

# Guide for Staff

July 2014

Compiled:  
Dr. Jason van der Velde  
July 2014

## MEDICO Cork:

Cork University Hospital Emergency Department runs the HSEs National 24 hour Emergency Telemedical Support Unit. MEDICO Cork guarantees direct access to advice from an Emergency Medicine Registrar or Consultant through various Service Level Agreements (SLAs) with a range of end-users.

## End Users:

- National Ambulance Service
- Dublin Fire Brigade
- Any Person within Irish Territorial Waters (Coast, Islands and Offshore)
- Irish Navy
- Mountain Rescue Ireland (Pilot Scheme with Kerry MRT about to launch)

*(NAS and DFB account for 97.2% of all calls to service)*

## Access point for End-Users:

- National Ambulance Service Strategic Reserve Control Centre, Ballyshannon.
- Irish Coast Guard via radio, Satellite or telephone link-call.
- Naval Operations Command, Cork.
- TETRA (Currently in testing phase)

## Authority:

A SLA has existed between the Irish Health Service Executive (HSE) and the Irish Coast Guard (IRCG), with support from the Irish Naval Services, since July 2001. It provides for the statutory provision of telemedical support to vessels in Irish territorial waters, required for Ireland to comply with its legal responsibility towards workers at sea under European Council Directive 92/29/ECC (updated via amendment 1882/2003).

*MEDICO Cork* is part of the National Framework for Emergency Management, as included in the Multi-Agency Protocol "*Land Based Response To Marine Emergences*" (May 2011).

Since April 2011, HSE Standard Operations Procedures exist to facilitate Advanced Paramedic Telemedical Support for both the National Ambulance Service and Dublin Fire Brigade. Telemedical Support for the Emergency Services is included in the "*National Emergency Medicine Programme*" (June 2012).

An SLA is currently being drafted between An Garda Síochána and the HSE to facilitate a telemedical support pilot project with Mountain Rescue Ireland.

## What We Guarantee:

- 24/7/365 personnel always in CUH Emergency Department to take the call.
- A senior nurse at the nursing will usually be the first point of contact.
- Minimum of a Registrar in Emergency Medicine will provide the support.
- Emergency Medicine Consultant support always available.
- Additional In-Hospital Specialty advice available.
- Additional Pre-Hospital Specialty advice available.
- Written records are kept of all calls as part of standard secure HSE patient records.
- All calls are recorded electronically and stored in a securely governed database.
- Records are anonymised and routinely thematically audited to improve service delivery.

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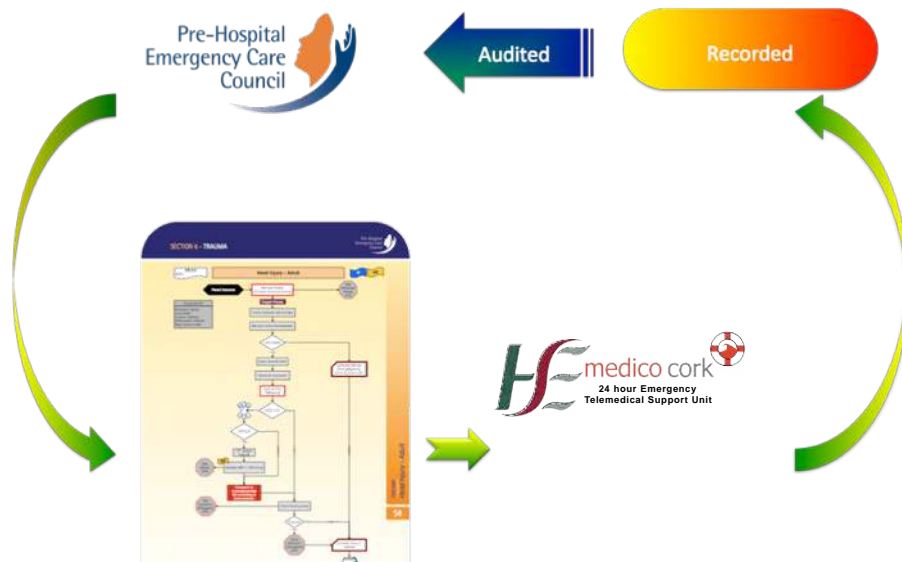
## Calls on the Telephone System:

- A telemedicine number is supplied to end-users by their service.
- This number automatically routes the call to MEDICO Cork, through the services control room. This is to allow calls to be monitored or recorded by the end-users service, and for a controller to manage any difficulties encountered. *Note at present only the Irish Coast Guard and Navy routinely listen in on calls routed through their service.*
- The telephone into MEDICO Cork is a dedicated line, completely separate from the hospital switchboard. A “bedlam bell” ensures all staff are aware of a call in progress.
- The telephone is answerable at the terminal in the Central Nursing station or the terminal in the Telemedicine Room. This call can be handled in a number of ways (see separate Guide “Using MEDICO Telephone”).
- The call can be fully managed from where you answer it. We are encouraging you to handle it in the Telemedicine Room.
- Note templates are beside both telephones and must be filled in, regardless of how “trivial” a call appears. Remember these notes form part of patient records.
- Normally, a nurse will alert the Senior Registrar or Consultant of a request for support and the call will be transferred to the telemedical room.
- Be aware that this is a National Service providing support for a range of users, which could be a completely lay fisherman or a professional Advanced Paramedic. Follow the advice in the *Call Structure* section below to ensure your advice is tailored appropriately!
- Please be as thorough as possible with your Telemedicine Notes. These notes are part of the patient’s medical records, but also used for audit and service improvement.
- Be aware that all calls are recorded both at end-user access points AND here in CUH.

## Clinical Governance:

Dr. Jason van der Velde is employed full time as the Clinical Lead for the service. Prof. Stephen Cusack and the wider Consultant team at Cork University Hospital Emergency Department provide Consultant Emergency Medicine support.

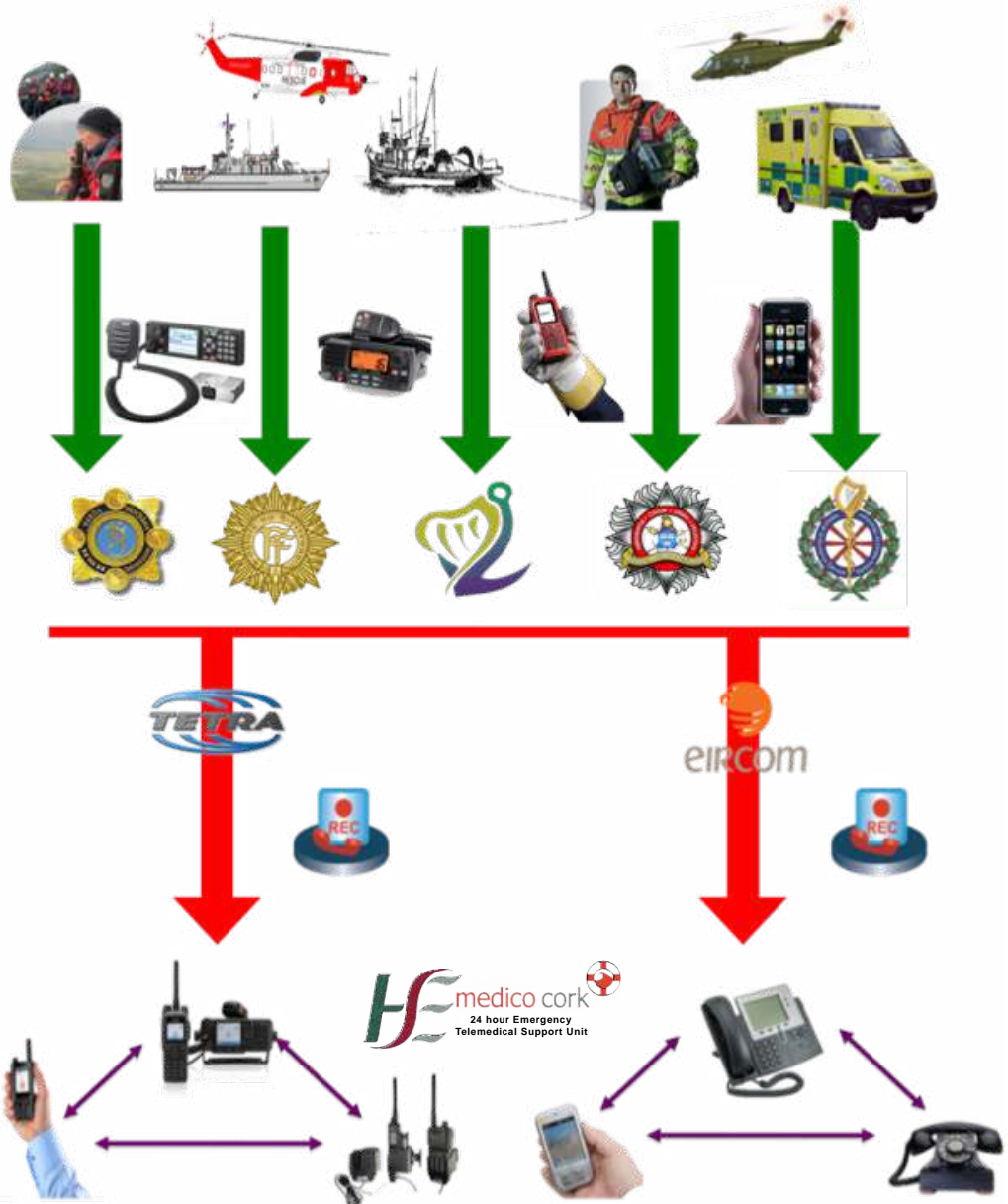
Individual Services’ Medical Directorates feed into this Clinical Governance Structure. Lessons learnt from Audit and research is fed back to the Prehospital Emergency Care Council to guide and inform debate surrounding Clinical Practice Guideline development in Ireland.



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## Communications Structure:



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### Note:

1. Dublin Fire Brigade Advanced Paramedics currently access MEDICO Cork through the National Ambulance Service via Ballyshannon Ambulance Control.
2. The Irish Coast Guard converts Ship-to-shore radio to digital telephone signal.
3. Group Telemedical Communication on TETRA is only available on MEDICO Corks assigned Talk Group: **NF-UTILITY**. TETRA is to be tested throughout 2014 and rolled out towards 2015.
4. Group communications and conference calling is available through the telephone system in the Telemedical room.
5. An SLA with An Garda Síochána is currently being investigated to enable MRI and potentially other services to access Telemedical Support.

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## Call Structure:

It is helpful to write your notes as you go. The template roughly follows the familiar I.S.B.A.R. format. There are always a booklet of these pages in the basket above the telephone in the nurses station or on the Desk in the Telemedicine Room.

## TELEMEDICINE NOTES

*Use back of this page for any additional notes or follow up call from same incident*

Date:  Time

Give Caller your IMC #  AP PIN #   
Ship or Callers Name

Where is the patient (ie. geographic location)?

How Can we call you back?

Patients Age  Gender

Chief Complaint

Clinical Scenario

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Clinical Question?

Advice Given

What hospital is patient going to?



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## Call Demographics:

Enter the Date, Time and your Irish Medical Council Number when answering the call. It is important for the caller to state who they are, and ask them for their PHECC PIN number or if it's a ship, ask the Coast Guard to clearly spell out the name of the Ship. If the caller is from a Coast Guard Unit, they will not have a PHECC Pin, just record their name.

## Location:

The purpose for asking for location is to help you stratify if a "Scoop-and-run" vs. "Stay-and-play" strategy best suits the patient. There is obviously a huge difference between 10min to hospital and 1 hour when it comes to working out an optimal analgesia regime.

Some helpful phrases will be:

- How long will it take you to get to hospital? What hospital?
- What is your steaming to Port time and what port that would be?
- What is your delay to medevac, and then onwards time to hospital

## Call Back Number:

This is essential to establish early, as many calls are dropped owing to Ireland's very poor mobile infrastructure. Note that the number displayed on our telephone is the number of the call centre that the call is being routed through, e.g. Ballyshannon Ambulance Control or Coast Guard Control. If you call that number, you'll be calling MEDICO Cork!!

## Patient Demographics:

Rough age is acceptable.

## Chief Complaint:

Try to summarise in ½ a sentence at very most.

Note the patient may have fallen, but the chief complaint would be what problem the patient has that the caller is asking for support with.

e.g "Airway Management"

## Clinical Scenario:

Try to get the caller to explain the Situation/what has happened in simple terms. Many telemedical interactions are slowed down by overcomplicating matters. It is best to repeat back to them a summary, to ensure you're both talking about the same thing.

e.g. "I understand you have a 20yr old patient who's fallen, hit his head and is now clenching his jaw, with SpO2 of 89%"





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Try to obtain a brief description of the relevant background, both +ve and -ve, medical history is important.

e.g. *“The patient was intoxicated at the time of the fall. He’s normally entirely fit and well.”*

Try to ascertain the caller’s assessment of the situation. They are the eyes and ears on the ground and have hands on the patient. The vast majority of our callers are Advanced Paramedics. Their opinion is an educated one.

Do talk through their assessment and ask questions in relation to vital signs and if they’ve already carried out certain steps in trying to manage the situation. Don’t assume something has happened ever, but try very hard to be supportive and not patronising. The goal is to support decision-making and gather as much information to guide appropriate medical advice.

e.g. Don’t ask: *“Have you tried an airway and given oxygen?”*  
Perhaps phrase it: *“Are you administering 100% oxygen via a tight fitting facemask with a nasal-pharyngeal airway in-situ?”*

## Clinical Question:

**This is the most important part of the conversation.**

To be an effective telemedicine interaction, there needs to be a complete understanding of not just the scenario the caller is faced with, but precisely what decision they are looking for help with. They need to ask a question to get an answer! “I don’t know what to do next?” is an entirely appropriate fall back, but in reality is hardly ever used.

Practitioners who get the most satisfaction out of using telemedicine, usually have an in-depth understanding of the tools (included in this is drugs) at their disposal; well beyond the scope of their CPGs. Such practitioners actively seek to enhance the care they provide to their patients by calling for support early on in their patient interaction, to gauge the appropriateness of deviating from their CPGs given a particular situation.

## Advice Given:

Advice is obviously dispensed with a certain degree of trust. Whist we as doctors may give “clinical oversight” for a person to perform a procedure or administer a drug out-with scope of practice; we are doing so on the back of our own medical licence and the States insurance. A handy guide to common problem calls and what we’ve agreed as a Unit to advise is being collated. It is reassuring the consistency in advice that tends to be dispensed though.

The person receiving our advice has to consider if they are entirely comfortable carrying out the instructions. There is a duty to report apprehension and it is entirely appropriate for a person to refuse to carry out an intervention that they feel entirely uncomfortable doing.

There is a helpful full list of Drugs Advanced Paramedics carry in Ireland. This is next to both telephones. Over the coming months, the Computer in the telemedicine room will be populated with additional decision support tools for you to use. By enlarge, the vast majority of advice you are being asked to give, is bread and butter emergency medicine.

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