

Procedure for the Management of Patient Emergencies

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1 Introduction

Clinical Partners provides access to psychiatric and psychological assessment and treatment for patients.

Due to the nature of the business and the types of patients who use the services we offer, medical emergencies will be extremely rare, however there is always a risk that a patient will either contact Clinical Partners whilst acutely unwell or become acutely unwell during an appointment. This document sets out the way that such emergencies should be managed.

2 Purpose

This procedure describes the management of patient emergencies.

1. This document describes the process for the safe transfer of an acutely unwell patient from a clinical session organised by Clinical Partners, to a suitable healthcare setting for assessment and treatment; this will usually be by a local Accident and Emergency department, or a private healthcare facility.
2. This document provides guidance to Clinical Partners staff of actions to take in the event that a patient contacts the company in a distressed state.

3 Scope

This procedure is relevant to Clinical Partners staff and to clinicians seeing patients via the company.

4 Duties and responsibilities

Chief Executive

The CEO is responsible for ensuring this policy and procedure is promoted to all staff and clinical partners. As a key member of the Clinical Governance committee the CEO will also consider lessons to be learned from any occasion when this policy and procedure is implemented in practice.

Head of Triage

The Head of Triage will ensure that triage staff receive training on how to use this policy. They will also answer any questions Clinicians have and be the first port of call, should a patient emergency arise.

Clinicians

Clinicians are responsible for the assessment and treatment of any medical emergency that arises, limited to the level of their professional competence and experience. Clinicians are to seek the advice and support of the emergency services via 999 at the point then they consider that the patient and / or others may be at risk as a result of the acute condition of the patient.

Clinical Partners Staff

Are responsible for seeking expert advice in the event of identifying a patient with an acute medical problem. The first point of contact will be to discuss this with a senior member of staff, if unavailable they should call 999 for an ambulance / police service.

5. Procedure for Clinical Partner's staff receiving a call from a distressed patient or relative of a distressed patient, who may be in need of emergency care

- i. Stay calm - In any situation when staff receive a call from a patient in a distressed state (e.g. threatening self-harm or suicide) then the member of staff should remain calm and try and assist the person as much as possible.
- ii. Confidentiality - The aim is to seek the patient's cooperation and encourage him/her to attend a local A&E department, contact their local mental health crisis service or seek alternative support for themselves. If the patient is unwilling to take this action, the triage member may have to consider breaching the patient's confidentiality.
- iii. If the best interests of the patient are to link them with the appropriate services, the following options are available (depending on the information known about the patient).

Recommended order for contact in an emergency:

- Relatives, other identified 'next of kin' if details are known
- GP (if details are known – may not be available on Weekends)
- Local Community Mental Health Team (if details are known – may not be available on weekends)
- If none of the above are possible a call to the police should be made on 999 if there is a risk of immediate harm to the patient or on 101 if the risk is serious but not assessed as 'an emergency'

5.1. Actions to be taken if the caller is under 18

If the caller is a child/young person then CP should attempt to call the patient's parents in the first instance. If the young person asks us not to do this then a urgent call should be made to clinical staff who know the patient or in the event this cannot be done the police should be called who can liaise with local social services as necessary

6. Procedure for Clinicians transferring acutely unwell patients to alternative care setting

- In any situation where a patient becomes so acutely unwell and/or disturbed during a clinical session that transfer to an alternative care setting is in the best interest of the patient, the first priority is to maintain the safety both of the patient and staff members. The clinician who is seeing them should remain onsite until the situation is resolved.
- The clinician responsible for the care of the patient at the time will make the decision for the need for an ambulance. Transfer to an A&E department will usually be by the Ambulance Service, contacted via 999. The Clinician should remain with the patient until they are safely handed over to the emergency services.
- In the event that the clinician assesses the patient and considers that he can attend A&E by another method, for instance taxi, then the clinician must make a detailed note of why this decision was made.
- If the clinician considers transfer to a private medical facility is in the patient's best interest then with the patient's permission the clinician can make these arrangements, including the use of a private ambulance service, providing the patient has funds to meet the cost.
- In all cases when a patient is being transferred, a transfer letter should be prepared and sent with the patient or faxed to the receiving department. As a minimum this should be a handwritten letter that contains the following:
 - Basic demographic details about the patient (name, date of birth, address, GP (if known), person to contact in emergency, (if recorded)
 - Details of the patient's current problem and events that led up to the need for transfer
 - Details of relevant mental health issues (whilst respecting the patient's right to confidentiality)
 - Details of the transferring clinicians contact details to include telephone contact so that the receiving hospital has a point of contact for further information.
 - Details of whether or not a relative/carer has been made aware of the transfer
- For adult patients (over 18's) the clinician should contact next of kin to advise of transfer with the permission of the patient. If the patient cannot give consent for the contact, this should be detailed in the transfer letter. (Note the patient may not have told anyone about accessing Clinical Partners services)
- If the person who is acutely unwell is a minor (i.e. under 18) then the person identified on the record with parental responsibility should always be contacted and notified of events

7. Patient Consent to Transfer arrangements

If the patient is capable of rational decision making (i.e. has capacity) and refuses to be transferred to an Accident and Emergency department then their decision, including their right to refuse assistance, must be respected.

8. Patients without capacity to agree to transfer

If a patient is so unwell and/or disturbed and lacks capacity to express consent to the decision to transfer, then you will be acting "in the patient's best interest". If this is the case, the transfer letter should include reference to the fact that transfer has been arranged 'in the patient's best interest', and a detailed note of action taken should be retained on the clinical record held by Clinical Partners/clinician

¹ Many adult patients seek private medical advice for mental health issues to protect their privacy and this should always be born in mind even in an emergency situation.

² In these circumstances A and E staff will liaise with the police if they judge that relatives should be informed

9. Incident Reporting

On each (rare) occasion that a clinical emergency arises that result in a patient being transferred to an A&E department or to a private health facility, the clinician should inform Clinical Partners, by contacting Head of Triage by telephone and provide details of the event (and outcome if known).

Head of Triage will complete an Incident Form (Appendix 1) which will be reviewed by the CEO and Governance and Risk Advisor and taken to Clinical Governance Committee.

Incident Forms should also be completed by Head Office staff on receiving calls from distressed patients (see section 5 of this policy).

10. Process for monitoring compliance with this procedure

Compliance with this procedure will be monitored via the Clinical Governance Committee who will review the circumstances of each occasion when this procedure is operated in practice to consider lessons that can be learned.

Incident Details

When complete, email to caroline@clinicalpartners.co.uk

Date and time of incident:							
Location of incident:							
Other (please state):							
Factual details of incident (continue on separate sheet if necessary)							
					Grade (admin use)		
					Impact		
					Likelihood of recurrence		
					Score (I x L)		
Who was affected by the incident?							
Patient		Staff		Member		Other	
Details of person affected (if patients this can be marked name withheld)							
Did any person suffer injury or ill health? (tick box)				Yes		No	
If yes, please include details							
Details of witness to the incident				Details of person completing form			
Name				Name			
Phone				Phone			