FACTSHEET

MEDISEC

We look after you

Out-of-hours: Reducing risks

Out-of-hours (OOH) GP services play a vital role in our healthcare system ensuring patients who become unwell after hours and at weekends have access to GP-led care. GPs are faced with many additional challenges in the OOH setting, including dealing with unfamiliar patients, in an unfamiliar environment, who may present with more critical clinical conditions. Frequently GPs have to make the correct diagnosis based on limited information, without access to the patient's medical records and not having a history of treating the patient in question. This may be compounded by an increasingly heavy workload, staff shortages, onerous rotas and tasks such as triaging and diagnosing patients remotely, often whilst supervising colleagues.

Such challenges can result in a claim or a complaint against a GP, which can sometimes be more difficult to defend than claims arising from routine daytime care. Good medical records are crucial in defending any such claim or complaint.

In Medisec's experience, common types of claims that arise in the OOH context include:

- failure to diagnose or a delay in diagnosis
- failure to refer or incorrect referral
- medication issues such as wrong drug, dose or incorrect regime
- perceived incorrect triage decision.

Induction in the OOH

Doctors working in OOH services should ensure they are familiar with the local arrangements, policies, procedures and equipment in the facility. GP trainers should ensure GP registrars are also familiar with these arrangements and are advised to refer to a useful policy document the ICGP has developed to support GP Registrars in OOH activity. Many OOH organisations will have a "Doctors Handbook" as a reference guide. Doctors should familiarise themselves with the handbook as this can be a useful guide to the organisation's protocols and provide important information to access additional services.

Communication with patients

Good communication is described by the Irish Medical Council (IMC) as central to the doctor-patient relationship and essential to the effective functioning of healthcare teams. The OOH setting may be challenging for GPs as they may not be familiar with the patient and may not have access to patients' medical records, hence they are solely reliant on the patient or carer to provide an account of their illness.

GPs are often faced with time pressures in an OOH context, with a large number of patients requiring urgent care. Perceived rudeness and poor communication is a well-recognised trigger factor for complaints against doctors, often where there has been an unpredicted adverse event. Effective verbal and non-verbal communication is essential to successful consultations with patients. Integral to this success is that the patient feels the doctor is listening effectively, leading to greater patient satisfaction and a more accurate diagnosis. This will also reduce the risk of medico-legal claim or a complaint. Simple introductions at the start of a consultation can be the first step to achieving a successful consultation with patients and provides a person-centred, compassionate approach. GPs should also consider using the 'teach-back' method i.e. asking the patient to repeat their understanding of the advice given.

MEDISEC

Communication with colleagues

Having a robust and effective system for transmitting patient information between colleagues will also ensure safe patient care. Integral to this is a system for prioritising telephone calls within the OOH service and having a secure system in place for communicating the details of all consultations to the patient's own GP. Doctors should be mindful of their professional obligations in relation to this. The IMC Guide to Professional Conduct and Ethics (available on the Medical Council website) states "*If you are working in out-of-hours services, or telemedicine, you should make every effort to ensure that any notes you make about a patient are placed in the patient's medical record with their general practitioner as soon as possible*". By far the safest method of transmitting such communications is via *Healthmail*.

GPs should also take care when writing referral letters for A & E, and ensure it is clear that the referral is being made by an OOH doctor, without access to the patient's full medical history.

History and Examination

As with any clinical consultation, it is essential to take a detailed history and appropriate examination, and to document the findings in the medical records, even more important in the OOH context where the GP may not have prior knowledge of the patient or access to records. It is important to highlight in the records the relevant negative findings, as well as the positive, in the history and examination - for example, absence of neck stiffness in a febrile patient.

OOH work commonly involves assessing whether the patient's presenting complaint requires imminent action. If it is not urgent then you must ensure that you give the patient the appropriate medical advice and 'safety-netting' they need to keep safe until they can be seen by their own GP.

Doctors should be aware of cognitive bias influencing decision-making and the risk of being falsely reassured by a colleague's previous diagnosis. Repeated contact from a patient / carer to the OOH about a single condition / episode of care should trigger alarm bells and doctors should consider the need for further action. For example, episodes of sepsis previously diagnosed as other conditions are often under-recognised in both primary and secondary care. GPs working in OOH should be familiar with the early warning signs and use appropriate diagnostic tools to enable early recognition, treatment and improve outcomes.

Chaperone

When providing OOH care, the same obligations apply regarding offering chaperones. The IMC Guide to Professional Conduct and Ethics states "*Where an intimate examination is necessary, you must explain to the patient why it is needed and what it will entail. You must ask the patient if they would like a chaperone to be present – for example, a nurse or family member - and note in the patient's record that a chaperone was offered. You should also record if a chaperone was present, had been refused, or was not available but the patient was happy to proceed*".

You should document in the medical records that a chaperone was offered and record the identity of the chaperone if used, or the fact that a chaperone was declined. If you are faced with a scenario where a chaperone is not available, you should consider whether the examination is urgent or necessary. If it is not an urgent clinical scenario and the patient requests a chaperone, you could reschedule the appointment for a time when a chaperone is available. In the event of an emergency where a chaperone is required, a referral to an emergency department may be a valid option. Please see Medisec's factsheet entitled "*Chaperones for examinations*" on our website.

Record-keeping

Maintaining complete contemporaneous records enables you to provide evidence of the care given which is invaluable if you receive a complaint or a claim is brought against you. Your medical records in the OOH should contain enough clinical information to enable the patient's own GP to seamlessly take over the

patients' care and be aware of the possible diagnosis, investigations and treatment recommended or provided. In the event of a claim or a complaint, your medical records may be examined closely by experts, administrators, lawyers, the courts and the Ombudsman as well as by the patient themselves. Some experts view the quality of the record as an indication of the care provided to the patient. Please also see our separate factsheet entitled "*The importance of Good Medical Records*" on Medisec's website.

In brief, consider using a structured approach to recording your consultations in the record, for example the problem oriented approach S.O.A.P, i.e.

- Subjective - what the patient tells you i.e. the history
- Objective - what you find on examination and test results
- Assessment - includes problem title and differential diagnosis
- Plan - includes management options, next steps and safety-netting

In addition to the above, ensure you add details of any information given to the patient, specific safety-netting advice and follow up. It is also helpful when undertaking home visits in OOH that you document the time of arrival and the time the consultation ended. Similarly, a clinical entry should be made in the medical record whenever any action is carried out on behalf of the patient, e.g., telephone calls or video consultations, text messages, emails or any conversations about the patient with another healthcare professional. Where referral to A&E is necessary, ensure you retain a copy of the referral letter in the patients' record.

Safety-Netting

Patients present at variable stages of a particular illness and symptoms and red-flag signs may be absent at the time of the consultation. Safety-netting is therefore an important technique to ensure timely reappraisal of a patient's condition. It is effectively discussing a contingency plan with the patient in case the patient's condition deteriorates / fails to improve, particularly in situations where:

- differential diagnosis with a potential for a serious illness (i.e. a febrile child)
- confirmed diagnoses has a known risk of serious complications (i.e. bronchiolitis)
- patients with existing underlying conditions or factors that increase their risk of complications or serious illness (i.e. age or comorbidities)

The safety-netting plan and discussion with the patient should be recorded in the medical records.

Prescribing

As a doctor you are legally responsible for any prescriptions you sign. The MCI states "*As far as possible, you should make sure that any treatment, medication or therapy prescribed for a patient is safe, evidence-based and in the patient's best interests*".

Common pitfalls in prescribing in OOH include; prescribing a drug to someone with a known allergy, prescribing the wrong drug or dose and failing to consider drug interactions, side-effects and contraindications. It is important to ensure:

- You take a detailed medication history from the patient
- The patient is not allergic to the proposed medication
- The patient is not taking any medication (prescription, over-the-counter or complementary medicine) which may interact with the proposed medication
- The patient does not have a condition that may be exacerbated by the medication

It is important that you remain up to date with current guidelines around prescribing and use reputable sources of information such as HSE Antibiotic Prescribing Guidelines, Medicines.ie website and the HPRA. OOH organisations should have robust policies and procedures around the safety and storage of prescription pads. Many OOH organisations now have their own GMS prescription pads, which eliminates the need for individual GPs to use their own GMS prescriptions. However if you do provide your own GMS

or private prescription paper in the OOH it is imperative that they are securely stored at all times and not left behind at the end of your shift. The IMC guidance is very clear on this where it states "*You must make sure that prescription pads and prescription-generating software are kept securely and are only accessible to those authorised to prescribe*".

As a reminder the IMC guidance also states "*The prescriptions you issue must be legible, dated, signed and must state your Medical Council registration number*". This is particularly relevant when using the OOH own prescription pads. All prescriptions issued including those on home visits should form part of the patient's medical record. The welcome advent of e-prescribing has eliminated many security problems regarding security of prescription material.

Personal Safety

It is important to consider your own personal safety when working in the OOH setting and in particular when on home visits. As with day time practice, conflict and aggression may occur in the OOH. The environment is busy and demanding, and involves contact with a wide range of people in varying circumstances. Patients sometimes have unrealistic expectations of the service, and when these expectations are not met, a dispute may arise. The following are some practical tips to consider to ensure your own personal safety is the highest priority:

- undertake a risk assessment prior to seeing any patient with a known history of violence / alcohol / substance misuse or mental illness in particular when you are undertaking a home visit
- if there is a recognised potential risk to your personal safety, consider informing the Gardaí and have them accompany you on your visit
- never stay in a situation in which you feel threatened or your personal safety is at risk
- always carry a mobile phone with you.
- ensure emergency telephone numbers and the OOH driver phone number are readily accessible when on house calls should you need to call for help
- consider carrying a personal attack alarm
- park as close as possible to your destination to allow for a rapid escape if required
- store all prescription pads and mediations safely. Ensure any controlled drugs are appropriately stored in accordance with the current guidance.

The Health and Safety Authority provide guidance on "Managing the risk of work related violence and aggression specific to the healthcare setting". This guidance is available on the HSA website.

Reflection and experiential learning

Doctors working in OOHs do not always have the same opportunity to reflect on the consequences of their clinical decisions, as they are unlikely to receive any feedback about their clinical management of a case. With certain patients, the doctor may wish to follow up with the patient's own GP as to the subsequent management and outcome for that patient. With the benefit of hindsight, the OOHs doctor might manage a similar situation differently, knowing the outcome for the patient and how things were subsequently managed. An example might be a patient who was managed for headaches over the weekend who, by Monday morning, had clear symptoms of meningitis. The OOHs doctor may never get to hear about the outcome; it may be that their management was entirely appropriate at the time, but without feedback, they do not have the opportunity to reflect on whether they would have done anything differently.

Conclusion

There is a greater margin of error working in out of hours for all the reasons described above. Consider again these risk reduction tips:

- take extra care in history-taking, remain mindful of co-morbidities and the patient's current medications

- take extra care in prescribing, remember allergies and consider prescribing for the shortest time possible
- remember to offer a chaperone where appropriate, and record refusal or acceptance
- take extra care when safety-netting
- ensure the patient is clear on what advice and next steps have been advised
- consider using the 'teach-back' method – ask the patient to repeat their understanding of your advice
- where any follow-up is necessary, ensure you advise the patient to return to their own GP for further advice
- where referral to A & E is necessary, keep a copy of the referral letter, avoid one off handwritten referrals
- insist that the OOH service ensures that patient's own GP receives a report in timely fashion
- take extra care with recording all of the above. Good records will reflect the quality of the care you provide.

Please do not hesitate to contact Medisec for further advice on any of the above.

October 2020