Practice Operations

**Recommended Best Practice Tab –**

**picture and text to appear at the top then series of drop down boxes (and sub-dropdown boxes) to appear underneath.**



Medical practices are getting busier whilst the resources available to help with increased demand have reduced. The only option for practice owners, operators and staff is to increase and preserve efficiency daily to create and operate an efficient and organised practice.

The importance of all staff understanding and implementing the same approach to processes and completion of tasks is critical to ensuring consistency, productivity and best practice.

This section sets out information relating to Appointment Management, Telephone Administration, Post / Mail, Email & Fax communications, Practice Visitors and Internal Communication.

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| **Appointment Management** | + |

**Appointment System - Core Principles** include:

1. Reduce number of unnecessary telephone calls.
2. Pre-plan and book where possible.
3. The correct appointment for the patient and clinical staff member at the correct time.
4. Pro-active real-time management of appointment list.
5. Ongoing appointment analysis and updates.
6. All staff to fully understand appointment system and changes – consistent feedback essential.

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| **Appointment System – Traffic Light Approach**  **Red** do not book slots shaded red – Clinician is not available for appointment.  **Amber** do not book these sessions until the day in question – released on the day.  **Green** these are pre-bookable – any clinician who is marked green on any day in particular can be booked in advance or on the day.  *The Practice Support Team will colour code the appointment book in advance according to availability of each Clinician. This will need to reflect annual leave, course attendance, meetings and preferences of the Clinicians.* |

**NO DOUBLE BOOKING PERMITTED\*\*** in any case unless specifically authorised by the Clinical Staff member in question.

**\*\*Note**: Certain appointment types are shorter than others by their nature whereby there will be double booking e.g. flu jab requires 5-minute session with Practice Nurse whereby 2 appointments can be made (pre-booked as appropriate) for each 15-minute slot.

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| **Phlebotomy** Monday to Friday from 08:30am to 09:50am. 08:30 – 9am slots for private patients only. All staff to make efforts to fill these slots.  **Heartwatch** PracticeNurse to advance contact all Heartwatch patients and book review appointments directly.  **Diabetic** PracticeNurse to advance contact all Diabetic patients and book review appointments directly.  **Coeliac**  PracticeNurse to advance contact all Coeliac patients and book review appointments directly.  **INR**  PracticeNurse to advance contact all INR / Warfarin patients and book review appointments directly – use cards where appropriate.  **Cervical Smears** check due dates and eligibility and advance book. |

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| **Booking an Appointment**   * Follow the Appointment Scheduling Checklist. * All consultations are by appointment only. Practice staff should seek to make an appointment with the patients usual Doctor where possible (subject to availability and appointment system) – this is important for continuity of care purposes although this may not be possible for same-day appointments. * Appointments can be made in person, by phone, by email or, where relevant, using the website. * **Standard 15-minute consultation**. A patient may require a longer appointment to discuss more complex issues. Longer appointments must be specifically requested. * **Routine Appointments** - for non-urgent problems or to follow up a pre-existing condition. These are usually pre-bookable. * **Urgent Appointments** – available on request – same day. No choice of Doctor. * **Family Appointments** - separate appointments must be made for each family member. Family members with the “*same symptoms*” may be accommodated with a shorter concurrent appointment. Reception must be notified in advance by the patient. * **Missed / Late Appointments** - patients who arrive more than 10 minutes late for their appointment may be asked to reschedule their appointment. Patient DNA to be managed in accordance with DNA section below. |

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| **Do Not Attend (DNA) Appointments**  Patients who do not attend appointments are contacted, either by telephone or a letter by post, and reminded of their appointment.  **Warning Letters**  A weekly search will be performed by the Practice Manager to identify patients who have not turned up for GP appointments that week. This report will be reviewed by the Practice Partners to identify patients who should be excluded from the general policy for clinical reasons e.g. memory loss. Once reviewed the list will be given to the Practice Manager to action.  Letter 1 (Informal Letter)  If a patient fails to attend a pre-booked appointment on more than one occasion in the last six (6) months, they will receive an informal warning letter advising them how to cancel or change their appointment if needed.  Letter 2 (Formal Letter)  If the patient fails to attend another pre-booked appointment within six (6) months of receiving the informal letter, a formal warning letter will be sent reminding them that a further recurrence may result in them being removed from the practice list.  Letter 3 (Removal Letter)  Failure to attend one further pre-booked GP appointment will result in the patient being invited in to meet with the Practice Manager to discuss the reasons for non-attendance. If patient’s do not attend this meeting their name will be added to a list of patients’ who may be removed due to failure to attend appointments. The Practice Partners will discuss, taking into consideration all relevant information, and make a decision which may result in removal of the patient from the practice list.  **Note**: Warning letters are valid for a period of 6 months. |

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| **Screening Appointments for Patients with Chronic Conditions deemed to be “at risk”**   * Where a patient with a chronic condition or is otherwise deemed to be “at risk” fails to attend a screening or a recall appointment there may be an implied duty on the Practice to follow-up the reason for non-attendance to ensure that the patient’s health is not at risk. * The responsible Clinician (usually the Doctor or the Nurse holding the clinic) will be responsible for initiating action e.g., send message to Support Team asking them to contact the patient to determine the reason for the failure to attend, and where possible re-arrange the appointment. * Where a new appointment is arranged, this is to be followed up with a letter of confirmation, and a telephone call the day prior to the new appointment date. * The Clinician will have overall responsibility for the individual patient follow-up and attendance, although the administration aspects will be delegated to the Support Team. |

**Cancelling the appointment**

Appointments can be cancelled in person, by phone, by email or using the website.

**Appointment reminders**

SMS messages should be sent out the previous day for all appointments where CSS has recorded patient consent to contact the patients.

**Coding**

The DNA must be coded onto the Practice Management System by the Support Team for each clinical appointment non-attendance.

**Appointment slots on Practice Management System** – Clinicians are asked to leave patient appointment slots unmarked if a patient DNA, to aid accurate activity reports.

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| **Telephone Administration** | + |

The following incidents must be reported to the Practice Manager if they cannot be fixed quickly by staff:

* Phones do not work due to power failure.
* Loss of music/message on hold and staff are unable to re-program.
* Loss of recorded messages and staff are unable to re-program message.

For phone or broadband failure, contact the Provider.

**Handling Incoming Calls**

The telephone is a vital medium for creating a positive first impression, displaying a caring, confident attitude and acting as a reassuring resource for patients and others.

**The Doctors do not take any calls while they have a patient with them** unless it is a medical emergency. All other calls will be returned as soon as possible.

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| **Process**   * Answer the telephone within 3 rings. * Greet all external callers with:  |  | | --- | | Good morning/afternoon, [Practice Name].  This is [insert name]. How can I help you? |  * Ask the patient to provide a name if not given. * Ask if the appointment is urgent. * Ask if the consultation will require a longer appointment (>15 minutes). For new patients, allow 30 minutes for the appointment. * Provide the best available time for the patient to see their preferred Doctor. * If the patient’s preferred Doctor is not available, ask if another doctor would be suitable or if non-urgent, if they are happy to select another time and date. * Provide the patient with a time and date for the appointment. Before booking an appointment, confirm the patient’s date of birth. * Record the patient surname and given name in the agreed timeslot. * Reconfirm the appointment time and date, and the patient’s phone number.   Placing Callers on Hold   * Always ask the caller’s preference before placing them on hold, and always wait for the caller to respond. * If you are on another call and the phone is ringing, ask the caller if you can place them on hold. If the caller agrees, place them on hold and answer the next call. Ask this caller if they can hold a moment. If they agree, return to your other call. * If you have a caller on hold for more than a minute, ask if they are still happy to continue holding or if they would like to leave a message. Repeat this process every 60 seconds. * Ensure Practice on-hold music or message is working and can be clearly heard.   Taking Messages   * When taking a message, record the following details in the message:   + Date   + Time of the call   + Full name   + Telephone number   + Reason for the call   + Action to be taken   + Name of staff member taking message * Repeat the details back to the caller to ensure that they have been noted correctly. * Deliver the message via the Patient Management System. |

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| **Triage – 3 Main Scenarios**  **Emergency** If patient has an emergency (including chest pain, breathing difficulty, sudden onset of severe headache or poisoning) then they need to call **112** or **999**. Alternatively, you should keep the patient on the line and separately call 112 or 999 directly to report the emergency.  Following an emergency or exceptional situation:   * Comprehensive notes must be detailed in the patient’s record, even if the patient has not presented to the Practice before. * Consider whether any requirement to notify the Medical Protection Society, Medisec or equivalent. * Consider arranging staff debriefing to discuss how the situation was handled and whether it could have been handled better or whether the current policy and procedures are adequate and require alteration. * A follow-up call with the patient or authorised relative / friend is recommended.   **Urgent** If a patient needs to see a Doctor urgently:   1. **Presents to Reception** – they are to be escorted to a quiet area in the waiting room, or a spare room where appropriate, and a flash message should be sent by Reception to one of the Doctors who will advise Reception as appropriate.      1. **By Telephone** – details should be taken from the patient during the call including personal details and DOB. Reception to advise that Doctor will return patient call as soon as possible (within circa 10 minutes).   Urgent appointments are normally catered for by available same-day appointments.  **Routine**  Non-urgent routine appointments are made available to the patient in accordance with the Practice Appointment System. |

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| **WHEN DOES THE PATIENT NEED TO BE SEEN NOW?**  When the patient calls with any of the following complaints:   * Shortness of breath * Severe chest pain * Uncontrollable bleeding * Large open wounds * Potential accidental poisoning * Bleeding in a pregnant patient * Injury to a pregnant patient * Shock * Serious burns * Severe bleeding * Any symptoms of internal bleeding (dark, tarry stools; discoloration of the skin)   **Note**: Remember to check with the Doctor for guidance concerning triage. |

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| **WHEN A PATIENT COULD BE HAVING A HEART ATTACK**  When a patient calls complaining of the following constellation of symptoms, you should assume  that this is a potential heart attack:   * Shortness of breath * Chest pain * Arm or neck pain * Nausea and/or vomiting   Just one of these symptoms alone may not indicate a cardiac event, but when there is more than one, you should be alert to the fact that this may be a heart attack. Studies have shown that, in women, early symptoms of a heart attack are different from those in men. These symptoms include jaw, neck, and back pain and severe fatigue.  Keep this in mind when questioning the patient. Call 999 or 112 and stay on the line with the  patient. Do not advise the patient to drive to the hospital. |

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| **House Visits** | + |

House visits are available for those who are terminally ill, house bound or too seriously ill to travel.

Requests from patients for a house visit are to be forwarded to the Doctor as soon as possible and include the following:

* Date
* Time of the call
* Full name
* Telephone number
* Details of request
* Name of staff member taking message

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| **After Hours Care** | + |

Outside of regular practice hours and on weekends/bank holidays, medical cover is provided by Out-of-Hours providers:

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| **CareDoc**  Carlow, Kilkenny, South Tipperary, South Wicklow, Waterford, Wexford  **Opening Hours:**  Open each weekday evening, from 6pm - 9am, open 24 hours on Saturday, Sunday, and on Bank Holidays  **Telephone**: 1850 334 999  **Website**: [www.caredoc.ie](http://www.caredoc.ie) | **CareDoc**  North Leitrim, Sligo, West Cavan  **Opening Hours:**  Open each weekday evening, from 6pm - 9am, open 24 hours on Saturday, Sunday, and on Bank Holidays  **Telephone**: 0818 365 399  **Website**: [www.caredoc.ie](http://www.caredoc.ie) |
| **Dub Doc**  South inner city Dublin  **Opening Hours:**  Open each weekday evening, from 6pm – 10.00 pm and from 10.00 am to 6.00 pm Saturday, Sunday and Bank Holidays  **Telephone**: (01) 4545607  **Website** [www.stjames.ie](http://www.stjames.ie) | **D Doc**  Dublin city and county north of the river Liffey  **Opening Hours:**  Open each weekday evening, from 6pm - 8am, open 24 hours on Saturday, Sunday, and on Bank Holidays,  **Telephone**: 1850 22 44 77  **Website**: [www.northdoc.ie](http://www.northdoc.ie) |
| **DL Doc**  Dun Laoghaire - Based in St. Michael’s Hospital  **Opening Hours:**  Open each weekday evening, from 6pm – 10.00 pm and from 10.00 am to 6.00 pm Saturday, Sunday and Bank Holidays  **Telephone**: (01) 663 9869 | **EastDoc**  Dun Laoghaire - Based in St. Vincent’s Hospital  **Opening Hours:**  Open each weekday evening, from 6pm – 10.00 pm and from 10.00 am to 6.00 pm Saturday, Sunday and Bank Holidays  **Telephone**: (01) 209 4021 |
| **K Doc**  Kildare and West Wicklow  **Opening Hours:**  Open each weekday evening, from 6pm - 9am, open 24 hours on Saturday, Sunday, and Bank Holidays  **Telephone**: 1890 599 362  **Website**: [www.kdoc.ie](http://www.kdoc.ie) | **Luke Doc**  Dublin south central - Based in St. Luke’s Hospital, Rathgar  **Opening Hours:**  Open each weekday evening, from 6pm – 10.00 pm and from 10.00 am to 6.00 pm Saturday, Sunday and Bank Holidays  **Telephone**: 01 406 5158 |
| **MIDOC**  Laois, Offaly, Longford, and Westmeath  **Opening Hours:**  Open each weekday evening, from 6pm - 8am, open 24 hours on Saturday, Sunday, and on Bank Holidays  **Telephone**: 1850 302 702 | **NEDOC**  Cavan, Louth Meath and Monaghan (Dundalk GPs have a separate service)  **Opening Hours:**  Open each weekday evening, from 6pm - 8am, open 24 hours on Saturday, Sunday, and on Bank Holidays  **Telephone**:1850 777 911  **Website**: [www.nedoc.ie](http://www.nedoc.ie) |
| **NowDoc**  Leitrim, North Roscommon, Donegal  **Opening Hours:**  Open each weekday evening, from 6pm - 8am, open 24 hours on Saturday, Sunday, and on Bank Holidays  **Telephone**: 1850 400 911 | **Shannon Doc**  Clare, Limerick, North Tipperary  **Opening Hours:**  Open each weekday evening, from 6pm - 8am, open 24 hours on Saturday, Sunday, and Bank Holidays  **Telephone**:1850 212 999  **Website**: [www.shannondoc.ie](http://www.shannondoc.ie) |
| **SouthDoc**  Cork and Kerry  **Opening Hours:**  Open each weekday evening, from 6pm - 9am, open 24 hours on Saturday, Sunday, and Bank Holidays,  **Telephone**: 1850 335 999  **Website**: [www.southdoc.ie](http://www.southdoc.ie) | **West Doc**  Galway, Mayo, Roscommon  **Opening Hours:**  Open each weekday evening, from 6pm – 9 am, open 24 hours on Saturday, Sunday, and on Bank Holidays,  **Telephone**: 1850 365 000  **Website**: [www.westdoc.ie](http://www.westdoc.ie) |
| **TLC Doc**  Tallaght and Clondalkin  **Opening Hours:**  Open each weekday evening, from 6pm – 10.00 pm and from 10.00 am to 6.00 pm Saturday, Sunday and Bank Holidays  **Telephone**: 1890 20 22 24  **Website**: [www.tlcdoc.ie](http://www.tlcdoc.ie) |  |

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| **How it works** *(may vary from provider to provider)*  Calls are answered by the Out-of-Hours call taker and the patient will be asked to provide details of the patient and a contact phone number. If they have a Medical Card, they will be asked for the number and expiry date. This information will then be passed to a Triage Nurse who will call the patient back as soon as possible. The Triage Nurse will gather all the relevant medical information and make an assessment.  Based on this telephone assessment:   1. The Triage Nurse will give advice to the patient/guardian where the details provided confirm a minor medical problem; **OR** 2. The patient will be offered the next available appointment with a Doctor at their nearest Treatment Centre; **OR** 3. A house visit will be scheduled for the patient where they are seriously ill or suffer from lack of mobility.   The Out-of-Hours provider will then, at the earliest opportunity, forward details of the patient phone call and subsequent consultation to the Doctor nominated by the patient during the consultation. In most cases, this information will be received by the nominated Doctor early on the next working day that the Practice is open. |

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| **Post / Mail** | + |

**Internal**

All mail to be opened by Support Team with medical correspondence provided to the relevant Clinician. The Practice Medical Director will be the default recipient. It is our intention to reply to letters received by the Practice within five (5) working days.

**External**

All post to be provided to the Support Team who will arrange postage. Stamps available at Reception. Copies of all correspondence to be retained either in the patient file (clinical) or on the Practice file server (non-clinical). Cut-off time for same-day postage is 3pm.

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| **Tips for Letters** *(also partially relevant to emails)*   * Letters written will be clear and easy to understand – remember, it is important to be a Crystal-Clear Practice <https://www.nala.ie/crystalclear> * Ensure the layout of text is clear and that it includes paragraphs, indents and breaks. * The letter should be free from jargon and abbreviations (internal Practice references will not mean anything to external persons). * Spell and grammar-check your letter! * Provide a named contact in case of query, complaint or if a response letter is required. * Any instructions and directions given must be clear and concise. * Where previous errors have been made, a clear explanation and / or apology will be included.      * The tone of the letter should be appropriate. * Personalise a letter rather than signing it from the Practice. This is important for accountability purposes. * Use the prescribed Practice style for all correspondence to promote consistency and a business-like approach. Arial 10 is recommended. |

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| **Email Communications** | + |

Patient information is only sent via e-mail if it is securely encrypted according to industry and best practice standards. This is not currently the case so **no patient medical information should be sent by email**.

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| **FAX Communications** | + |

When faxing patient information:

* Fax number and identification of the recipient must be confirmed before transmitting.
* Ask the person requesting the fax to ensure that someone authorised is standing by to receive the fax at the recipient fax machine.
* Use a fax coversheet and record “Confidential” on it.
* Check the number dialled before pressing ‘SEND’.
* Keep transmission report produced by the fax as evidence that the fax was sent. Also, re-confirm the correct fax number on the report.

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| **Practice Visitors** | + |

**Third Parties – Observation or Clinical Involvement**

**Consent must always be obtained from patients** prior to a 3rd Party observing or being clinically involved in a consultation. Consent in advance is preferable.

This includes medical or nursing students, a person included at the Clinician’s request, an interpreter or person to assist with communication, a chaperone, or someone accompanying the patient to the consultation at the patient’s request such as a carer or relative.

In some circumstances, the patient or the Clinician may feel more comfortable if there is a chaperone present during the consultation. For medico-legal reasons, it is recommended to consider offering a chaperone for unaccompanied children.

Where prior consent was not obtained, the patient is asked to consent to the presence of a 3rd party before entering the consultation room. It is not acceptable to ask permission for a 3rd party to be present during the consultation in the consulting room as some patients may feel unable to refuse.

Practice staff are to be mindful of the needs of people with intellectual disabilities who may not be able to provide consent. In such cases a legal guardian or advocate may need to be appointed to oversee the interests of the patient.

All 3rd Parties observing or clinically involved in a consultation must be subject to appropriate confidentiality obligations. The standard Practice Confidentiality Agreement must be used, where appropriate.

**Drug Reps**

***No appointment should be made with a Doctor for a drug representative during clinic sessions*** or otherwise without the express advance permission of the Doctor – all requests should be filtered by the Practice Manager.

A drug representative may, from time to time, arrange a lunch or breakfast meeting for the Practice staff e.g. providing a specialist to speak on a particular topic. This must be arranged with the Practice Manager in advance who will notify all staff members accordingly.

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| **Practice Internal Communication** | + |

**Practice Staff Meetings**

* Practice meetings are conducted monthly or more frequently as required. Urgent daily notices or other general items are communicated to staff via the Patient Management System or secure email.
* All staff are expected to attend and contribute to the staff meeting.
* Items for the agenda may be submitted to the Practice Manager up to one week prior to the scheduled meeting. Each meeting will have a meeting owner.
* Minutes of each meeting are recorded. All meeting minutes are kept on the Practice file server or such other secure location accessible by all Practice staff.
* Discussion and suggestions for improvements to patient safety, policies or procedures associated with risk management, is a standing item on the Practice meeting agenda.

**Clinical Meetings**

* Good communication between members of the Clinical Team is essential for ensuring a consistent and best-practice approach to clinical care.
* Doctors and other Practice clinical staff meet face to face at least monthly, to discuss clinical matters. In between meetings, messages and secure practice emails are used to consider and communicate clinical issues.
* The Practice Clinical Director is responsible for leading the clinical improvement and is the chair of the meetings. Practice protocols, near misses or latest literature may be discussed.
* Standing discussion items include clinical issues, support systems, new guidelines and evidence.
* Minutes of each meeting are recorded. All meeting minutes are kept on the Practice file server or such other secure location and shall be only accessible by the Clinical Team.

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| **How our Practice differs from RBP** | + |

[This will be left blank initially and populated specific to each individual practice]

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| **Checklists** | + |

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| **Appointment Scheduling** | + |

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| **General Information - Appointments**   * All consultations are by appointment only. * Appointments can be made in person, by phone, by email or, where relevant, using the website. * **Standard 15-minute consultation**. A patient may require a longer appointment to discuss more complex issues. Longer appointments must be specifically requested. * **Routine Appointments** - for non-urgent problems or to follow up a pre-existing condition. These are usually pre-bookable. * **Urgent Appointments** – available on request – same day. No choice of Doctor. * **Family Appointments** - separate appointments must be made for each family member. Family members with the “*same symptoms*” may be accommodated with a shorter concurrent appointment. Reception must be notified in advance by the patient. * **Missed / Late Appointments** - patients who arrive more than 10 minutes late for their appointment may be asked to reschedule their appointment. Patient DNA to be managed in accordance with DNA section below. |

**Scheduling an Appointment - New Patients**

When scheduling an appointment for a new patient, follow these guidelines:

* Allow an adequate amount of time for the appointment. To do so, obtain as much information as possible from the patient:
* Full name and correct spelling.
* Mailing address.
* Day and evening telephone numbers.
* Reason for the visit – note that patient may be sensitive about giving too much information to non-clinical staff.
* Responsible party and / or insurance provider, if relevant
* Explain the Practice payment policy.
* Ensure patients know the Practice location - provide detailed directions if necessary. You may also want to tell patients how long they can expect to be at the Practice.
* Some patients are sensitive about messages left on an answering machine or given to a co-worker. To avoid violating confidentiality, ask the patient if it is permissible to call at home or at work and include this information in the patient’s record.
* Before ending the call, confirm the time and date of the appointment. You might say, “*Thank you for calling Mr. X. We look forward to seeing you on Tuesday, December 1, at 2PM.*”
* Always check your appointment system or book to be sure that you have placed the appointment on the correct day in the right time slot.

**Scheduling an Appointment – Existing Patients**

When scheduling an appointment for an existing patient, follow these guidelines:

* Make sure to identify the patient correctly at the outset – at least 3 patient identifiers should be used to do so.
* Allow an adequate amount of time for the appointment. To do so, obtain as much information as possible from the patient:
* Reason for the visit – existing patients may be more willing to provide more information to non-clinical staff with who they have dealt previously.
* Responsible party and / or insurance provider, if relevant.
* Explain any changes in the Practice payment policy.
* Before ending the call, confirm the time and date of the appointment. You might say, “*Thank you for calling Mr. X. We look forward to seeing you on Tuesday, December 1, at 2PM.*”
* Always check your appointment system or book to be sure that you have placed the appointment on the correct day in the right time slot.

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| **Triage Overview** | + |

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| **Triage – 3 Scenarios**  **Emergency** If patient has an emergency (including chest pain, breathing difficulty, sudden onset of severe headache or poisoning) then they need to call **112** or **999**. Alternatively, you should keep the patient on the line and separately call 112 or 999 directly to report the emergency.  Following an emergency or exceptional situation:   * Comprehensive notes must be detailed in the patient’s record, even if the patient has not presented to the Practice before. * Consider whether any requirement to notify the Medical Protection Society, Medisec or equivalent. * Consider arranging staff debriefing to discuss how the situation was handled and whether it could have been handled better or whether the current policy and procedures are adequate and require alteration. * A follow-up call with the patient or authorised relative / friend is recommended.   **Urgent** If a patient needs to see a Doctor urgently:   1. **Presents to Reception** – they are to be escorted to a quiet area in the waiting room, or a spare room where appropriate, and a flash message should be sent by Reception to one of the Doctors who will advise Reception as appropriate.      1. **By Telephone** – details should be taken from the patient during the call including personal details and DOB. Reception to advise that Doctor will return patient call as soon as possible (within circa 10 minutes).   Urgent appointments are normally catered for by available same-day appointments.  **Routine**  Non-urgent routine appointments are made available to the patient in accordance with the Practice Appointment System. |

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| **WHEN DOES THE PATIENT NEED TO BE SEEN NOW?**  When the patient calls with any of the following complaints:   * Shortness of breath * Severe chest pain * Uncontrollable bleeding * Large open wounds * Potential accidental poisoning * Bleeding in a pregnant patient * Injury to a pregnant patient * Shock * Serious burns * Severe bleeding * Any symptoms of internal bleeding (dark, tarry stools; discoloration of the skin)   **Note**: Remember to check with the Doctor for guidance concerning triage. |

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| **WHEN A PATIENT COULD BE HAVING A HEART ATTACK**  When a patient calls complaining of the following constellation of symptoms, you should assume  that this is a potential heart attack:   * Shortness of breath * Chest pain * Arm or neck pain * Nausea and/or vomiting   Just one of these symptoms alone may not indicate a cardiac event, but when there is more than one, you should be alert to the fact that this may be a heart attack. Studies have shown that, in women, early symptoms of a heart attack are different from those in men. These symptoms include jaw, neck, and back pain and severe fatigue.  Keep this in mind when questioning the patient. Call 999 or 112 and stay on the line with the  patient. Do not advise the patient to drive to the hospital. |

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| **Templates** | + |

*These Templates have been prepared with great care. However, please note that these are template documents only made available for your convenience and indicative purposes only and so you will need to decide whether they are suitable for your present requirements. We do not accept any liability for your use of these documents and would advise that you seek professional advice where appropriate.*

*These documents are owned by iMedical (unless otherwise stated or referenced) and reproduction or use outside of licence is not permitted.*

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| **FAQs** | + |

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| **Useful Resources** | + |

Data Protection Commissioner [www.dataprotection.ie](http://www.dataprotection.ie)

Health Information & Quality Authority [www.hiqa.ie](http://www.hiqa.ie)

Medical Protection Society [www.medicalprotection.org/ireland/home](http://www.medicalprotection.org/ireland/home)

Medisec Ireland [www.medisec.ie](http://www.medisec.ie)