

Emergency Department suggested script for Signposting post 3-day complaint/primary care presentation.

This is for guidance rather than strict word-by-word application.

Principles of communication around signposting:

- Please maintain compassionate and positive tone throughout the consultation regardless of how inappropriate the presentation is for an Emergency Department.
- Patient's needs being better met at the community is at the core of the consultation and NOT service capacity or resources.

## Reception:

At Reception, when patient presents with a condition that is more suited for community services rather than ED, the receptionist will register the patient on Trak as per current practice and advise them to have a seat in the waiting area for Triage Nurse to call them. The Receptionist will have copies of NHS Lothian ED Signposting Patient Information Leaflet to give to the patient.

**\*\*\*\*\* The Receptionist will NOT signpost patients away from ED \*\*\*\*\***

## Triage Nurse:

*"Good morning/afternoon/evening. My name is xxx and I am the Triage Nurse, I will carry a brief assessment that involves recording your vital signs, please."*

The Triage Nurse invites the patient to sit down and takes a short history of the presenting problem, after recording NEWS and clarifying if the patient meets criteria for signposting she/he will explain to the patient the following:

*"Your observations are reassuring and ..... (the condition patient presented with) has been ongoing for sometime/already been treated by your GP/better be managed by optician or dentist."*

*"The expertise of ..... (the alternative service) will be better suited for your condition than the Emergency Department, they are trained to provide safe and effective treatment tailored to your needs in the community. In the "Right Care Right Place" leaflet you will have details of how to access that service"* Triage Nurse may show the patient the particular section of the leaflet that refers to the suitable community service.

The patient might state that they had tried that community service and are looking for a second opinion, faster route to hospital investigations/waiting lists or that they simply wish to be seen in ED and not in the community as a personal preference. The Triage Nurse has limited time to maintain flow through triage and so at this stage if a lengthy consultation is unfolding, she/he would tell the patient:

*"I will pass this on to the senior Doctor on duty and they will discuss your concerns with you. They will be with you as soon as they can. Thank you for your patience in advance"*

The Triage Nurse will show the patient the way back to the waiting area.

### **Senior Doctor (ST4+):**

Senior Doctor will call the patient back to a suitable room within the ED:

"Thank you for your patience. My name is Dr X and I am one of the senior Emergency Doctors. My understanding is that you attended ED today with ....., which is better be dealt with by ..... in the community. How may I help you today?"

The patient will explain why they feel that their healthcare needs require ED attendance despite suitable alternative service in the community. The Senior ED Doctor is to listen with respect and compassion and utilize the opportunity to explain to the patients the difference between primary and secondary care and how they complement each other rather than ED being an alternative to primary care. The Senior Doctor would answer patient's questions about why they are not able to speed up referrals or tests ordered by GP for example or how doctors have no dentistry training and limited access to eye testing equipment compared to optometrists.

If the patient is content with explanation, the Senior Doctor will discharge them from ED. If the patient is not content with explanation the senior Doctor would point them in the direction of providing feedback through NHS Lothian patient feedback and complaint system and politely discharge them from ED.

Consultation will be documented in discharge letter on Trakcare.