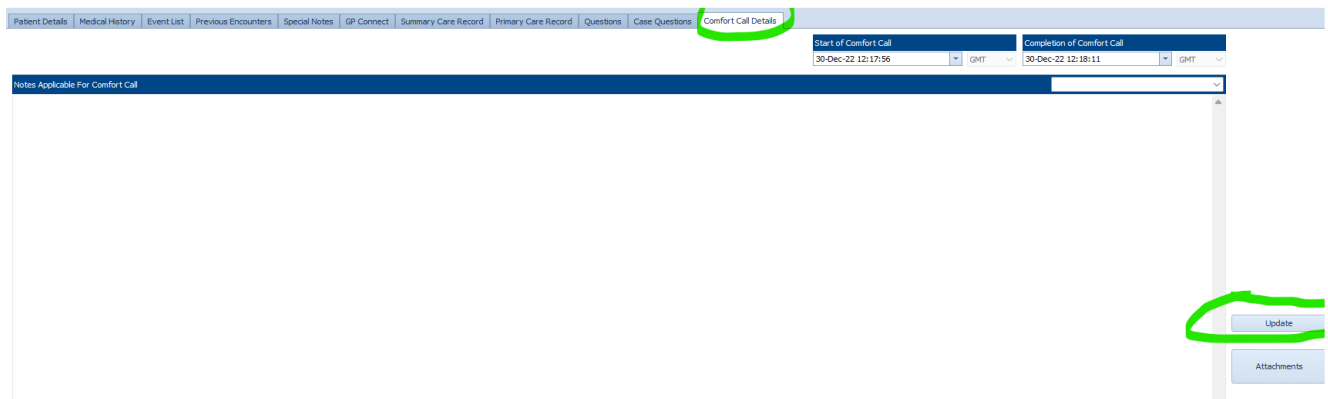
Next > Cancel

Appendix 2 - Adding text to a case by using comfort call to a case

Click the right mouse button on the highlighted case. Select **Comfort Call**



Select **Comfort Call Details** tab

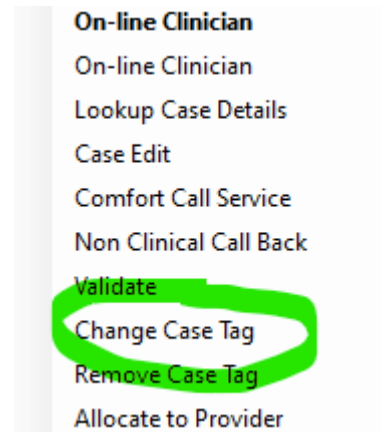


You can add text here that will be displayed on the first line of the queue for information to other clinicians or colleagues to add assessment of patient.

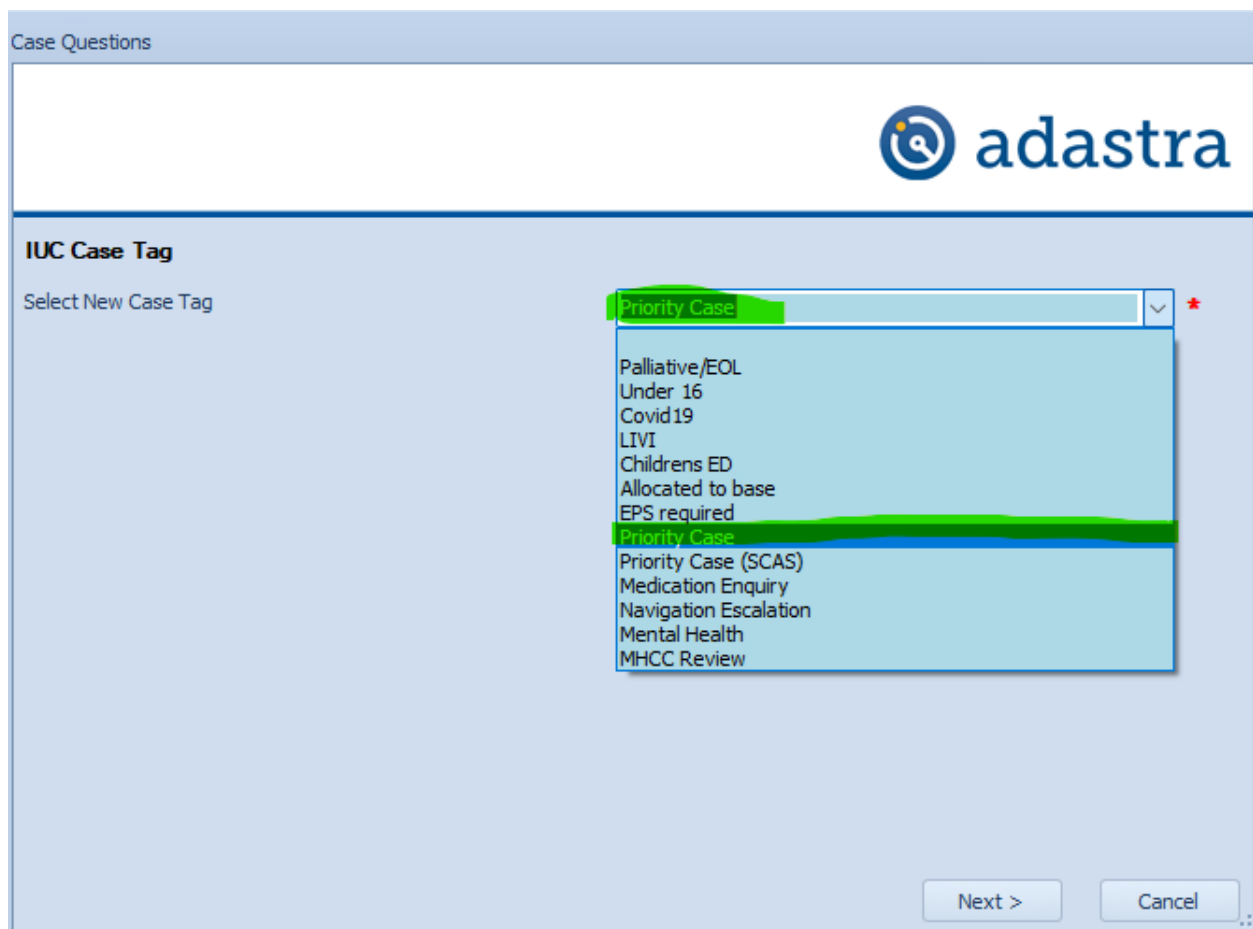
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Appendix 3 – adding a priority Tag

Click the right Mouse button on the highlighted case. Select **Change Case Tag**



Select **Priority Case** and **Next**.



A red square will appear on the case Tag column on the clinical queue for the specific patient to ensure the clinical acuity is flagged and is next to be assessed on the clinical queue.

Clinical Navigation

Change Register

Version	Date	Author	Change