

**ALERTS
PROTOCOL**

STANDARDS

Bay of Plenty District Health Board (BOPDHB) will utilise ED Management Plans (EDMP) for patients with complex needs, special requirements or “frequent flyers”.

The supervising medical professional may alter the treatment of any patient on an EDMP. These alterations will be documented in the usual manner of prescribing treatment changes.

OBJECTIVE

Patients presenting to BOPDHB Emergency Departments (EDs) / other inpatient / outpatient settings will be assessed and treated according to their EDMP to ensure improved patient care and outcomes.

INCLUSIONS

Identified risk categories of patients requiring an EDMP may include:

1. Patient has complicated clinical / personal needs requiring management e.g. *haemophiliac with a treatment plan in event of emergency, neutropenic patients etc*
2. For any specific medical or other social alert issues i.e. violence / abuse / trespass please follow processes outlined in 6.1.5 protocol 1 Alerts – Medical, 6.1.5 protocol 2 Alerts - Social or 5.5.3 Trespass
3. ED utilised as a substitute for quality care through their GP thereby requiring the involvement of the ED Patient Management Group to ensure their ED visit is accurately and consistently managed at each presentation
4. Patient is a frequent attendee in BOPDHB EDs and / or other EDs regionally / nationally.
5. Patient is registered on the national drug seeking register or drug seeking behaviour has been verified by Mental Health & Addiction Services (MH&AS).
6. Other issues as identified by clinical staff.

STANDARDS TO BE MET

1. Request for Development

- 1.1. Service / clinician identifies need for EDMP then completes yellow section of FM.A11.3 Alert - ED Management Plan
- 1.2. Completed form (in WORD format) is forwarded to ED Management Plan Group.

2. Development

- 2.1. The ED Management Plan Group will co-opt others identified by the requestor who can provide information relating to the patient’s care.
- 2.2. A multidisciplinary team (MDT) meeting will be arranged whereby future response(s) will be agreed.

3. Authorisation

- 3.1. The green section of the EDMP is filled in, authorised and dated by the ED Clinical Director (or delegate) then emailed (in WORD format) to the Health Records Alert Group, copy to the Quality and Patient Safety Co-ordinator.

4. Uploading

- 4.1. The Health Records Alert Group will load EDMP alert onto patient’s electronic health records on:

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- a) WebPAS; and
 - b) CHIP – Clinical Intranet – word EDMP uploaded.
- 4.2. The EDMP is printed and the hard copy is filed into the patient’s health record inside the front cover.
- 4.3. If applicable, the Quality & Patient Safety Co-ordinator will confirm the EDMP with the patient / client or guardian in writing with a copy to the patient’s GP. An electronic copy is uploaded to CHIP – Clinical Intranet with a hard copy in the patient’s health records in the front cover.

5. Review

- 5.1. WebPAS will generate electronic notification to the ED Patient Management Group on the one (1) year anniversary of issue.
- 5.2. The ED Patient Management Group will review and either:
- a) Reissue for one (1) year; or
 - b) Remove (refer to 6. below)
- 5.3 Get EDMP from CHIP – Clinical Intranet
- 5.4 Under Review section note agreed actions.
- 5.5 Follow steps 3.1 and 4 above.

6. Removal

- 6.1. Removal of a EDMP and associated alert may be authorised by the ED Patient Management Group Senior Medical Officer (SMO) / Clinical Nurse Manager (CNM) due to:
- a) no attendance to ED for two (2) years – unless meets criteria for 10 visits per year; or
 - b) change of circumstances or diagnosis
 - c) death (Alert to be removed, however EDMP to stay in place)
- 6.2. follow steps 5.3 to 5.5 above.

7. Retention

- 7.1. EDMP will be retained in accordance with the Public Records Act, General Disposal Authority.

REFERENCES

- Journal of the New Zealand Medical Association, 7 May 2004, Vol 117 No 1193 - Frequent attenders at Christchurch Hospital’s Emergency Department: a 4-year study of attendance patterns - Debra Kennedy and Michael Ardagh
- Public Records Act 2005

ASSOCIATED DOCUMENTS

- Bay of Plenty District Health Board policy 6.1.5 Alerts
- Bay of Plenty District Health Board policy 6.1.5 protocol 0 Alerts – Standards
- Bay of Plenty District Health Board policy 6.1.5 protocol 1 Alerts – Medical (Allergic Responses / Adverse Reactions and High Risk Issues)
- Bay of Plenty District Health Board policy 6.1.5 protocol 2 Alerts - Social
- Bay of Plenty District Health Board Form FM.A11.3 Alert - ED Management Plan
- Bay of Plenty District Health Board policy 1.1.1 Informed Consent

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- Bay of Plenty District Health Board policy 1.6.3 Violence, Abuse and Neglect - Management and Reporting
- Bay of Plenty District Health Board policy 1.6.3 protocol 1 Child Abuse and Neglect - Management and Reporting
- Bay of Plenty District Health Board policy 1.6.3 protocol 2 Partner Abuse, Family Violence - Management and Reporting
- Bay of Plenty District Health Board policy 1.6.3 protocol 3 Older Person Violence, Abuse, Neglect - Management and Reporting
- Bay of Plenty District Health Board policy 1.2.6 Refusal of Blood Products
- Bay of Plenty District Health Board policy 1.2.7 Child Protection Alerts
- Bay of Plenty District Health Board policy 2.5.1 Health Information Privacy
- Bay of Plenty District Health Board policy 2.5.2 Health Records Management
- Bay of Plenty District Health Board policy 5.5.1 Security
- Bay of Plenty District Health Board policy 5.5.3 Trespass
- Bay of Plenty District Health Board policy 6.1.4 Advanced Directives
- Bay of Plenty District Health Board policy 2.4.5 protocol 2 Records Management – General Disposal Authority (GDA)

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