

Comfort Call Process

Background

Within the Clinical Assessment Service (CAS), there are times when call volume exceeds the ability to answer the calls within the suggested call back time frame. This is commonly known as the “disposition”. These are stipulated in the Aداstra clinical system and start from 30 mins through to 24 hours.

To ensure that SHPCA are maintaining the safety of the patients who have entered the queue, a need to provide a safety net calling service has been identified. This team will be made up of largely HCA trained staff and in house training will be given by Head of Clinical Service to enable staff to carry out these calls. There will be an official sign off process enabling all members of the team to feel confident in the safety of this service.

The Shift Manager will be responsible for initiating safety-net calling to patients. It will largely occur for these main reasons:

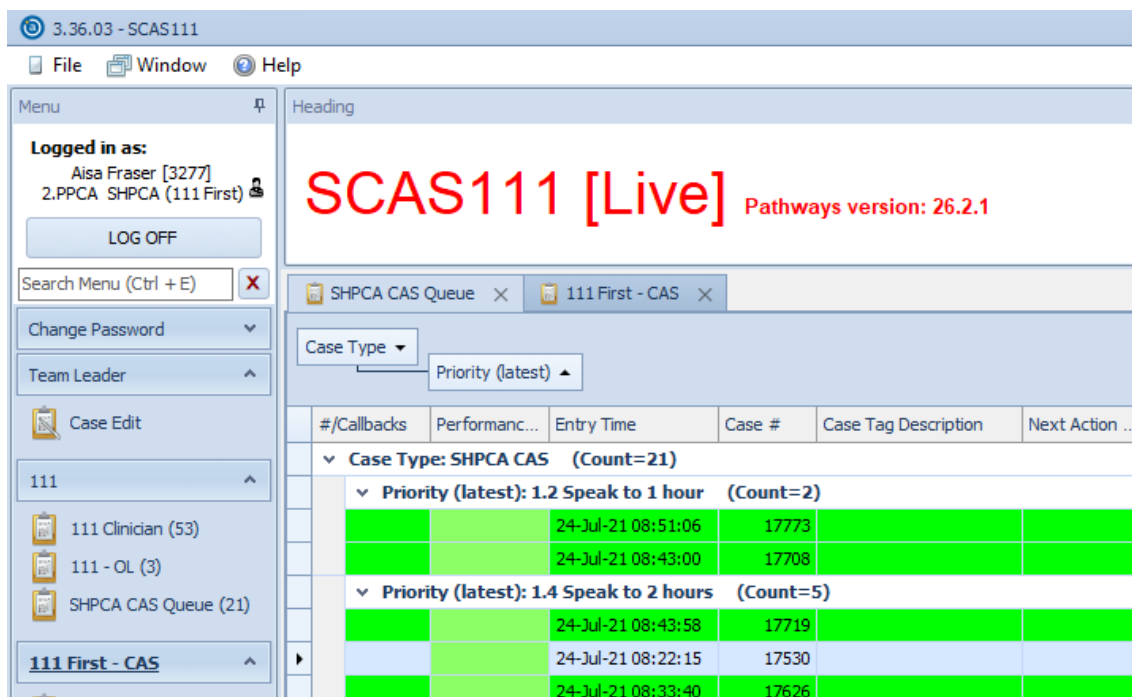
- If a patient is about to breach their given disposition time. This is to ensure that we check on their current situation and can escalate their call if there are any concerns and to reiterate advice on what to do if they are worsening while waiting. We know that we can call them back that day, but that it will be later than their disposition time.
- If it is agreed that some patients will not be able to get a call back that day, after consultation with the manager on call who will work with a Director or CAS GP to agree this.

How to Carry out a Safety-net Call through the Aداstra System

The following explains how to record the safety-net call in Aداstra. It's important that all calls are recorded in Aداstra, so that there is a record of the date and time of the call, as well as who made it. All calls must be made from Surgery Connect so that a recording is kept.

To make the call in Aداstra follow these steps.

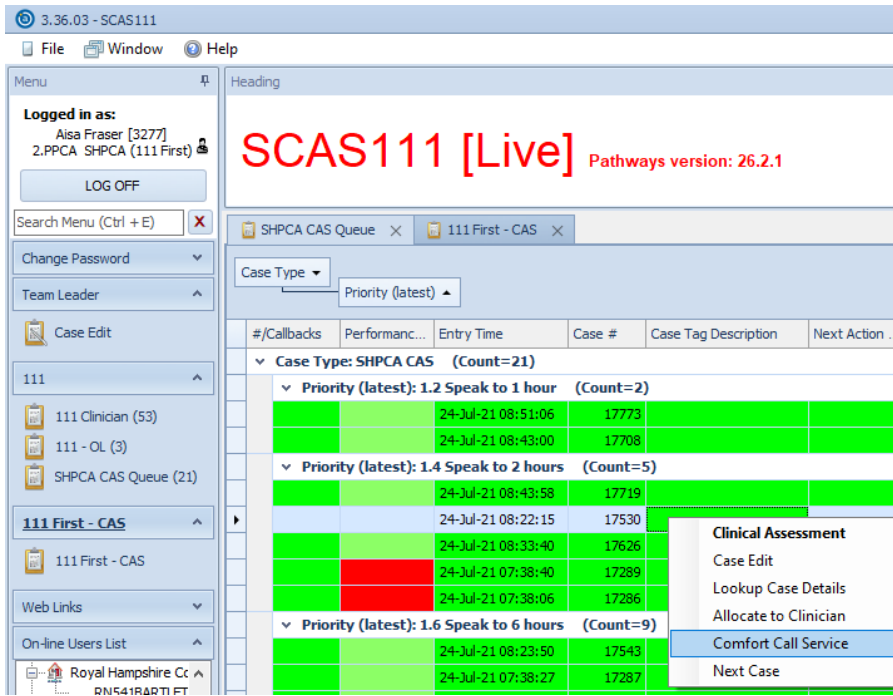
Highlight the case that you would like to call as shown by patient 17530 in this example.



The screenshot shows the SCAS111 [Live] interface. The top bar displays the title '3.36.03 - SCAS111' and a menu with 'File', 'Window', and 'Help'. The main area shows the user 'Aisa Fraser [3277]' logged in as '2.PPCA SHPCA (111 First)'. Below this is a search menu and a list of case types: '111', '111 Clinician (53)', '111 - OL (3)', 'SHPCA CAS Queue (21)', and '111 First - CAS'. The '111 First - CAS' list is expanded, showing a table of cases. The table has columns for '#/Callbacks', 'Performanc...', 'Entry Time', 'Case #', 'Case Tag Description', and 'Next Action ..'. The cases are grouped by priority: '1.2 Speak to 1 hour (Count=2)' and '1.4 Speak to 2 hours (Count=5)'. Case 17530 is highlighted in blue.

#/Callbacks	Performanc...	Entry Time	Case #	Case Tag Description	Next Action ..
Case Type: SHPCA CAS (Count=21)					
Priority (latest): 1.2 Speak to 1 hour (Count=2)					
		24-Jul-21 08:51:06	17773		
		24-Jul-21 08:43:00	17708		
Priority (latest): 1.4 Speak to 2 hours (Count=5)					
		24-Jul-21 08:43:58	17719		
		24-Jul-21 08:22:15	17530		
		24-Jul-21 08:33:40	17626		

Right click in highlighted case and select option to “Comfort Call Service”

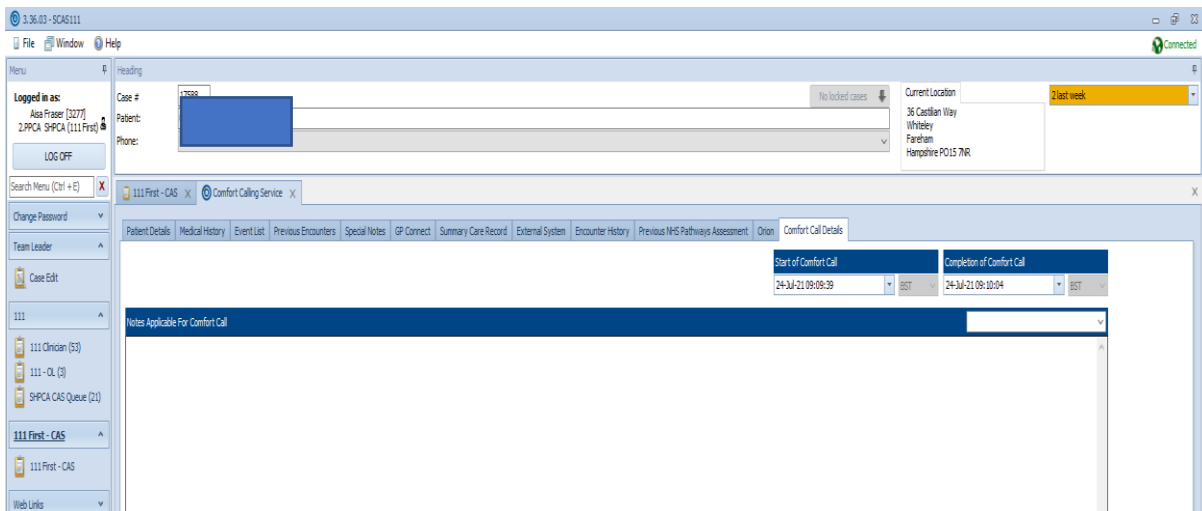


The screenshot shows the SCAS111 [Live] interface. The main heading is "SCAS111 [Live] Pathways version: 26.2.1". Below this is a table of cases. The table has columns for "#/Callbacks", "Performanc...", "Entry Time", "Case #", "Case Tag Description", and "Next Action...". The cases are grouped by priority: "1.2 Speak to 1 hour (Count=2)", "1.4 Speak to 2 hours (Count=5)", and "1.6 Speak to 6 hours (Count=9)". One case in the 1.4 group is highlighted in red. A context menu is open over this case, with options: "Clinical Assessment", "Case Edit", "Lookup Case Details", "Allocate to Clinician", "Comfort Call Service", and "Next Case".

#/Callbacks	Performanc...	Entry Time	Case #	Case Tag Description	Next Action...
▼ Case Type: SHPCA CAS (Count=21)					
▼ Priority (latest): 1.2 Speak to 1 hour (Count=2)					
		24-Jul-21 08:51:06	17773		
		24-Jul-21 08:43:00	17708		
▼ Priority (latest): 1.4 Speak to 2 hours (Count=5)					
		24-Jul-21 08:43:58	17719		
		24-Jul-21 08:22:15	17530		
		24-Jul-21 08:33:40	17626		
		24-Jul-21 07:38:40	17289		
		24-Jul-21 07:38:06	17286		
▼ Priority (latest): 1.6 Speak to 6 hours (Count=9)					
		24-Jul-21 08:23:50	17543		
		24-Jul-21 07:38:27	17287		

Call patient using Patient Details Tab. Calls must be carried out through Surgery Connect.

Add note to Comfort Call Notes and then close the case.



The screenshot shows the SCAS111 interface with the "Patient Details" tab selected. The case number is 17530. The patient's name is redacted. The current location is "36 Castellan Way, Whiteley, Fareham, Hampshire PO15 7NR". The "Start of Comfort Call" is set to "24-Jul-21 09:09:29" and the "Completion of Comfort Call" is set to "24-Jul-21 09:10:04". There is a section for "Notes Applicable For Comfort Call" which is currently empty.

Required Script

Please always use the following script:

Hello, I'm (Name) one of the admin team and I am calling from the out of hours service. Is that/can I speak to XXXX.

Could you please confirm your date of birth and first line of your address please?

<<If someone speaking on behalf of a patient>> Can you please just confirm your relationship to XXXX. And what was your name? <<Note Name>>

This is a call to confirm that we have your call from 111 and we are going to have a clinician speak to you as soon as we can. We are extremally busy at the moment as there are a large number of patients waiting for advice. We are going to get to your call as soon as we can.

Would you mind telling be the reason for the call today? I can then ensure the doctor gets this information.

In the meantime, while you wait for the clinician to call you back if you develop and any new symptoms, your condition gets worse, changes, or you have any other concerns, please call 111 again.

Thank you – good-bye

Example of Notes

Comfort call to patient on XX/XX/XXXX @ 12:30. Patients states that they have had a cough for 3 days and are coughing up green phlegm. Patient told there is a delay in reaching them due to call volume and the following advice was given verbatim 'if you develop and any new symptoms, your condition gets worse, changes, or you have any other concerns, please call 111 again'.

Red Flag Symptoms:**Eyes:**

Sudden loss of vision, foreign body in the eye, trauma resulting in rapid swelling, any chemical injury - **Direct straight to A&E.**

Mouth:

Signs of Anaphylaxis / allergic reaction - rapid lip and tongue swelling, wheezing, difficulty breathing - **999 / direct straight to A&E.**

Throat:

Any difficulty breathing, very noisy breathing, unable to swallow own saliva - **direct straight to A&E.**

Ears:

Any bleeding from ear(s), any bruising behind the ears(s) - **direct straight to A&E.**

Chest & Breathing:

Any noisy breathing, struggling to speak in full sentences. Child: Any sucking under ribcage when breathing or fast breathing - **999 / direct straight to A&E.**

Heart / Chest pain:

Any fast heartbeat this is making the patient feel unwell - 999. Any central crushing chest pain, radiating to left arm or jaw, associated with nausea and/or vomiting and feeling unwell - **direct straight to A&E.**

Suspected Sepsis:

S: Shivering / hot / cold

E: Extreme pain or general discomfort

P: Pale or discoloured skin

S: Sleepy, difficulty walking and confusion

I: Patient feeling very unwell " i feel like i might die"

S: Short of breath

Direct straight to A&E.

Abdominal Pain:

Patients' tummy feels hard to touch and very painful. Recurrent vomiting, high fever and extreme pain with sweating / clammy - **Direct straight to A&E.**

General Dos and Don'ts

Do

- Do ensure that you have the right patient by verifying details
- Always understand the remit from the Shift Manager – are you calling to explain a delay but we will be able to call you back that day or night, or are you establishing if the patient is prepared to have a call back in the morning. IF THE PATIENT AGREES TO A CALL BACK IN THE MORNING IT STILL NEEDS TO BE VERIFIED BY A CLINICIAN AS APPROPRIATE
- Do ensure you have patient's agreement to be having a conversation
- Do ensure the patient knows you are not a clinician. It is important the patient does not start talking to you thinking you are a doctor
- Do keep the conversation short.
- Do ensure that you escalate to a clinical member of the team if you have any concerns
- Do ensure that you are listening to any concerns being raised
- Do ensure you document in the notes and call via Surgery Connect

Don't

- Don't move out of your skill set. Listen to any concerns, document and escalate accordingly.
- Don't make decisions on the patient's behalf.
- Don't over promise regarding time frames. Manage expectations but reassure concerns will be dealt with as quickly as possible.

Please remember that clinical responsibility sits with the Clinical and Management team.