Clinical Assessment and Referral (CARE)

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Author Branch  Advanced Care Projects
Branch contact  9779 3810
Division  Clinical Development
Summary  The purpose of this policy is to ensure that officers participating in the CARE program are aware of the principles and procedures associated with CARE.
Applies to (bold indicates selection)  Staff associated with the CARE program
Staff associated with the CARE program
All Operational Staff
All Administration staff
All Headquarters staff
Division staff (select Aero medical, Northern, Southern, Sydney, Western)
Operations Centres (select All, Aero medical, Northern, Southern, Sydney, Western)
Review date  June 2011
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Status  Active
Approved by  Chief Executive

Compliance with this policy directive is mandatory.
Clinical Assessment and Referral (CARE) is a clinical initiative of the Ambulance Service of New South Wales. Its primary aim is to deliver the right patient to the right place to receive the most appropriate care. It is widely acknowledged that certain conditions can be dealt with safely and appropriately outside the Emergency Department (ED). CARE involves ambulance paramedics treating and referring selected patients to non-emergency department avenues of care. Treatment and referral is guided by evidence-based clinical pathways that sieve patients through a set of general exclusion criteria and a set of pathway specific ‘red flag’ criteria, to identify low risk, low acuity patients suitable for non-ED care. CARE practice by ambulance paramedics is governed by the following fundamental principles:

**Fundamental Principles of Clinical Assessment & Referral**

- Non-ED referral is only to be utilised for conditions identified within the CARE program for which a Clinical pathway has been established

- CARE is only to be exercised by P1 paramedics or higher who have completed the Expanded Decision Making (EDM) training course (herein referred to as CARE paramedics)

- CARE paramedics must fulfil the procedural requirements as outlined in the Clinical Assessment and Referral process template (Appendix 1) prior to recommending a non-ED alternate care option

- CARE paramedics must ensure valid consent exists by assessing the patient’s capacity and competency to provide consent prior to arranging a non-ED care option

- CARE practice is based upon a shared understanding between patient and CARE paramedic

- A patient who is not comfortable or satisfied with the non-ED alternate care options presented to them has no obligation to consent to such an option

- A CARE paramedic who is not comfortable or satisfied with the non-ED care options available to them has no obligation to implement such an option

- Patients still requesting transport to an ED after being properly informed of appropriate non-ED alternatives must be transported to the ED

- CARE paramedics cannot at this stage refuse to transport a patient to hospital

- If any doubt exists surrounding patient presentation or disposition, the patient should be transported to the ED.
Introduction
The Standard Operating Procedure (SOP) contained within this document is specific to Clinical Assessment and Referral (CARE) program.

This document outlines the basic operating requirements for the CARE program and should be used as a reference guide to ensure completeness and operational integrity.

Definition of a CARE Case
A case attended to by a paramedic is defined as a CARE case if the attending paramedic has successfully completed CARE training and the patient presents with a condition that falls under the CARE pathway umbrella, regardless of whether the patient presents with exclusions or red flags.

Dispatch
Normal dispatch procedures will remain for CARE paramedics. CARE paramedics will be tasked as normal to any case pending, whether it involves an identified CARE condition or not.

Operational Availability
If an extended scene time is anticipated, CARE paramedics should, at the earliest opportunity, notify the Operations Centre that they are involved in a CARE case and that they may be delayed.

Upon completion of the case CARE paramedics should fulfil organisational requirements as outlined in Protocol P5; including verbal notification to the Operations Centre that Protocol P5 has been implemented.

Patient Assessment
CARE paramedics should conduct a comprehensive patient assessment as detailed in the CARE assessment template. A systems review should be undertaken prior to implementation of a CARE pathway.

In the event that the CARE paramedic cannot conduct a complete patient assessment, this should be documented clearly on the PHCR with an appropriate explanation.

Patient History
CARE paramedics should gain a thorough, holistic patient history with reference to chief complaint, history of the chief complaint, previous medical history, medications, allergies, social/personal history and a systems review.

In the event that the CARE paramedic cannot gain a complete patient history, this should be documented clearly on the PHCR with an appropriate explanation.
Determination of capacity and competency to provide valid consent

When dealing with a non-transport situation, CARE paramedics should specifically assess the capacity and competency of the patient to provide valid consent.

Capacity and competency is determined by assessing the patient’s ability to understand, analyse and process information disclosed by the CARE paramedic in order to make an informed decision. The following principles should be assessed:

<table>
<thead>
<tr>
<th>Principle</th>
<th>Description</th>
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<tbody>
<tr>
<td>RECEIVE</td>
<td>- can the patient listen and concentrate enough to receive information being disclosed to them?</td>
</tr>
<tr>
<td>BELIEVE</td>
<td>- can the patient understand, accept and believe the information being explained to them?</td>
</tr>
<tr>
<td>RETAIN</td>
<td>- can the patient remember the information being explained long enough to consider and analyse? Do they demonstrate the ability to remember information after the paramedic crew has left the scene?</td>
</tr>
<tr>
<td>EXPLAIN</td>
<td>- can the patient explain the information they have received and the risks involved with their clinical condition in their own words?</td>
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A patient who has satisfied the capacity and competency test and is refusing/declining transport must have their decision respected. In this instance CARE paramedics should implement Protocol P2. A person greater than 16 years of age who demonstrates capacity and competency cannot be treated or transported against their will.

CARE pathways cannot be implemented if the CARE paramedic is unable to confirm the patient’s capacity and competency using the principles outlined above.

CARE paramedics should ensure that they fully disclose all relevant clinical information to the patient so as to assist them in their decision making process. This must include a summary of risk commensurate with the severity of the patient’s situation.

If an adult is deemed to lack the capacity and competency required to provide informed consent regarding their health, they should be conveyed to hospital. In this instance a duty of care exists that cannot be discharged by CARE paramedics.

CARE paramedics may need to involve Police in order to facilitate transport of patients who have failed the capacity and competency assessment. A patient who, in the opinion of the attending CARE paramedic, is lacking capacity and competency can be transported to hospital against their wish as this is in the best interests of the patient’s welfare. Details of such action must be clearly documented on the PHCR.
CARE paramedics should document clearly on the PHCR that competency and capacity have been assessed.

**Documentation**

CARE paramedics should complete all Ambulance PHCR documentation prior to clearing from the case. The CARE/ECP section of the PHCR should be completed whenever a patient presents with a condition that falls under the CARE pathway umbrella regardless of whether the patient presents with exclusions or red flags. The ‘hospital’ copy of the PHCR is to be left with the patient with instruction to give it to their General Practitioner (GP) or other health provider on their next visit.

A ‘Patient Information Sheet’ should be left with the patient if a CARE pathway is implemented. CARE paramedics should explain the advice on the Patient Information Sheet to the patient to ensure the instruction is clear.

The ‘Health Provider Feedback Form’ should be left with the patient with instructions to present it to the relevant health provider upon next contact.

Upon completion of a referral or attempted referral, CARE paramedics should clearly document in the appropriate section of the PHCR the nature of the referral and any other pertinent information relating to the interaction with the health service.

All other documentation associated with the CARE program should be submitted according to procedure.

**Non-ED Care**

**Self-care with advice** – appropriate for patients who, in the judgement of the paramedic on scene, are expected to be able to manage their condition with advice, but who may require further medical/ health care if their condition does not improve, deteriorates or becomes concerning for the patient.

**Recommendation for care** – appropriate for patients who, in the judgement of the paramedic on scene, require further care from a GP or health care provider in order to properly manage their condition. The paramedic on scene will provide recommendation to the patient that they seek care.

**Immediate referral for care** - appropriate for patients who, in the judgement of the paramedic on scene, are likely to benefit from immediate referral for care. Referral should be made by the attending paramedic while on scene, or by the patient in the presence of the attending paramedic.
Monitoring and Evaluation
CARE is subject to a detailed and comprehensive monitoring and evaluation strategy. It is imperative that CARE paramedics complete ALL documentation and reporting processes in order to allow the monitoring and evaluation strategy to be undertaken.

A ‘Health Provider Feedback Form’ should be left with every patient who has been streamed into a non-ED pathway. This feedback form is essential in the monitoring and evaluation strategy.

Completion of all mandatory PHCR fields is essential as it enables collection of accurate data that will enable the monitoring and evaluation strategy to be effective.

For patients streamed into a CARE clinical pathway the pink copy of the PHCR should be submitted to the CARE Program according to procedure.

CARE procedures and the SOP will be reviewed following evaluation.

Internal Correspondence and Comment
Correspondence or comment from CARE officers should be directed to the following contacts:

Email: CARE@ambulance.nsw.gov.au

CARE Project Manager: 9779 3810

CARE Clinical Educator: 9779 3802