

STANDARD OPERATING PROCEDURE DOCUMENT (SOP)

Title		Comfort Calls		Doc. No.	OP216
Scope		Operational & Clinical Directorate	Operational Administration		
Purpose		To ensure patient safety is not compromised during periods of increased activity			
Guidelines		At times of increased activity, the service may be in a position where call-back times to patients are beyond the expected National Quality time frames (NQRs). This SOP sets the guidance for all operational staff to follow during escalating periods.			
PROCEDURE				RESPONSIBILITY	
1	The Shift Manager has ultimate responsibility for all calls into the Service. However, they may delegate this task to the Senior Urgent Care Coordinator who will be responsible for overseeing the Definitive Clinical Assessment (DCA) pool and direct ALL CLINICIANS to the appropriate call. The Clinical Reviewer will also work with the Shift Manager or Senior Urgent Care Coordinator reviewing the DCA pool as directed.			PC24 Shift Manger/ Senior Urgent Care Coordinator/Clinical Reviewer	
2	There is one DCA pool and all calls must be clinically assessed in time order in-line with National Quality Requirements or as directed by the designated Senior Urgent Care Coordinator. The clinical reviewer will also work with the Shift Manager or Senior Urgent Care Coordinator reviewing the DCA pool as directed. All clinicians will undertake calls in the DCA pool and complete DCA triage as directed or autonomously.			PC24 Shift Manger/ Senior Urgent Care Coordinator / Clinical Reviewer	
3	At times of escalated or increased activity call-back times to patients may fall beyond the expected National Quality Requirement timeframes. At these times, the Shift Manager or Senior Urgent Care Coordinator will be responsible for making a timely decision to instruct Urgent Care Coordinators and/or Receptionists to inform patients of delays in call back times as directed by the Shift Manager. Actual time will be dependent upon the live calls at the time of decision-making.			PC24 Shift Manger/ Senior Urgent Care Coordinator	

	At times of escalation comfort calls should be completed and safety netted.	
4	<p>Receptionists will only be utilised for comfort calling at times when 'EMS' is escalating at level 2 or higher and Shift Manager can authorise this but must inform the Manager on Call</p> <p>Service Delivery resources are to be managed in a way that enables comfort calling when required.</p> <p><i>Receptionists with no clinician can be given the option to attend Wavertree Headquarters to comfort call if they wish to do so. If they wish to stay in the centre, they were originally intended to work in then it will be performed from the centre.</i></p> <p>Receptionists will only be utilised to comfort call 'Less Urgent' cases. This includes cases with a call-back time of 60 minutes or 6 hours.</p> <p>Receptionists should always be aware of patient confidentiality and never repeat back any patient identifiable information if not in a secure area.</p> <p>The Senior Urgent Care Coordinator will inform Receptionists of the person and the associated telephone pin number they can remain in contact with to answer any queries from the Receptionist.</p> <p>Any calls that come through the Shift Manager's line that can be dealt with appropriately by a Senior Urgent Care Coordinator will be transferred through to them to allow the Shift Manager's line to be remain clear.</p> <p>The Senior Urgent Care Coordinator, or next appropriate operational team member, will be responsible for coordinating the Receptionists comfort calling process and splitting the case numbers equally between the reception staff to comfort call.</p>	PC24 Shift Manger/ Senior Urgent Care Coordinator / Receptionist
5	<p>In the absence of a Clinical Reviewer, the Senior Urgent Care Coordinator will identify a clinician to monitor the 'DCA' pool and identify any cases that are clearly more clinically urgent as well as prioritising patients under 5 and over 75 years of age as per the 'Managing NQR Compliance and Demand' procedure.</p> <p>If point 3 above is reached, the Shift Manager / Senior Urgent Care Coordinator will be responsible for identifying and instructing either a Urgent Care Coordinator or reception staff to carry out comfort calls to all patients who have not received a call from a clinician within the initially expected call-back time, starting with the 'Emergency' priorities, 'Urgent' priorities, patients under 5 and over 75 years of age (regardless of priority) and then 'Less Urgent' calls.</p>	PC24 Shift Manger/ Senior Urgent Care Coordinator / Receptionist

	<p>The comfort call will be carried out in an empathic and caring manner and will inform the patient of the renewed anticipated timescale for the call-back, identify any new or worsening symptoms and to identify if any ILTC symptoms, using the following script:</p> <p><i>“Good morning / afternoon / evening, my name is (say name) from Primary Care 24. We have your call on our system.</i></p> <p><i>Can you please confirm the patient’s name, date of birth and the first line of the patient’s home address?</i></p> <p><i>I am calling to apologise and inform you there will be a delay in our clinician calling you back today and we estimate this will be by approximately XX hours (quote the hours as informed by Shift Manager/senior urgent care coordinator).</i></p> <p><i>Should you feel your symptoms worsen please contact and inform 111 of this; let them know you already have a call on with PC24?”</i></p> <p><i>Reference to the ILTC protocols to be used here.</i></p> <p>Log if ILTC symptoms have developed, follow the ILTC protocols, including calling an ambulance for the patient if required. Log the details and inform the Shift Manager or Senior Urgent Care coordinator.</p> <p>If an ambulance is identified and the caller or patient refuses 999, the Urgent Care Coordinator or Receptionist must inform the Shift Manager, Senior Urgent Care Coordinator or a member of the senior operational team immediately who must instruct a clinician to action the call as a priority.</p> <p>For every comfort call completed, a note on the Adastral record must be recorded within ‘Case Edit’ as follows:</p> <ul style="list-style-type: none"> • ‘Comfort call completed – advised to call 111 if any change or deterioration - recorded by (name) date and time’ • ‘Comfort call completed – patient worsened ILTC symptoms identified ambulance called – informed (name) recorded by (name) date and time’ <p>REMEMBER TO ALWAYS LOG AND INFORM</p>	
6	<p>In cases where the anticipated National Quality Requirement timeframes are not going to be reached, the above procedure is to be followed for all calls whether in the ‘DCA’ pool, ‘Advice’ pool or for home visits.</p>	All Operational Personnel

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Title		Comfort Calls		Doc. No.	OP216
Version			V9		
Supersedes			V8		
Approving Managers/Committee			Head of Service		
Date Ratified			July 2015		
Department of Originator			Integrated Urgent Care		
Responsible Executive Director			Director of Service Delivery		
Responsible Manager/Support			Head of Service		
Date Issued			July 2015		
Next Review Date			January 2023		
Target Audience			Operational Personnel		
Version	Date	Control Reason		Accountable Person for this Version	
V1	24.07.2015	Reviewed and updated as required		Head of Operations and Performance	
V2	07.08.2015	Reviewed and updated		Head of Out of Hours	
V3	19.04.2016	Reviewed and updated		OOH Service Manager / OOH Trainer	
V4	17.01.2017	Reviewed and updated		Head of Out of Hours / Shift Manager	
V5	January 2018	Reviewed and updated		Training Manager / Head of Service	
V6	December 2018	Reviewed and updated		Training Manager / Head of Service	
V7	May 2021	Reviewed and updated		Service Manager	
V8	May 2021	Reviewed and updated		Service Managers	
V9	May 2021	Reviewed and updated		Service Managers	
Reference documents		Electronic Locations		Locations for Hard Copies	
OP010 OP016 OP032		Primary Care 24 Intranet		Standard Operating Procedures File in the Call Centre	
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