

Timed Admissions (Protocol 46) Welfare Call Back Process

Always confirm if the patient's condition has worsened. If any doubt exists, err on the side of patient safety and re-triage through MPDS.

Always detail in C3 notepad:

- Apology given
- Confirmed patient not worsened (when appropriate)
- Worsening statement given

If you are **unable to speak directly with patient**, confirm with person on phone that they have checked on patient. If they haven't, ask that they do so while you are on the line. e.g. to confirm a patient is asleep.

If the call has to be **upgraded due to deterioration** in the patient's condition this must be clearly noted in call in order that dispatch can inform the crew.

Hospital calls should be called back to apologise for the delay and check on patient's welfare the same as per all other patients.

Introduction

- Who you are where you are calling from
- Confirm who you are speaking to & if not the patient, confirm they are able to speak on their behalf.

I am calling to apologise for the delay with the ambulance. **Has your/the patient's condition worsened since the ambulance was arranged?**

YES

NO

In order to make sure we arrange the most appropriate care for you/the patient I am going to ask some further questions.

Apply a warning to the call to make dispatch aware that the call is being upgraded to an emergency call, including the reason for upgrade.

Open a new emergency call and process fully through the most appropriate Chief Complaint Protocol. Remember some details may have changed since the previous booking so it is important the call is processed fully with the caller. Remember no information will transfer to the new call.

Following re-triage, if the outcome is a no send, pass to the CSD using the PCG filter.

We are working hard to get you/the patient into hospital as quickly as we can and will be with you as soon as possible.

If your/the patient's condition changes in any way, please contact us by dialling 999.

TAGGING CALLS

It is important that we are tagging on welfare calls as appropriate in order for us to improve the patient safety and experience.

You can tag calls within a timed emergency in C3 by doing the following:



Call handlers should use the table below as a key when tagging welfare calls:

<i>CB1 – CH – Callback 1</i>	To be tagged upon completion of first call back when the call falls into the last 30 minutes of the time frame requested (highlighting yellow on the time column in the waiting stack)
<i>CB2 – CH – Callback 2</i>	To be tagged after <i>CB1 – CH – Callback 1</i> within the hour if the ambulance has not yet arrived at scene
<i>CB3 – CH – Callback 3</i>	To be tagged after <i>CB2 – CH – Callback 2</i> within the hour if the ambulance has not yet arrived at scene. NOTE: This call back should trigger a referral to clinical advisor via supervisor if there has been no clinical input prior.
<i>CB4 – CH – Callback 4</i>	To be tagged after <i>CB3 – CH – Callback 3</i> within the hour if the ambulance has not yet arrived at scene
<i>CB5 – CH – Callback 5</i>	To be tagged after <i>CB4 – CH – Callback 4</i> within the hour if the ambulance has not yet arrived at scene NOTE: If there has been no clinical advisor input when completing this tag this must be highlighted to a supervisor for a clinical advisor to phone back. The welfare check still be completed/tagged by the call handler and the supervisor will take ownership of the call thereafter
<i>CHF – CH Callback Attempt Failed</i>	This tag should be used when the call handler is certain they are unable to make contact with a patient for example tried phoning the patient 3 times in a row and its engaged NOTE: If this tag has been used the process for unable to make contact below will be invoked

STEPS TO TAKE WHEN UNABLE TO MAKE CONTACT WITH PATIENT

When attempting call backs, if unable to reach a patient but a voicemail is available, please DO NOT leave a message.

