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Operating Procedure for the Direction of Patients seen by doctors within the community to Private Emergency Care

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Change History

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1. Purpose

- 1.1. To establish a process for the direction of patients, to Emergency Care within private hospitals and according to the issued RFP for Outsourcing of Emergency Services, after medical assessment within primary health care facility.

2. Scope

- 2.1. To guide the process for safe direction of patients to private hospitals for emergency care after an initial assessment by a medical
- 2.2. To identify or clarify if any specific patients or conditions are out of scope for this redirection process, beyond the listed exclusion criteria.

3. Terms & Definitions

ASA – American Society of Anaesthesiologists score is a grading system from I to V where I identifies a person in good health and V a person with severe life-threatening co-morbidities.

RFP- Request for participation

Medical doctor – A medical practitioner, included in the Malta Medical Council Permanent Register of Medical Practitioners.

1400 – Free phone number through which the direction of patients to private hospital emergency care will be facilitated.

EPR – Electronic Patients' Records

4. Responsibilities

- 4.1 Mater Dei Hospital – is responsible for this initiative under the governance of Chief Medical Officer.
- 4.2 Primary HealthCare – is being offered the possibility to advise its doctors to participate in this initiative on a voluntary basis.
- 4.3 Medical doctors in private doctors - are being offered the possibility to advise its doctors to participate in this initiative on a voluntary basis.
- 4.4 1400 Call Responders – The 1400 Call Responders will advise regarding the private hospital that the patient needs to attend. Such decision will be guided by the clinical scenario, electronic platform being used and predicted waiting times within each facility. The

4.5 Private hospital shall be responsible for the patient once the patient arrives within the hospital. The private hospital shall be responsible:

- To provide fully functional facilities
- To provide services of qualified medical, nursing and supporting staff
- The provision of the services of emergency, theatre, ward and other nurses, doctors and supporting staff.
- To provide all consumables, instruments, medical supplies including pharmaceuticals and equipment necessary to manage the patient.
- To provide MDH with documentation in electronic format after patient discharge from the private hospital as well as a hard copy of the discharge note to the patient.
- To provide any other resources, be these human resources or otherwise, necessary to manage these patients.
- The provision of overnight stays and related services including, but not limited to, physiotherapy and any other allied services.
- The provision of patient meals, once a patient has been admitted.
- The provision of any other diagnostic testing and therapeutic interventions as may be required according to the patient's needs.
- Ensuring that any required follow up outpatient appointment has been set at Mater Dei Hospital, prior to patient discharge. The patient must be informed of how s/he will receive the appointment details.

4.6 Patient responsibility – the patient must reach the private hospital within two hours from the time that 1400 directs him/her to a private hospital. If the patient fails to attend the private hospital within this two hour period, s/he will not be able to receive government funded emergency care from the private hospital.

5. Process

7.1. This SOP shall be followed, on a voluntary basis, between **10am till 6pm from Monday to Sunday**, when a medical doctor within the community, is referring a patient for further Emergency Care.

7.1.1 The doctor shall follow Appendix 1 attached to this SOP to guide his decision.

7.1.2 Emergency care within a private hospital **shall be offered to:**

- Patient aged between 16 – 60
- ASA score of I or II ¹
- Parameters as follows²:
 - Respiratory rate 12 – 20 bpm
 - Pulse – 51 – 90 bpm
 - Systolic BP – 100 mmHG – 210 mmHg
 - Saturation of ≥ 96% on air (with no Oxygen therapy)
 - Alert with no recent onset neurological deficits, GCS 15
 - Temperature of > 36°C - < 38°C

7.1.3 Emergency care within a private hospital **shall not be considered for:**

- Patients potentially with a high risk situation or requiring time sensitive intervention as described in Appendix 1 .
- Patients with abnormal parameters as described in appendix 1
- Patients who are known to be pregnant
- Patients with primary Gynaecological, ENT and Ophthalmic complaints
- Patients with conditions that can lead to loss of limbs, including ulcers
- Patients who are in severe pain
- Patients presenting with complications of procedures/interventions carried out at MDH
- Patients presenting to Primary Care within 30 days of discharge from MDH for the same complaint
- Patients unable to give consent.
- Patients who require the use of a stretcher for transport/transfer
- Police cases – including domestic violence and sexual assault
- Patients presenting with psychiatric complaints
- Patients being assess for poisoning
- Patient with potential infections of high consequences or who require isolation.

7.1.4 For those patients who are not being considered for Emergency Care within a private hospital, the medical doctor shall continue the referral process as per current established practices, including liaison with Resident Specialist Emergency Medicine liaison line.

7.1.5 For those patients where referral to private Emergency Care is being considered, the medical doctor shall discuss with the patient whether s/he would accept to be further managed within a private hospital.

7.1.6 If the patient is willing to receive care within a private facility, the medical doctor shall call 1400. During this call the medical doctor will provide patient demographical and clinical information to the 1400 responder. This information shall be inputted in the electronic platform which has been set up for this purpose and the 1400 responder will inform the doctor to which facility the patient is being directed to. The patient needs to confirm or otherwise that he is willing to attend the selected private hospital before the termination of the call.

7.1.7 The medical doctor shall inform the patient with the private facility he or she are being directed to. The medical doctor shall also provide a referral ticket to the patient.

7.1.8 The patient will receive a message on his/her mobile phone to verify the private hospital to which s/he is being directed. The message will also include a link to show the location of the private hospital to facilitate navigation. The patient might be requested to show this message to verify the referral to the private hospital.

7.1.9 The patient must register within the private hospital within two hours from the time of the 1400 call.

7.1.10 The patient may still attend Mater Dei Hospital Emergency Department after the 1400 call rather than the private hospital if s/he wishes to do so.

7.1.11 For patients who are not willing to receive care within the selected private hospital, the patient will be referred to MDH as per currently established practices.

7.2 Once a patient arrives at the private hospital, the receiving hospital will be responsible for their care.

7.2.1 The patients must be assessed within the private hospital in a timely manner as stipulated in the signed contract.

7.2.2 Final patient disposition needs to be decided by the caring private hospital. If specialist input, other than Emergency Medicine specialist input, is required, (such as the discussion for urgent outpatient follow up or admission) this needs to be carried out with specialists who are also employed within Mater Dei Hospital so that they will be responsible to organise such follow up. Such consultation shall be recognised as 'specialist consultation' and remunerated as per signed agreement.

8. Records

8.1 Documentation needs to be kept as per medical doctor established practices.

8.2 The medical doctor shall complete a ticket of referral as per established practice and hand it to the patient so that s/he provides the filled in ticket to the doctor delivering Emergency Care within the private hospital.

9. Audit

9.1 Regular audit will be carried to assess for number of patients who have been referred to Emergency Care within a private hospital, patient demographics, referring doctor category, the presenting complaints of such patients, treatment received as well as the time interval from call to registration and registration to final patient disposition. Such data will be compiled through the 1400 electronic platform set up for the 1400 call centre service.

10. Appendices

10.1 Appendix 1 – Algorithm for referral of patients to Emergency Care

10. References

¹ ASA score - [Statement on ASA Physical Status Classification System](#)

² NEWS2 score - [NHS England » National Early Warning Score \(NEWS\)](#)

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