GP Out of Hours Service
Standard Operating Procedure: Operational

Management of Home Visits

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Contents

1 .Overview

This section provides a general overview of the SOP in terms of why, what, who and when

In cases where a patient needs to be seen by a clinician face to face and the patient is unable to get to a base, they may be suitable for a home visit. This SOP aims to outline the best practice for managing home visits, detailing responsibilities and the tools that are available to ensure the home visit response time target is met in order to provide effective patient care and experience.

Home Visit Criteria

Home visits should only occur where it is clinically necessary for the patient to be seen by a GP and the patient cannot reasonably be expected to travel to an Out of Hours base; ordinarily when:

1. a patient is bed bound
2. has a terminal illness
3. in circumstances in which a car journey could lead to unnecessary deterioration of the patient's condition or unacceptable discomfort

There may be occasions where a patient does not fit this criteria, but a home visit is appropriate this decision as be made as the clinicians discretion. i.e. there are no urgent appointments available at a base but a mobile unit is close by and has capacity to visit the patient.

2. Roles and Responsibilities

- **Dispatching a visit**

Workflow and Capacity Co-ordinator

When a visit appears in the dispatch queue the Workflow & Capacity Co-ordinator (W&CC) will dispatch this to a visiting car. The decision on which car to send to the visit, will be made by considering location and workload. If a car does not have capacity to complete the visit within the target time, the visit may need to be sent to an alternative car with available capacity further from the location to ensure the target is met.

Whilst phone calls to the cars are not necessary for every home visit dispatched, W&CCs should confirm drivers have received new visits when they call to give arrival times. Emergency visits should always be phoned through to the drivers of the cars.

The Map View function with Adastra shows where each car and each visit is. This is a vital tool which should be used when dispatching every visit.

When the visit is dispatched it should be noted on the dispatchers log for audit trail.
The W&CC should:

- Decide which car to dispatch the visit by taking into account location and demand
  - With the help of Map view and the Home Visit queue
- Record the visit on the correct dispatch log

- Advise the driver of additional visits when they call with arrival times
- Take into account feedback from drivers which may inform decision-making about optimal allocation and scheduling of visits

Where it may be appropriate for a WaCC to dispatch a visit to a car without a clinical assessment, the WaCC must call the patient/family/carer to inform them a clinician will be visiting within the agreed timescales.

Emergency Visits
As soon as an Emergency visit appears in the dispatch queue, the WaCC should inform the shift manager immediately. The WaCC should identify which car should be deployed to the visit and confirm with the driver that they will attend the visit immediately.

If there is no car available to attend the visit within 60 mins, the WaCC should inform the shift manager who should assess if there is any additional resource that could be mobilised to attend the visit.

Should it still be likely BrisDoc will be unable to visit the patient within 60mins the case should be referred to the clinical co-ordinator. The clinical co-ordinator will telephone the patient to assess if the patient is safe and appropriate to wait until a car can get to them, or if it would be safer/more appropriate for an alternative to be arranged i.e for an ambulance to be called.

• Dispatching a visit when the visiting clinician is NOT a GP

There are 2 exclusions where BrisDoc should **only** dispatch a doctor to a visit. These are if the patient:

- Is presenting with Mental Health symptoms
  Or
- Is a palliative patient

Any complex case where any clinician would like additional support, please refer them to the clinical co-ordinator ensuring this is passed through using a recorded telephone line.

Please see Appendix I for a reference guide

• Receiving a visit in the car

Driver
The driver should plan the route of each individual visit and have a plan of the order of all visits in the car. The order of visits should be based on target time then location, therefore it may be necessary to drive through an area of a waiting visit to meet the target of another visit. The driver should be able to adjust this plan to accommodate visits they may receive which have they need to prioritise such as Urgent or Emergency visits.

It is important drivers update Adastra with their movements to enable efficient planning and dispatching of visits, by updating the status:

- Enroute – to make on way to a visit

- Arrived – to show that the car has reached the destination
- Returning to base – to show the car is returning to base

Drivers also have the responsibility of calling the W&CC on arrival of every visit.

All visits for the car should be logged on the Drivers Log, with arrival time noted and any actions/comments.

• Monitoring Home Visit Targets

Workflow & Capacity Co-ordinators

It is the WaCCs responsibility to keep monitoring the home visits across all cars and ensure they are arriving at visits within target times.

Tools to support monitoring:

- Dispatchers log – one log per car which details target times
- Map View – shows where each car is and the location of all the visits on a map
- Route planner – route planning in map view shows travel time to each visit
- Area planning – map view will highlight the area around a point within a set travel time
- Home Visit queue – shows all visits, which car each visit is in and the performance status
- Overdue Home Visit queue – this shows any home visit that has breach its target time

W&CCs should keep in contact with drivers to monitor their progress and continually be looking forward at approaching targets and assessing against demand.

Routine visits should have a comfort call which should be made to the patient and documented by the WaCC after 3 hours have passed. If any change in the patient's condition is noted a clinician should be asked to review immediately and call the patient if necessary.

Shift Manger

The Shift Manager has overall responsibility of Home Visit targets on shift, they should be aware of home visit demand and the capacity to deal with the patients within target. This should be achieved by working closely with the W&CCs throughout the shift and continually gaining feedback on the status of home visits as well as monitoring visits on Adastra.

Key resources

- Workflow & Capacity Co-ordinators
- Adastra
  - Home Visit queue
  - Overdue Home Visit queue
  - Map view
    - View car and visit locations
    - Route planner
    - Area planning

• Preventing Breaches

Driver

As soon as the driver becomes aware of a visit that they may not reach on time, they must contact the W&CC to inform them. This must be done with sufficient time for the W&CC to put a contingency plan together.

Workflow & Capacity Co-ordinators

Demand and capacity with be changing throughout the shift and the W&CCs will continually need to be monitoring and reviewing visits. At times it will be necessary to move visits from one car to another, when this is done it should be clearly communicated to each car to make sure everyone is aware of what is happening.

If the W&CC is concerned that any visit is at risk of breaching target time, this should be escalated to the shift manager immediately.

Any visit that has reached the last hour of its target should be escalated to the shift manager, with any plan that the W&CC may have.

Escalation times

- Emergency – as soon as received in dispatch
- Urgent – when one hour has passed
- Routine – when 5 hours have passed

Shift Manager

As soon as the W&CC escalates any concerns, the shift manager should:

- review any plan the W&CC has to ensure target is achieved
- dispatch any unused mobile resource from a base
- consider moving the visit to another car
- consider PCC/triage resources at all bases that could be utilised
- ask all drivers in the area to call as soon as their doctor finishes their current visit to dispatch the next available car to the visit

If after looking at all options the shift manager is concerned the visit could still breach they should

- make the clinical co ordinator aware that a breach is likely and ask them to comfort call the patient and assess their current clinical status
- escalate the potential breach to the on call manager
- continue to monitor the visit, assess and act any changes in capacity

- **Breaches**

Workflow & Capacity Co-ordinators

Once a breach has been confirmed the W&CC should confirm the breach to the shift manager.

The visit will then show in the, Overdue Home Visit queue in Adastra. W&CCs should use this queue to monitor and ensure this is the next visit to be seen.

W&CCs should:

- Confirm the breach to the shift manager
- Call the driver and be clear this is the next visit to attend
- Monitor the visit by
  - Using the Overdue Home Visit queue
  - Reviewing Map view
- Confirm to the shift manager when the care had reached the visit

Shift Manager

Once a breach has been confirmed the shift manager should:

- Confirm the breach to the on call manager
- Ensure the driver is aware of the importance of prioritising this visit
- Monitor the visit by
  - Using the Overdue Home Visit queue
  - Reviewing Map view
- Report case number and comments for the breach on the shift manager report
- Record information in the Adastra patient record as appropriate

On call Manager

- Escalate the breach to the on call director
- Offer any assistance to the shift manager

3. Changing Priority

Visits should not be re-triaged to try to avoid breaches, however there may be occasions where a case may require the priority to be altered. For example, if new information is received about a patient which may mean the visit needs to be upgraded.

In all circumstances cases should be referred to the clinical co-ordinator for review and any changes to be made.

4. Cancelling visits

If information is received that may lead to a visit being cancelled without further clinical assistance, i.e family have said the patient is feeling better, the case should be referred to the Clinical Co-ordinator.

The Clinical Co-ordinator should call the patient to assess if it is both safe and appropriate to cancel the visit.

5. Resources

- Adastra
  - Map View
  - Dispatch queue
  - Home Visit queue
  - Overdue Home Visit queue
- Dispatcher Log
- Dispatch phone
- Target definitions

6. Details how adherence to the SOP is managed

Breaches will be investigated by the Performance and Information Analyst and comments will be given to the OOH Service Manager for review with the Service Delivery Team and feedback to be provided via line managers to all staff concerned so that learning and best practice can be disseminated.

Definition of Targets

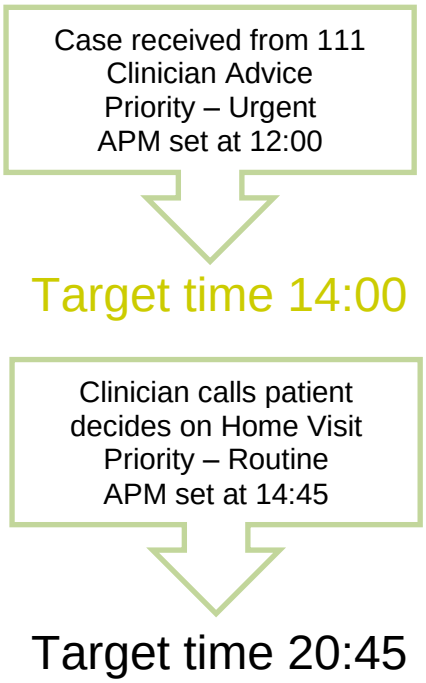
Target times:

- Emergency – 1 hour
- Urgent – 2 hours
- Routine – 6 hours

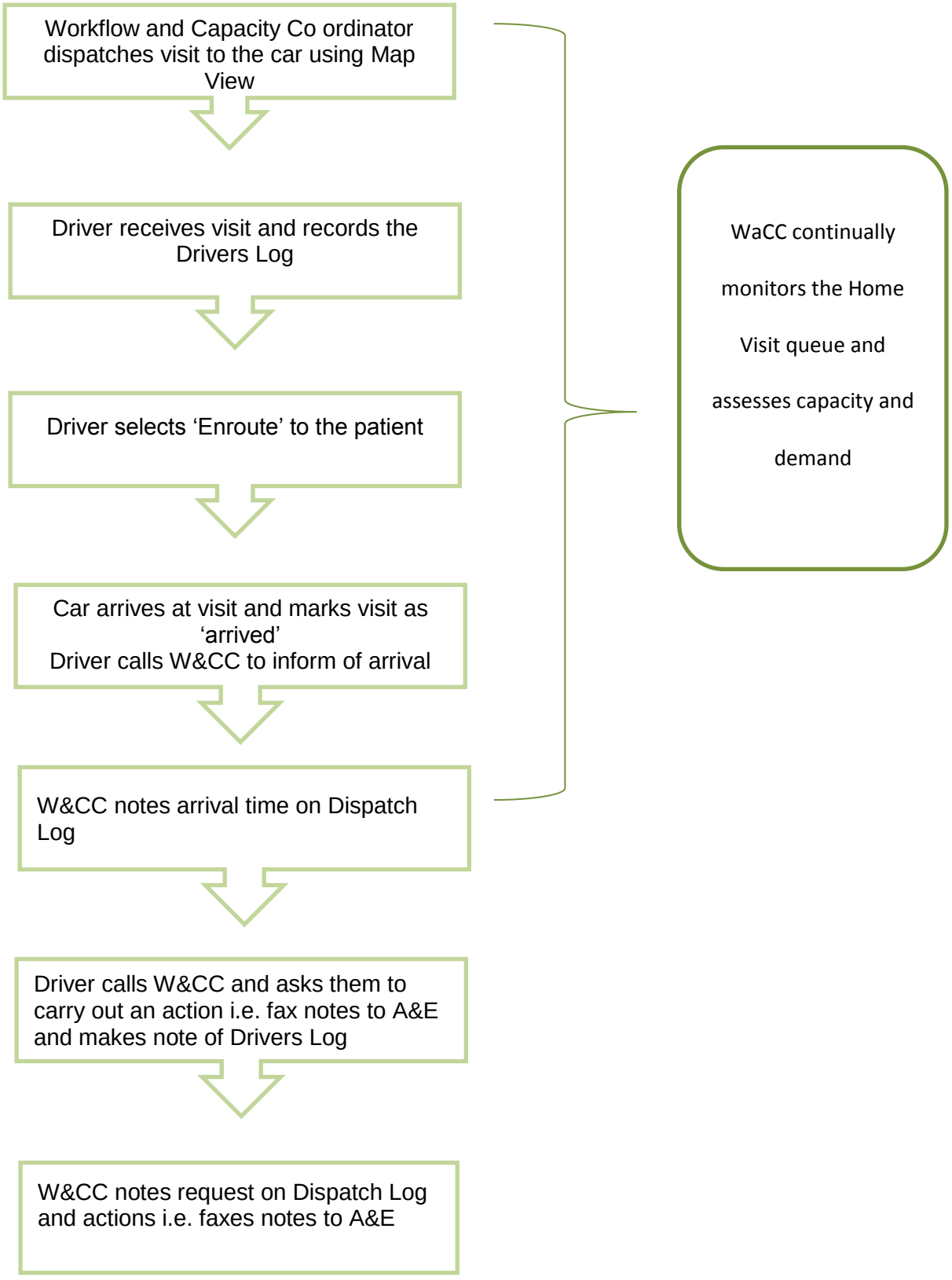
The time begins for each case type at the latest definitive clinical assessment. The start time is indicated by the "Active Performance Management Started for APM" (APM) row in the event list tab in each case.

01-Aug-13 03:34:40	01-Aug-13 03:34:40	WALSHAWN	Active Performance Management Started for APM	01-Aug-13 03:34:40
01-Aug-13 03:37:13	01-Aug-13 03:41:20	HOGGD	Consultation Clinician Advice by Hogg ,D	01-Aug-13 03:41:31
01-Aug-13 03:41:31	01-Aug-13 03:41:31	HOGGD	Case type set to Home Visit	01-Aug-13 03:41:31
01-Aug-13 03:41:31	01-Aug-13 03:41:31	HOGGD	Priority After assessment set to Urgent	01-Aug-13 03:41:31
01-Aug-13 03:41:31	01-Aug-13 03:41:31	HOGGD	Case status set to DESPATCH	01-Aug-13 03:41:31
01-Aug-13 03:41:31	01-Aug-13 03:41:31	HOGGD	Active Performance Management Started for APM	01-Aug-13 03:41:31
01-Aug-13 03:44:10	01-Aug-13 03:44:10	WALSHAWN	Despatch to F-CAR-6	01-Aug-13 03:44:10
01-Aug-13 03:48:38	01-Aug-13 03:48:38	HOGGD	Picked up by mobile device F-CAR-6	01-Aug-13 03:48:38
01-Aug-13 03:50:34	01-Aug-13 03:50:34	HOGGD	Acknowledged by mobile device F-CAR-6	01-Aug-13 03:50:38
01-Aug-13 03:50:34	01-Aug-13 03:50:34	HOGGD	Marked as en-route by F-CAR-6	01-Aug-13 03:50:38
01-Aug-13 04:01:06	01-Aug-13 04:01:06	HOGGD	Clinician Arrived	01-Aug-13 04:01:10

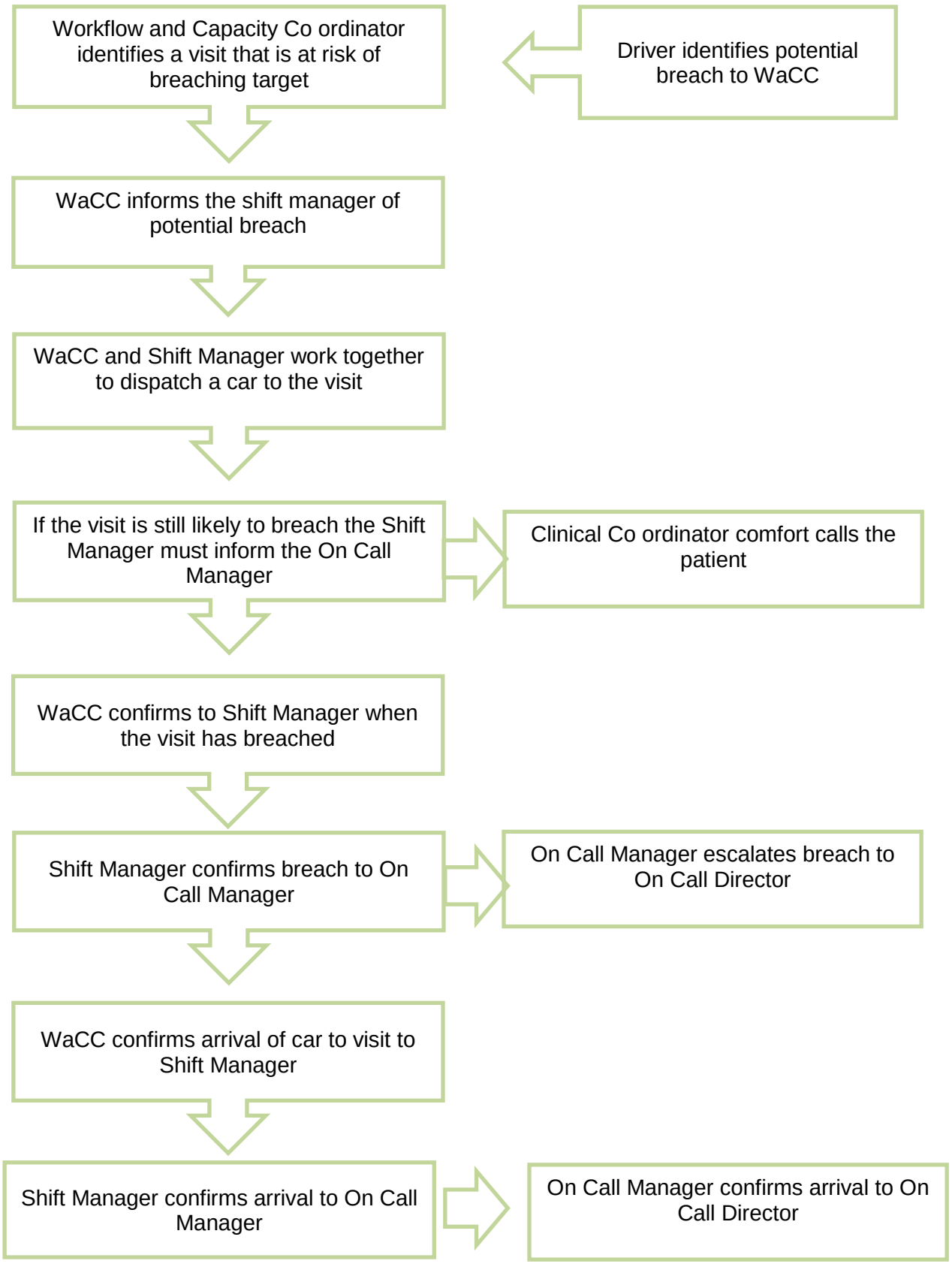
Example:


Case received from 111
Clinician Advice
Priority – Urgent
APM set at 12:00
Target time 14:00
Clinician calls patient
decides on Home Visit
Priority – Routine
APM set at 14:45
Target time 20:45

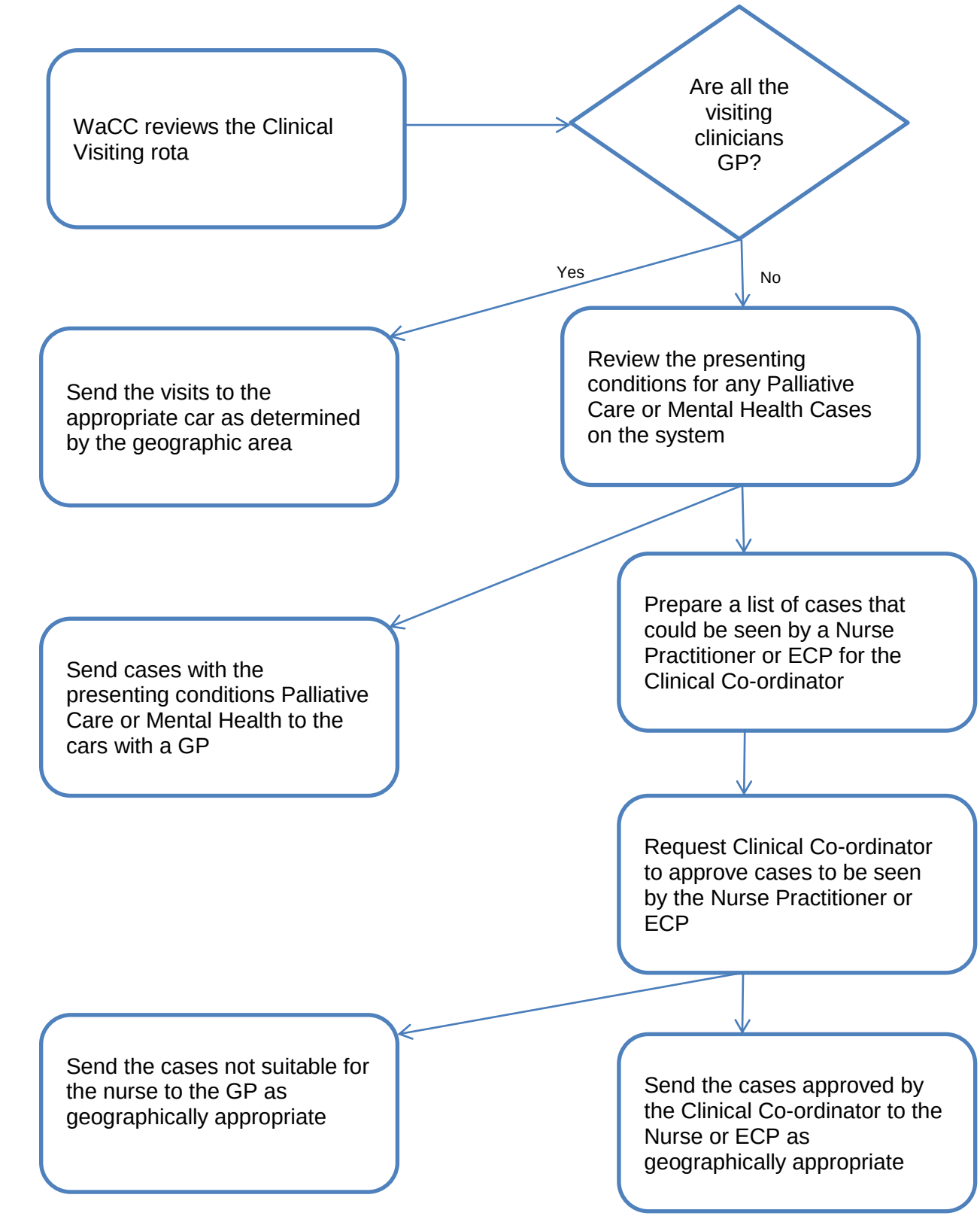
Home Visit Workflow



Home Visit Escalation Workflow



APPENDIX I - Reference Guide for visit despatch



Remember to ensure that ANY patient that will not be visited within three hours of the target time is called to make the Patient aware of the likely time frame of the visit and to check whether their condition has changed.