



### Consultant-led Model

In this model, referrals are received by the admin team, who screens them for completeness before passing them on to the consultant. The consultant leads the triage MDT meeting, reviews the referrals with the interprofessional team, determines urgency, and allocates tasks accordingly.

### Nurse/ HSCP Model

Referrals are received by an HSCP or nurse intake coordinator. The nurse or HSCP screen the referrals using predefined criteria, such as falls, frailty, or social isolation, and gather relevant assessment information. The triage MDT meeting is led by a nurse or HSCP, who assesses cases and assigns them to the appropriate team members. This model allows for quicker assessments and delegation, reducing delays that may occur with consultant-led processes.



### Admin-led Screening and Team-Based Triage



In this model, referrals are received and logged by admin staff, who use a checklist to ensure they meet the required criteria. Admin staff also organise relevant documentation, gather any missing information, and prepare summaries for team meetings. During the triage MDT meeting, a rotating lead presents the referral summaries for discussion. This approach enables clinical staff to focus on care delivery while minimising delays in referral processing and triage decisions.

### Hybrid Model: Rotating

Referrals in the hybrid model are received by a rotating nominated team member, who screens them and follows up on assessments. During the triage process, the nominated team member introduces the referral and relevant information to the group, which then collaborates to review the older person's needs and determine the appropriate care and urgency. This model promotes shared accountability among the team and recognises the value of each profession.

