Access for unwell patients

How do we help the patient get the right sort of help at the right time?

We are balancing our workforce capacity, our planned pro-active work and our availability for the injured or unwell. When a patient or person presents to our service requiring **urgent help** we have a moral and legal duty to help them access medical care**.**

Key Stakeholders - Patients; Carers and Families; St Johns; Fire Brigade; Anglesea A&M; Urgent Care Franklin; Practice Plus; Waikato Hospital; Whakarongorau.nz

Key Principles - We have a duty of care to persons seriously unwell, in severe pain or distress.

Key values - Care with Compassion, and Community Focus **'if this was our own mother, child or relative, would we hope they would be able to access medical help in similar circumstances'**

MCNZ - "What is a medical emergency? A medical emergency is a **sudden, unforeseen injury, illness or complication** that requires an immediate or prompt response to **save life** or **prevent further injury, pain or distress**. When faced with, or called to attend an emergency, a doctor should aim to apply their knowledge and skills to save life and relieve suffering. This is the basic philosophy of medicine".

A medical emergency is often very clear, we can respond immediately and well. Judging medical urgency is a little more nuanced. However urgent conditions can become emergencies if not treated in timely manner.

How do I know if it is urgent? Simply, if the patient signals or feels that their problem is urgent we must undertake a clinical assessment before we can judge whether it is urgent or not. Sometimes the patient maybe unsure or be underplaying their symptom – if they mention chest pain, difficulty breathing, heavy bleeding, severe pain or mental health distress – we should treat as urgent**.**

Access for unwell patients – there are 3 main ways patients access our care.

- **walk-in / phone / email**

Outcomes – there are 5 possible outcomes for patients presenting in-person, by phone or by email.

1. **come to clinic for nurse assessment**
2. **call back from clinical team (asap, but within 2 hours)**
3. **same day appt red / green**
4. **advice to call ambulance +/- call back from clinical team**
5. **advice to attend ED or A&M +/- call back from clinical team**

Reception - our patients first point of contact, navigators helping the patient get to the right clinician, at the right place, at the right time.

- Gather information, patients name, current phone number, patients request?
- What can we help with? Would they like a routine appointment, or do they feel it is more urgent?
- Would they be willing to share a little of what is going on so we can help them more easily?
- Do they feel this something the clinical team might be able to help with over the phone?

Nursing team are the first point of clinical contact, either in person, or on the phone. Assessment and triage are complex processes requiring clear communication and clinical judgement.

How do we tell if the patient needs immediate attention, today, tomorrow, next week? This knowledge comes from clear communication and requires experience and judgement. It remains the responsibility of the patient to let us know their need. Our responsibility is to help them smoothly access service. Some techniques we use in consultations apply to all our communications

- **Connecting –** developing rapport quickly, using verbal and non-verbal communication. Responding to need and cues or signals of worry, pain or distress.
- **Information gathering** – gathering the necessary information to make a decision.
- **Shared plan –** it is important the patient understand and agrees to the plan. Checking for shared understanding and shared agreement.
- **Safety-netting** – how we manage risk and the unexpected. “If your condition gets worse, or you are worried please contact us again and let us know”. This is key to how we practice, the patient responsible for their health, we are responsible for providing access to healthcare.
- **House-keeping** – how do we look after ourselves, maintain our compassion? This could be shaking-off the tricky interaction, chatting with a colleague, doing the tea run or the lunchtime walk. Check in with each-other.

How do we help each-other?

- **Reception team -** if unsure or concerned please handover to nursing team for clinical call-back.
- **Nursing team –** take history and if unsure of best course please check with Nurse Practitioner or GP.
- **Call a pause** – if workload is mounting and it feels overwhelming or something out of the ordinary happens, call a pause and the team can figure it out together.
- **We are humans helping humans** – patients do not always come to us at their best. We won’t always get this right perfectly either, it is important we support and back our colleagues.

What about casual patients? Casual patients fall into 3 main categories

1. Relatives of enrolled patients staying nearby. We’ll help if we can. “We don’t normally see casual patients but if you give us your details and a little information we’ll see what we can do to help”.
2. Patients who cannot get into their own GP phoning for non-urgent need. “We recommend you contact your own GP, try Accident and Medical or Healthline / Practice Plus”
3. Patients presenting unwell or possibly with an urgent condition. We’ll help if we can. “We don’t normally see casual patients but this sounds like it might be urgent or important, please give me your details and we’ll see what we can do to help”.

Table 3.1: Identifying and dealing with the four basic human needs[135]

Basic human need	Common signals that this need is not being met	Suggested strategies to fulfil this need
To be understood	Repeating the same message; speaking slowly and/or loudly; getting angry; bringing a support person to speak for them.	Separate emotions from content. Ask questions, shifting the focus from the emotion to exploring the health concern. Acknowledge their feelings; empathise with their concerns. Reflect back your understanding. Inform them of what will happen and why. Do not take expressions of anger personally. Check your own reactions.
To feel welcome	Looking around before entering; looking lost or unsure.	Provide a warm and friendly welcome. Use appropriate language. At the end of the triage encounter, keep communication lines open.
To feel important – one's self-concept	Drawing attention to themself; getting angry; appearing helpless; loss of control.	Call the person by their name; acknowledge their concerns; tune into their individual needs. Allow anger to diffuse – listen; say nothing; allow the person to release their emotions. Try not to react to the emotion.
Need for comfort – psychological and physical	Appearing ill at ease, nervous or unsure; requesting assistance/help.	Explain the procedures carefully and calmly; reassure.