Medical Orientation Handbook

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Contents

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1. WELCOME

Welcome to Mater. Our organisation has a long history of care and commitment to Queenslanders, as well as a strong focus on education, training and research. We are here to support you and endeavour to make your time at Mater a rewarding and enjoyable experience. This booklet contains useful information about the logistics of working at Mater. If you require more information, please contact your department, the relevant unit, or the Medical Education Unit (MEU).

Organisational Structure

Mater's organisational structure reflects our commitment to the strategic and consistent integration of health, education and research. In 2019 there was a change in governance to bring all Mater hospitals and health services across Queensland under a single Board governed as One Mater.

Mater Group Executive

The Mater Group Executive comprises leaders from across Mater's core components of Health, Education and Research, ensuring Mater operates as a connected group under a single leadership team. Each member brings a wealth of experience and foresight to their role, underpinned by a commitment to ensuring the continued provision of exceptional care to all whom we are privileged to serve.

Portfolio Structures

Mater Health	Strategy, Business Development and Marketing
Mater Education	Corporate and Shared Services
Mater Research	Mission Leadership
Mater Foundation	Risk and Audit
Group Finance	Mater Group
Digital Technology and Information	

ABBREVIATIONS

The following abbreviations are used throughout the Orientation Handbook:

- MHB - Mater Hospital Brisbane
- MMH - Mater Mothers Hospital
- MPH - Mater Private Hospital
- MEL - Mater Education Limited
- MEU - Medical Education Unit
- RMO - Resident Medical Officer

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2. ABOUT MATER

Campus Map

SOUTH BRISBANE MAP

Key
Parking — P
Drop off zone — ▲
Main entrance — ⌂
Security booth
Private emergency — ●
Adult emergency — ●

To Southbank and Southbank train station

← To Brisbane CBD

Mater Medical Centre
Mater Medical Centre Car Park
Mater Private Hospital Brisbane
Mater Private Clinic

Vulture St
South East Busway
Stanley St
Vulture St
Water St
Allen St
Pacific Motorway

Salmon Building
Hancock St
Mater Hill Car Park WEST / EAST
Mater Adult Hospital
Stanley St

Hancock St Car Park
Duncombe Building
Whitty Building
Kelly Building
Convent
Aubigny Place

Baggot St Dr
Coolock Dr
College Hill Dr

Mater Mothers' Hospitals
Annerley Rd
N

Princess Plaza & Carpark
Merton Rd
Trinity Ln

Potter Building

Clarence St
Mater Private Hospital Annerley Road Campus

Catherine St
Crown St

Mater Hill South Brisbane Campus Map

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Transport Options

Bicycle & Transport Map

Cycle lock up is available in the basement of both Hancock Street and Mater Hill Carpark and change and shower facilities are available on site. The location of these facilities can be found on the intranet here.

Public Transport

We are fortunate to have many public transport opportunities close by, including the Mater Hill Bus Station, which is on the South East Busway, the South Bank Train Station; the Maritime Museum Ferry Terminal (all visible on map above) and the South Bank 3 Ferry Terminal which is also just a short walk away.

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Car Parking at Mater

To arrange car park access, visit a customer service booth located on Level 1 of the Hancock St Car Park or Level 4 of the Mater Hill Car Park (just as you reach the end of the walkway to the car park, from the Adult Hospital). The booths are manned from 7 am – 8.30 pm Monday to Friday and 8.30 am – 8.30 pm Saturday and Sunday. The attendants will provide you with a car park access card that will allow access to Mater Hill East (entry strictly via Allen Street) and Hancock Street Car Parks at discounted staff rates. Mater ID will need to be presented upon collection. For further information on parking fees for Mater staff, please contact a customer service booth or email: carpark.management@mater.org.au.

Due to it becoming a patient/visitor dedicated car park, Mater Hill West Car Park system is programmed to not accept staff cards between 5 am and 2 pm, Monday to Friday. Staff who take a paper ticket and park in Mater Hill West will be charged the public rate. The boom gates between Mater Hill East and West will automatically lift at 10am to allow staff access to Mater Hill West and will lower again at 5am.

There is no staff parking in Mater Medical Centre Car Park or Queensland Children's Hospital (QCH) Basement Car Park. Staff with additional shifts due to a second position at QCH will be required to apply for a pre-loaded funds card to enable access to the staff parking rate. The availability of this card is subject to the eligibility criteria of QCH Parking Policy.

Services available

Online Information Support, Resources and UQ Academic Title

As Mater Public Hospital staff, you can access a range of online resources via the Clinical Knowledge Network (CKN). You can organize access and register for remote access http://www.ckn.org.au/.

Medical officers who are involved in the teaching of UQ students may be eligible for an academic title. A UQ Academic title enables remote access to the UQ library's online resources, access to UQ Library's physical collections, document delivery service, research assistance and library workshops – online and face to face. You can apply via the Faculty of Medicine https://health.uq.edu.au/academic-titles.

Mater Cafes

Zouki McAuley's Cafe
Level 2, Mater Hospital
Phone: ext. 8734

Zouki Mother's Cafe
Main Foyer, Mater Mothers Hospital
Phone: ext. 8036

Zouki Chloe's Coffee Shop
Level 6, Mater Private Hospital
Phone: ext. 1048

Mater Adults Hospital ED
Ambulance Coffee Cart

Zouki Café on 3
Level 3, Mater Hospital

Mater Childcare

Mater Childcare provides over 200 places per day for children from birth to school age, including kindergarten programs run by registered early childhood teachers. With an industry reputation for providing high quality education and care, Mater Childcare offers your family:

- qualified staff who implement high quality play based education and care programs

- purpose built facilities incorporating outdoor play areas to maximise fresh air and natural light

- an onsite kitchen providing nutritionally balanced, fresh cooked meals daily from a menu set in consultation with a nutritionist.

For more information contact: Enrolments ext. 3444 or childcare@Mater.org.au

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Interpreter Services

Mater's Language Services Policy states that "safe and effective communication with patients who are not fluent in English or who identify as deaf is achieved by working with a credentialed interpreter that the Mater provides free of charge to the patient".

An interpreter can be booked in advance via the Interpreter Management System (IMS) or via telephone. Please ensure you have the blue interpreter card attached to your lanyard with the directions on how to access an interpreter at all times. Further information is available from http://confluence.mater.org.au/display/INTERPSVC

Request an interpreter

Onsite (needed within 48 hours)
Business hours (8 am to 4 pm, Monday to Friday), phone ext. 8776.

Mater staff interpreters may be paged directly:
- Mandarin and Cantonese #4245
- Vietnamese   #0472
- Arabic   #4123
- Somali   #4816
- Persian/Farsi and Dari #4817.
After hours, weekends or public holidays, phone ONCALL on 3115 6999.

Advance bookings (48 hours +)
Pre-booked via Interpreter Management System (IMS).

Phone requests (available 24/7)
Phone TIS on 1300 655 030 (quote Mater Client Code C590629).

Salary Packaging - RemServ

Our partnership with RemServ enables us to offer you great potential tax savings, high quality customer service and an expanded range of salary packaging benefits e.g. your home mortgage, bus travel, novated leasing, meal entertainment, living expenses and holiday accommodation. For further information, please contact the RemServ team on 1300 726 267 or visit their website: https://remserv.com.au/

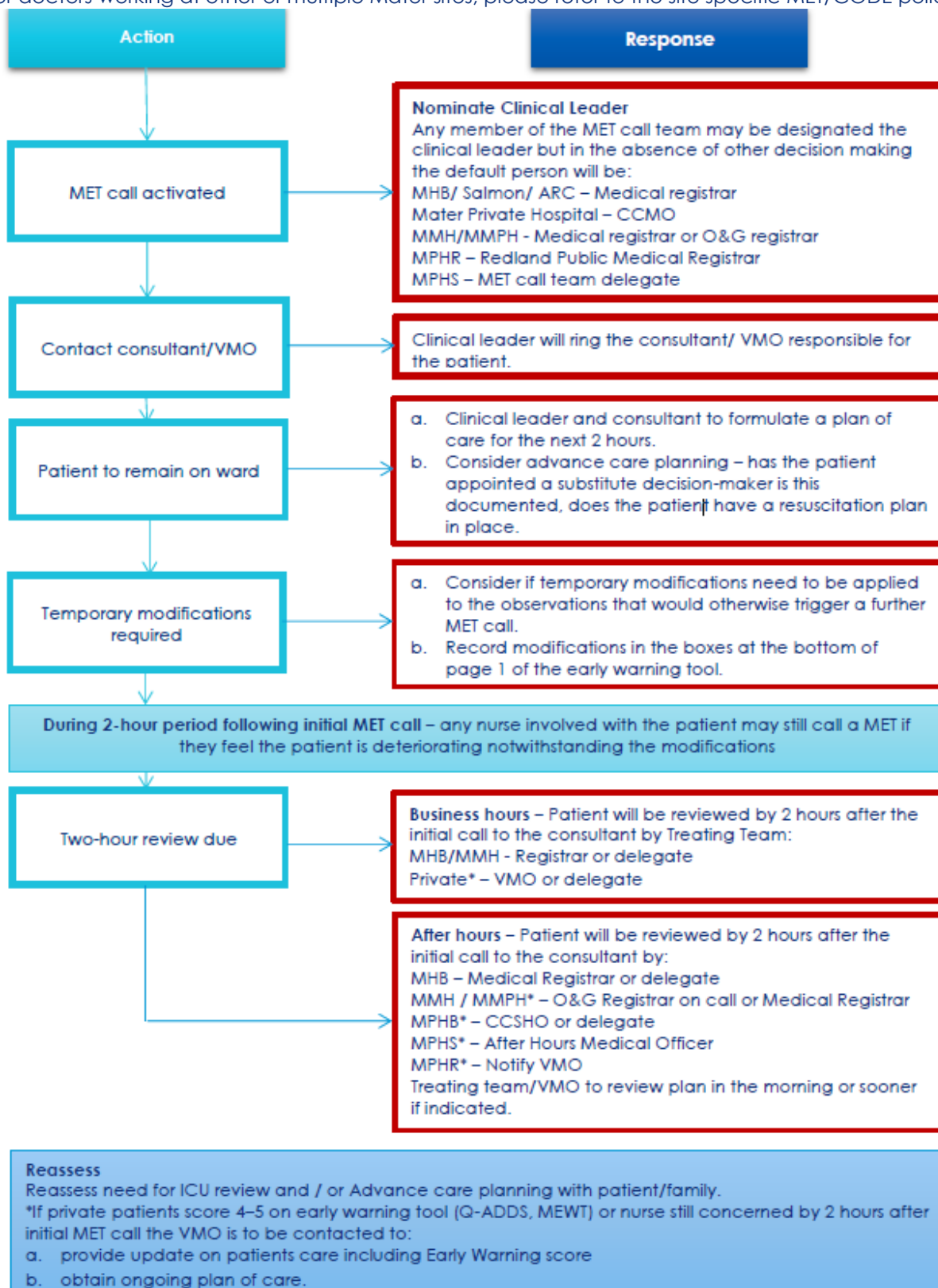| **Title:**	Medical Orientation Handbook	**Type:**	06 REF - Reference
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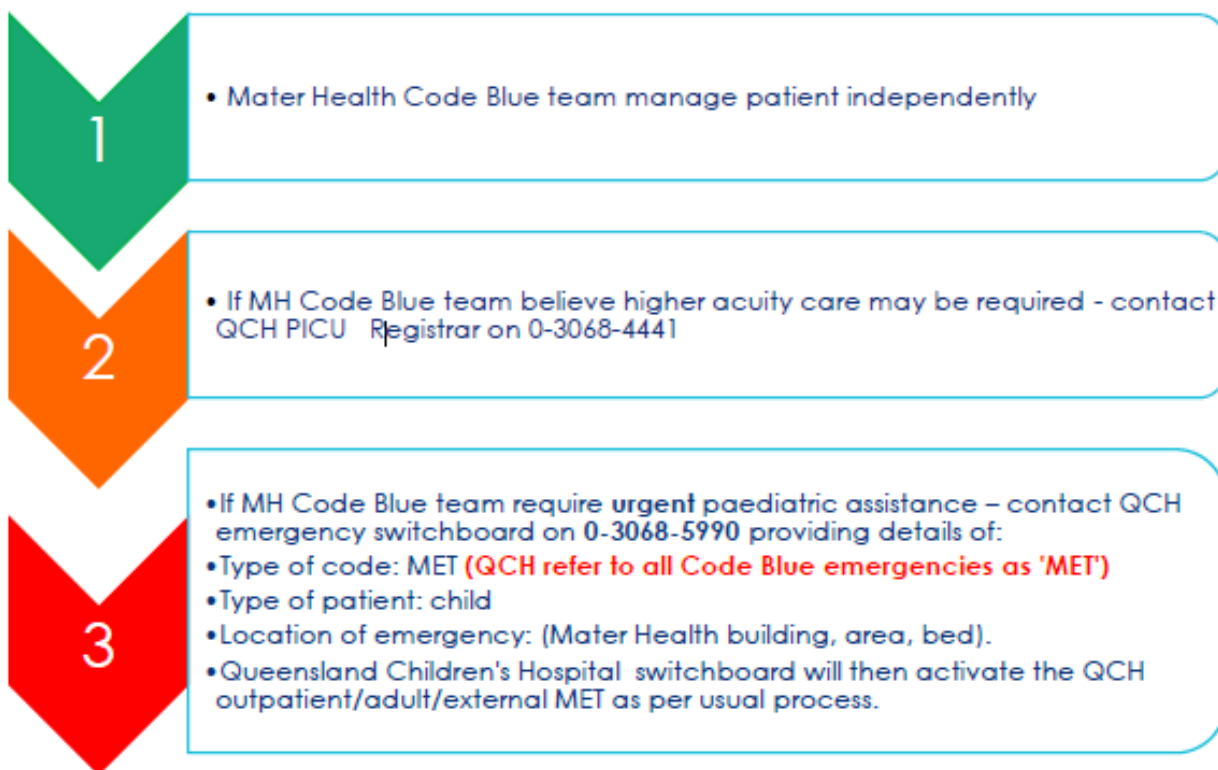*This document is uncontrolled when printed. For current version please scan QR Code*

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3. KEY CLINICAL KNOWLEDGE FOR SAFE PRACTICE

Advanced Life Support (ALS) and Paediatric Life Support (PLS)

Below is Mater's approach to ALS Recertification and what does it may mean for you:
- First time ALS providers need to undertake the full ALS and PLS Certification programs.
- To maintain your ALS certification at Mater, you will need to participate in the ALS Recertification program every 2 years.
- To maintain your PLS certification at Mater, you will need to continue to participate in yearly PLS Recertification.
- In between your recertification of ALS and PLS, it is expected that you actively participate in the pop up and point of care simulations within your area to maintain your resuscitation skills.

Medical Emergency Team (MET) and Code Blue Responses

Residents undertaking rotations on ward call or as a CCSHO (Critical Care Senior House Officer) will be required to perform as part of the MET. The MET will respond to calls immediately, to arrive at the destination within 10 minutes. The MET/Code Blue call will take precedence over all other duties except other life-threatening emergencies occurring elsewhere. The current expectation is that each MET member is compliant with their ALS every 2 years and PLS every 1year. Should you require a recertification or recognition of prior learning for your ALS/PLS, please contact either the MEU or Mater Education on mep@mater.org.au. For further information, please see the 'Medical emergency and Code Blue criteria and response' procedure which is available on the Mater Policy and Procedures Library.

MET/Code Blue Response Zones

Activating A MET/Code Blue at Mater South Brisbane	
CODE BLUE: DIAL 555	
MET CALL: DIAL 555	

Management of Adult Met Calls – Mater Health

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For doctors working at other or multiple Mater sites, please refer to the site specific MET/CODE policies.

Action	Response
MET call activated	**Nominate Clinical Leader** Any member of the MET call team may be designated the clinical leader but in the absence of other decision making the default person will be: MHB/ Salmon/ ARC – Medical registrar Mater Private Hospital – CCMO MMH/MMPH - Medical registrar or O&G registrar MPHR – Redland Public Medical Registrar MPHS – MET call team delegate
Contact consultant/VMO	Clinical leader will ring the consultant/ VMO responsible for the patient.
Patient to remain on ward	a. Clinical leader and consultant to formulate a plan of care for the next 2 hours. b. Consider advance care planning – has the patient appointed a substitute decision-maker is this documented, does the patient have a resuscitation plan in place.
Temporary modifications required	a. Consider if temporary modifications need to be applied to the observations that would otherwise trigger a further MET call. b. Record modifications in the boxes at the bottom of page 1 of the early warning tool.

During 2-hour period following initial MET call – any nurse involved with the patient may still call a MET if they feel the patient is deteriorating notwithstanding the modifications

Action	Response
Two-hour review due	**Business hours** – Patient will be reviewed by 2 hours after the initial call to the consultant by Treating Team: MHB/MMH - Registrar or delegate Private* – VMO or delegate
	After hours – Patient will be reviewed by 2 hours after the initial call to the consultant by: MHB – Medical Registrar or delegate MMH / MMPH* – O&G Registrar on call or Medical Registrar MPHB* – CCSHO or delegate MPHS* – After Hours Medical Officer MPHR* – Notify VMO Treating team/VMO to review plan in the morning or sooner if indicated.

Reassess
Reassess need for ICU review and / or Advance care planning with patient/family.
*If private patients score 4–5 on early warning tool (Q-ADDS, MEWT) or nurse still concerned by 2 hours after initial MET call the VMO is to be contacted to:
a. provide update on patients care including Early Warning score
b. obtain ongoing plan of care.

Paediatric Code Blue Response Flowchart

a.   If the MH paediatric Code Blue team require urgent paediatric specialist assistance in the resuscitation (e.g. respiratory or cardiopulmonary arrest) then a team member should call the QCH Emergency SMO on 0-3068-1080. The QCH Emergency SMO can then call "555" to activate the QCH MET or Code Blue teams.

b.   Alternatively, if the team assess and stabilise the paediatric patient, but wish to escalate the care to a higher acuity setting, the MH paediatric Code Blue team may request a review by the QCH PICU team by calling 0-3068-4441 (QCH PICU registrar).

c.   Areas in Salmon building covered for escalation to QCH include:

    i.   MCPB inpatient ward and medical day unit, Level 7

    ii.   Mater Young Adult Health Centre Brisbane (MYAHCB) (paediatric outliers only) Level 7

    iii.   Parenting Support Centre, Level 7

    iv.   MCPB Day Surgery Unit, Level 5

    v.   MCPB sleep studies unit, Level 4

    vi.   Refugee Health.

d.   QCH School in the Salmon Building will be serviced by a dual response from QCH and MH Code Blue team.

e.   Radiation Oncology Mater Centre (ROMC) will be serviced by a QCH response only.

1
- Mater Health Code Blue team manage patient independently

2
- If MH Code Blue team believe higher acuity care may be required - contact QCH PICU Registrar on 0-3068-4441

3
- If MH Code Blue team require **urgent** paediatric assistance – contact QCH emergency switchboard on **0-3068-5990** providing details of:
- Type of code: MET **(QCH refer to all Code Blue emergencies as 'MET')**
- Type of patient: child
- Location of emergency: (Mater Health building, area, bed).
- Queensland Children's Hospital switchboard will then activate the QCH outpatient/adult/external MET as per usual process.

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MET/Code Blue Team Members and Response Areas

Facility	MET Call	Code Blue
Mater Hospital Brisbane	a. ED registrar b. ICU junior registrar c. PFM/AHM d. Ward services orderly e. Medical registrar on call f. Ward call medical officer – adults g. Clinical nurse specialist service – between 1900-0700hours only h. ICU senior registrar – notification only i. ED ward services orderly – notification only j. Anaesthetic registrar on call – notification only k. ED ALS/PLS trained registered nurse – notification only	a. ED registrar b. ICU senior registrar – respond if available and on campus c. ICU junior registrar d. PFM/AHM e. ED ward services orderly f. Ward services orderly g. Medical registrar on call h. Ward call medical officer – adults i. ED ALS/PLS trained registered nurse j. Clinical nurse specialist service – between 1900-0700hours only k. Anaesthetic registrar on call – notification only
Non-inpatients Mater Hospital Brisbane Mater Campus	a. ED registrar b. ICU junior registrar c. PFM/AHM d. ED ward services orderly e. Ward services orderly f. Medical registrar on call g. Ward call medical officer – adults h. ED ALS/PLS trained registered nurse i. ICU senior registrar – notification only	a. ED registrar b. ICU senior registrar – respond if available and on campus c. ICU junior registrar d. PFM/AHM e. ED ward services orderly f. Ward services orderly g. Medical registrar on call h. Ward call medical officer – adults i. ED ALS/PLS trained registered nurse j. Anaesthetic registrar on call – notification only
Salmon building	a. ED registrar b. ICU junior registrar c. PFM/AHM d. Ward services orderly e. Medical registrar on call f. Ward call medical officer – adults g. Clinical nurse specialist service – between 1900-0700hours only h. ICU senior registrar - notification only i. ED ward services orderly – notification only j. Anaesthetic registrar on call – notification only k. ED ALS/PLS trained registered nurse – notification only	a. ED registrar b. ICU senior registrar - respond if available and on campus c. ICU junior registrar d. PFM/AHM e. Ward services orderly f. Medical registrar on call g. Ward call medical officer - adults h. ED ALS/PLS trained registered nurse i. Clinical nurse specialist service – between 1900-0700hours only j. ED ward services orderly – notification only k. Anaesthetic registrar on call – notification only
Mater Private Hospital Brisbane	a. Critical care Senior House Officer (SHO) b. Clinical nurse specialist service – between 1900-0700hours only c. On call VMO – for paediatric patients only d. Medical officer on call e. ICU team leader f. Staff manager/AHM g. Clinical assistant h. Blood collection i. IVC services	a. Critical care Senior House Officer (SHO) b. Clinical nurse specialist service – between 1900-0700hours only c. On call VMO – for paediatric patients only d. Medical officer on call e. ICU team leader f. Staff manager/AHM g. Clinical assistant h. Blood collection i. IVC services
Annerley Road Rehabilitation Unit (ARRU)	a. ED registrar b. ICU junior registrar c. PFM/AHM d. ED ward services orderly e. Ward services orderly f. Medical registrar on call g. Ward call medical officer – adults h. ED ALS/PLS trained registered nurse i. Clinical nurse specialist service only between 1900-0700 hours	a. ED registrar b. ICU senior registrar – respond if available and on campus c. ICU junior registrar d. PFM/AHM e. ED ward services orderly f. Ward services orderly g. Medical registrar on call h. Ward call medical officer – adults i. ED ALS/PLS trained registered nurse

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	j. Staff manager/AHM k. Clinical assistant – MPHAR l. Blood collection m. IVC services n. ICU senior registrar – notification only o. Anaesthetic registrar on call – notification only p. MPHAR nurse manager (SMS)	j. Clinical nurse specialist service only between 1900-0700 hours k. Staff manager/AHM l. Clinical assistant – MPHAR m. Blood collection n. IVC services o. Anaesthetic registrar on call – notification only p. MPHAR nurse manager (SMS)
Mater Cancer Care Centre	a. ED registrar b. ICU junior registrar c. PFM/AHM d. ED ward services orderly e. Ward services orderly f. Medical registrar on call g. Ward call medical officer – adults h. ED ALS/PLS trained registered nurse i. Clinical nurse specialist service only between 1900-0700 hours j. Staff manager/AHM k. Blood collection l. ICU senior registrar – notification only m. Anaesthetic registrar on call – notification only n. MCCC nurse manager (SMS) o. MCCC manager (SMS)	a. ED registrar b. ICU senior registrar – respond if available and on campus c. ICU junior registrar d. PFM/AHM e. ED ward services orderly f. Ward services orderly g. Medical registrar on call h. Ward call medical officer – adults i. ED ALS/PLS trained registered nurse j. Clinical nurse specialist service only between 1900-0700 hours k. Staff manager/AHM l. Blood collection m. Anaesthetic registrar on call – notification only n. MCCC nurse manager (SMS) o. MCCC manager (SMS)
Mater Mothers Hospitals – adult	a. Medical registrar on call b. Obstetric anaesthetic registrar – will attend if available c. O & G registrar birth suites (6610) d. O & G registrar on call (6611) e. O & G resident birth suites f. O & G resident PAC (please note not rostered 24 hours a day) g. Clinical lead public birth suites h. Patient flow/AHNM i. ICU senior registrar – notification only j. Anaesthetic registrar on call – notification only k. ED ALS/PLS trained registered nurse notification only	a. ED registrar b. ICU senior registrar – respond if available and on campus c. ICU junior registrar d. Medical registrar on call e. Obstetric anaesthetic registrar f. O & G registrar birth suites (6610) g. O & G registrar on call (6611) h. O & G resident, birth suites i. O & G resident PAC (please note not rostered 24 hours a day) j. Clinical lead public birth suites k. Patient flow/AHNM l. Anaesthetic registrar on call – notification only m. ED ALS/PLS trained registered nurse – notification only
Mater Mothers Hospital – neonatal		a. Neonatal birth suite registrar b. Neonatal ICU code nurse c. Neonatal team leader d. Neonatal fellow e. ICU senior registrar – notification only
Mater Childrens Private Brisbane		a. On call VMO b. ED registrar c. ICU senior registrar - respond if available and on campus d. ICU junior registrar e. PFM/AHM f. Ward services orderly g. Medical registrar on call h. Ward call medical officer – adults i. Clinical nurse specialists service only between 1900-0700 hours j. ED ALS/PLS trained registered nurse k. Anaesthetic registrar on call – notification only
Mater Private Hospital Redland	a. RH ED RN with ALS training b. RH Medical registrar	a. RH ED registrar b. RH ED RN with ALS training c. RH medical registrar d. RH AHM e. MPHR AHM

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Patient and Carers' Escalation of Concerns (PACE)

All Mater staff in direct contact with patients, families and carers are required to respond when a patient, family or carer perceives that the usual course of escalation of their clinical concerns has not satisfied their needs and they perceive that the patient is in danger.

The process for escalation of these concerns at Mater is PACE and it offers patients, families and carers another way to get help. It was developed in response to Qld Health's Ryan's Rule. Your role includes:

- informing patients, families and carers of the PACE system – use interpreters when necessary
- once PACE is activated, recognising, addressing and escalating concerns
- completing a clinical review, a review of all clinical documentation (within 10 minutes), and documenting actions
- notifying the patient's treating team
- recording in ERIC the PACE call and actions taken.

It is the patients, family or carers' right to further escalate concerns of deterioration or safety. For the full policy, search for 'Patient, carer or family escalation of concerns' on the Mater Policy and Procedures Library.

Admissions - Patient Flow

A detailed Patient Flow procedure can be found on the Mater Policy and Procedures Library by searching 'Patient flow at Mater Health (South Brisbane)'.

Unplanned Admissions

Admission Process MHB - 0404 819 107 24hour contact number

- MHB ED admissions bed request is through ED Team Leader (TL)
- Prior to accepting a patient, please confirm bed availability. Contact the Patient Flow Manager (PFM) or Afterhours Nurse Manager (AHNM). Other facilities are not to contact PFM or AHNM to request a bed
- Required information: Name, DOB, alert status (i.e. Infections), accepting doctor, diagnosis, UR if available

Planned Admissions

Admission Process MAH - Bookings ext. 8444, Fax. 1827

- Less than 24 hours prior to admission, contact Patient Flow Manager or Afterhours Nurse Manager
- More than 24 hours - require an elective booking form scanned to MAH.BookingOffice@mater.org.au

Admission Process MHB

- MMH PFM/AHNM can be contacted through switch on *9* or mobile 0434 569 364
- Please consult with PFM/AHNM before accepting any external transfers e.g. RSQ (Retrieval Services Queensland) or transfers from other institutions
- If RSQ calls please ask that PFM/AHNM be included in the call before engaging in any clinical conversations or accepting any transfers
- Ante Natal Clinic (ANC)/Gynae admissions must be liaised through PFM/AHNM for bed confirmation

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Admission Process MMH

- Planned admissions are booked through theatre bookings (1910) for Elective Caesarean Section (ELSC)

- Induction of Labour (IOL) are booked from ANC>Birth Suite (BS)

- IOL from ANC are booked through >BS

- ANC/Gynae admissions must be liaised through PFM/AHNM for bed confirmation

Admission Process MPH

- Beds managed by Mater Private Bed Manager ext. 1146

- Beds will always be available for private patients in MPH

- Public and private neuroscience patients are admitted to the Neuroscience Unit, located on Level 8 Salmon building

Contact Names and Numbers

PFM (Monday to Friday 7 am – 3 pm)	ANHM (all other hours)
MHB Mobile: 0404 819 017 Speed Dial: 77053 Ext. 1808 Pager: 4218	MHB Mobile: 0404 819 017 Speed Dial 77053 Pager: 4218
MMH Mobile: 0434 569 364 Speed Dial: 77132 Pager: 0223	MMH Mobile: 0434 569 364 Speed Dial: 77132 Pager: 0223
MPH Ext. 1146	MPH Ext. 1146 Pager: 0611

Contact Details
Bookings Adults Public
Ext. 8444
Fax. 1827
Email MAH.BookingOffice@mater.org.au

Bookings Mothers
Ext. 1910

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Discharges

Please refer to the 'Discharge - including transfers from Mater Health' procedure located on the Mater Policy and Procedures Library. This procedure outlines the minimum requirements to ensure that appropriate and safe processes for discharge and transfer from Mater Health (MH), including transfer from MH to another facility, are followed. See also the Discharge Summary Program – CHaT on page 40.

Hospital in the Home (HiTH)

HITH – Hospital equivalent care delivered to hospital admitted patients in their place of residence (e.g. home, residential aged care facility etc.).

Classified as hospital inpatients throughout the HITH episode of care (transferred not discharged)

Multidisciplinary: SMO, nursing, dietetics, OT, physio, SP, SW, psychology

Adult patients

Service area – within 40km radius of Mater's South Brisbane Campus (call if in doubt)

Common conditions:

> Cellulitis
>
> Pulmonary embolism
>
> UTI
>
> Osteomyelitis/septic arthritis
>
> Venous thrombosis

Patients visited 1 x day per discipline required

7 day service with 24 hours nursing on-call

Medical governance with HITH SMO or remains with the admitting MO as discussed with HITH SMO

When admitting a patient always consider whether they are HITH eligible

Referrals
Call the HITH SMO on ext. 6592 to discuss treatment plan and expected outcomes

Referral made via phone, paper form, or fax Verdi form to ext. 1924

Post-Acute Care (PAC)
Supports early hospital discharge e.g. wound care, management of anticoagulation therapy, allied health

Referrals accepted from doctors, nursing staff, other hospitals, community health centres, home based service providers, other health professionals, family members, clients.

Hours of Operation
Mater at Home Office Monday 7.30 am - 4.30 pm

HITH office ext. 8371 7 am – 5 pm

Weekends – service for HITH patients, limited for other clients

On call – 24 hour nursing for HITH and on-call access for other clients is determined by HITH staff based on clinical needs

Please consider on admission or at any stage of the patient's hospital stay, is your patient HITH eligible?

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Handover – Daily Junior Medical Handover to Ward Call

Mater Adult Hospital Wards

Why
Effective and appropriate clinical handover of patients is an important part of patient safety, and while well developed in the nursing sphere, has not been formalised as well in medical areas. Formalising the process makes daily clinical handover a part of the "standard" daily work of medical staff.

Research shows that face to face handover is the most effective as it allows checking for comprehension, clinical details and patient care plans, as the handover unfolds.

When and Where
Medical units' handover 4.15 pm – 4.30 pm weekdays in Level 9, MHB
(Med A, B, respiratory, gastroenterology, haematology, oncology, palliative care etc.)

Surgical units' handover 4.30 pm – 4.45 pm weekdays in the 8th floor doctors' room
(General surgery units, orthopaedics, ENT, urology, Peri-operative medicine etc.)

Safety Huddle
After hours medical staff are required to attend a team Safety Huddle with Nursing Managers – 7 pm and 12 midnight on Level 3, MHB conference room 3 on weekdays and weekends. A page will be sent as a reminder.

This is an opportunity for flagging the following types of patients:
- ICU/CCU discharge within previous 24 hours
- frequent observations due to clinical deterioration (more often than 4/hourly)
- after hours intra and inter-hospital transfer within previous 24 hours
- after hours transfer from surgery or procedure within previous 24 hours
- direct admissions from ED (i.e. not seen by treating team prior to transfer)
- of clinical concern
- MET call in previous 24 hours

Who
Medical registrar, ward call, CCSHO, CNS x2 (private/public), AHM must attend (anyone else with an interest is welcome to attend (nursing, allied health etc.).

It is the expectation you will free yourself from tasks to attend this brief handover meeting (this is strongly supported by the Director of Clinical Training, Director of Medicine and Director of Surgery). On occasion there will be a "clash" of duties that can't be avoided, and in this instance, you should contact Ward Call later to provide a handover. This should be the exception rather than standard practice.

How
It is not possible to handover every patient from the 15 or so hospital units to the one resident (ward call) so each unit needs to consider how to identify and select those under their care to present. Juniors should discuss with their registrars which patients are appropriate. Clearly, patients such as those described above, or any others you are specifically wanting a review of, should be handed over.

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> All attempts should be made to avoid handing over incomplete tasks from the day. Ward call is busy enough without extra work on their plate. Try to have regular work done in regular hours…IV's, blood tests, results checking, drug orders, med chart re-writes etc.

Present your patients verbally and ward call will take their own notes.

Be prepared to detail what you expect might go wrong, and clearly document what should be done if that happens (see below). This is of particular importance on weekends – please make a habit of documenting on Friday anticipated weekend plans. A simple summary mnemonic can act as a prompt on what relevant information to include in the handover. The SHARED mnemonic is widely used throughout Mater.

An example might be:

Situation   I'm John, currently doing respiratory medicine and I've got a couple of patients I think you should know about for handover.

History   First, is Trevor Smith, a 68 year old man admitted under the respiratory team, for an infective exacerbation of COAD that we've been treating with IV antibiotics.

Assessment   He's been in 2 days and was improving till this afternoon when his saturations dropped and he became more SOB. Clinical examination showed lots of widespread wheeze, nothing focal. CXR shows no pneumothorax or pneumonia. He has settled now with some more nebs, and his vital signs are back to normal.

Risks   He might become short of breath this evening and need to be reviewed.

Expectations   If you have to see him for increasing SOB, have a look to see there isn't another nasty cause like a pneumothorax, then give him back to back salbutamol nebs for 20 mins. This should settle things. If it doesn't, call the med reg, or Dr "XYZ" to talk about it. He's not for intubation, and this has been discussed with him and his family.

Documentation   All his med charts and notes are up to date. You can read more about his SOB this afternoon if you need to.

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Antibiotic Stewardship

Prescribing the correct antibiotic at the right time for the right diagnosis is integral to reducing antimicrobial resistance.

I want to prescribe an antibiotic

1. Confirm and document indication in patient's health record

2. Collect appropriate cultures BEFORE commencing antibiotics

3. Check and confirm antibiotic allergy history and where therapeutic guidelines or local guidelines do not have an alternative option, please contact ID for advice

4. Educate patients on possible side effects of antibiotic therapy and how to manage these and when to report them.

> Prescribe according to Australian Therapeutic Guidelines and local guidelines.

Antimicrobial Restrictions Formulary – Adult Patients

At Mater Health, antimicrobials are classified into three groups based on their level of restriction – red, amber, green. **ID approval is required for highly protected (red) and protected (amber) antibiotics being used outside preapproved indications.** Check the restriction status poster for highly protected antimicrobials:

RED – Highly Protected – Approval required from Infectious Diseases physicians		
Amikacin	Ertapenem	Pentamidine
Amphotericin B (lipid complex/liposomal)	Flucloxacillin – oral only (dicloxacillin is preferred agent)	Primaquine
Anidulafungin	Fluconazole – IV	Rifabutin
Antimalarial agents	Fosfomycin	Rifampicin
Caspofungin	Fusidic acid	Teicoplanin (theatres excepted)
Cefoxitin	Imipenem	Tobramycin – IV non-respiratory
Colistin(IV)	Linezolid - oral and IV	Trimethoprim-sulfamethoxazole – IV
Dapsone	**Meropenem**	
Daptomycin		Voriconazole – IV

1. Contact: AMS Physician (ext. 6592) / ID Reg (pager 4073) or ID physician on-call (after hours ext. 6915)

2. If approved, document "ID approved" and number of days approved in medication chart alongside indication

Refer to Antimicrobial prescribing and supply procedure for full list of antimicrobials

I have a patient on antibiotics

In order to optimise patient outcomes and minimise adverse consequences of antimicrobial use:

1. REVIEW microbiology results at 48hours and change to a narrow spectrum antibiotic where possible

2. SWITCH from intravenous to oral, broad to narrow spectrum or cease as soon as feasible

3. Monitor for complications associated with antibiotic therapy e.g. diarrhoea, new onset rash.

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Adult Sepsis

1. Sepsis is a medical emergency claiming thousands of lives each year.

2. The most up to date version of the Adult Sepsis Pathway – inpatients can be searched for in Mater Policy and Procedures Library, which may be accessed here or via ZENworks.

3. Other sepsis resources on the Mater Policy and Procedures Library include:

   a) Sepsis Pathways - Emergency Department pathway and guidelines including empiric antibiotic treatment table

   b) Maternal sepsis pathway and guidelines for sepsis management in pregnant women

   c) Guidelines for initial management of febrile neutropenia.

4. For patients with sepsis, inform nurse looking after patient of antibiotics prescribed to ensure timely administration.

> For sepsis, commence antibiotics **within 60 minutes** of sepsis **recognition** (within **30 minutes for febrile neutropenia**)

Surgical Prophylaxis

1. Surgical antibiotic prophylaxis dose and timing must be **clearly** and **accurately** documented on the anaesthetic record.

2. Prophylaxis should not extend beyond 24 hours, regardless of the surgical procedure.

3. If post-operative antibiotic prophylaxis with CeFAZolin is to be prescribed, this will be dosed as:

   CeFAZolin 1 g every 8 hours i.e. 8 hours and 16 hours after pre-incision dose.

4. Document post-operative prophylaxis in National inpatient medication chart **before** they leave theatre.

5. For patients with documented antibiotic allergies and where therapeutic guidelines or local guidelines do not have an alternative option, please ring ID for advice. For patients with penicillin allergies consider referral to ID outpatients for consideration of allergy de-labelling.

> **Optimal prescribing of surgical prophylaxis:**
> a) Single dose within 1 hour of pre-incision
>
> b) Post-operative antibiotics avoided for clean / clean-contaminated surgery

   o   to support antibiotic prescribing

   o   review results of audits

   o   access local procedures and guidelines.

2. For further information, please contact an ID Physician via switchboard or Diana Moore, Quality Coordinator Care Standards on ext. 2810.

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Pathology

Mater Pathology is the pathology provider for all Mater Hospitals and has collection centres throughout Brisbane and the greater community. Testing can be requested through Verdi and/or by manually completing a Mater Pathology request form. To assist you with pathology processes, Mater Pathology has compiled some helpful reminders to ensure patient care is maximised and risk is reduced.

The processes of pathology can be segmented into three key areas:

- requesting

- collecting

- distribution.

It is vital that the following guidelines be adhered to when utilising Mater Pathology services.

Requesting

The pathology process always starts with the generation of a request form. At Mater, these can be generated either electronically using Verdi or manually by filling out a Mater Pathology request form. Please note, Verdi generated request forms are the preferred pathology request form. Additionally, certain tests will cause specific questions to pop up in Verdi. To assist with testing, it is crucial these questions are answered accurately.

- Whilst generating a Mater Pathology request form, it is crucial that all identification requirements are fulfilled. These include:

  - Patient's Full Name (1)

  - Patient's Date of Birth (2)

  - Patient's UR Number (3)

  - Patient's Medicare number (4).

- It is recommended that the patient's chart sticker be placed at the top of manual request forms to ensure these details are provided.

- If a Mater Pathology request form is manually filled, it is important that the handwriting is legible. This will assist with the expediency of processing Pathology requests.

- Please list the specific tests required and avoid vague phrases, e.g. request "HSV1/2 PCR" rather than "viral studies".

- Please ensure relevant clinical notes are detailed in the clinical notes section.

- Please describe the actual specimen collection site, e.g. "swab from left lower leg ulcer" rather than just "wound swab".

- If there are multiple requests on a single form, please clearly define which test(s) apply to each request, e.g. tissue 1 –MCS; tissue 2 - AFB; tissue 3 - MCS & fungi.

- To ensure urgent samples are truly identified and processed accordingly, only requests that are definitively urgent should be marked urgent. Marking non-urgent samples as urgent can cause an imbalance in processing and delay samples that are actually urgent from being processed.

- After completing all other details, please make sure to include the requesting Doctor's details on the form, including, name and provider number.

Please see below for an example of a Mater Pathology request form generated in Verdi.

Mater Pathology Verdi Request Form

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Mater Pathology
Mater Laboratory Services APA 000526 RCPA/NATA Accreditation No. 2623
Mater Misericordiae Health Services Brisbane Limited ACN 096 708 9222

ERF

Pathology Request
Transfusion Request

Patient Last Name, Given Names	Sex	Date Of Birth	Unit Record Number
TEST PATIENT, Verdi **1**	F	15/02/1979 **2**	3214666 **3**

Patient Address	Post Code	Patient Location
Mater Health Services, Raymond Terrace South Brisbane QLD	4101	**SPCL**

Medicare Number: **4**	Private Health Fund: NIB Health Funds Ltd (NIBG)	In Patient Status Outpatient	Home Phone Number: 0731637555
Veteran Affairs Number N123456	Policy Number: 12345m	Patient Category: N/A	Mobile Phone Number: 0401236876

Tests Requested   ERF No. VP18127716   Self Determine ☐

FBC

Fasting Required	☒
Non Fasting Required	☐
Pregnant	☒
Hormone Therapy	
LNMP	
EDD	

For Crossmatch / Group and Hold Serum / Blood Product Ordering
Indicate Number of Units Required: Clinical Indication for Transfusion:

Red Cells	☐	Blood Group _____	Antibodies _____
PED Red Cells	☐	Anti D in the last 3 months?	Yes / No
Platelets	☐	Pregnancy in the last 3 months?	Yes / No
Fresh Frozen Plasma	☐	Transfusion in the last 3 months?	Yes / No
Cryoprecipitate	☐		
Other Blood Product	☐		
Irradiated	☐	CMV Negative ☐	Date Required _ _ / _ _ / _ _ _ _ Time _ _ : _ _

Site of Cytology

Cervix	☐
Vaginal Vault	☐
Endometrium	☐
Other	☐
Post Natal	☐
Post Menopausal	☐
Radio Therapy	☐
IUCD	☐
Abnormal Bleeding	☐
Previous Surgery	☐

Appearance

Benign	☐
Suspicious	☐

Clinical Notes   Do Not Send Reports To My Health Record ☒

Clinician Contact Details
Phone: ____   Page: ____
Public ☐   Private ☐   Schedule ☐   Bulk Bill ☒

DOCTORS SIGNATURE AND DATE OF REQUEST
27/06/2018 16:51

HOSPITAL STATUS of patient at specimen collection or date of service

☐ a private patient in a hospital
☐ a public patient in a hospital
☐ an outpatient of a recognised hospital

Copy Report to - External

CC Mater South Brisbane Medical Records

Requesting Dr Surname / Initial / Address / Provider Number

Collector Declaration
I certify that I have collected the accompanying sample from the above patient whose identity was confirmed by enquiry and / or examination of their name band, and that I have labelled the sample immediately following collection.

Signature _____   Name _____
Payroll Number:

Collection Date:	Containers:
Time:	

Fasting State at TOC:
8 - 12 hours ☐
13 - 16 hours ☐
Not fasting ☐

HW or Collect Stamp

Medicare Assignment
(Sectionm 20A of the Health Ins)
MEDICARE ASSIGNMENT (Section 20A of the Health Insurance Act, 1973) I offer to assign my rights to benefits to the approved pathology practioner who will render the requested pathology service(s) and any eligable pathologist determinable service(s) established as necessary by the practioner.

Patient Signature _____   Date / /
(Reason Patient cannot sign)

This form is generated for use within Mater Health Services. Your treating practitioner has recommended that you use Mater Pathology. You are free to choose your own pathology provider. However, if your treating practitioner has specified a particular pathologist on clinical grounds, a Medicare rebate will only be payable if that pathologist performs the service. You should discuss this with your treating practitioner. Mater Health Services is not responsible for payment of tests performed by a different pathology provider.

Privacy Note:The information provided will be used to assess any medicare benefit payable for the services rendered and to facilitate the proper administration of government health programs,and may be used to update enrolment records.Its collection is authorised by provisions of the Health Insurance Act 1973.The information may be disclosed to the Department of Health and Ageing or to a person in the medical practice associated with this claim,or as authorised

For Patient Copy: Please Photocopy at Time of Collection

Completed By: Mr Bradley Farrell

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Collection

When blood samples are being collected, care should be taken to ensure that the patient is identified appropriately and that the request form is filled out correctly to avoid sample mix-ups which have the potential to critically affect patient care. Before any collection takes place, it is vital that the identification details listed on the request form matches those listed on the patient's armbands.

Sample Identification:

Pathology requirements for specimen acceptance are detailed in MHS Procedure – Blood specimen collection including point of care testing:

1. three identifiers will be documented on the request form

2. two identifiers will be documented on specimen label and must match exactly to the request form.

Suitable identifiers are a) patients full name b) date of birth and c) UR Number.

Specimen will not be processed and a recollection will be required if:

1. the specimen is unlabelled

2. request form not completed as required

3. a completed request form is not included with the specimen

4. the details on the specimen do not match the request form exactly

5. the request form and specimen do not match

6. 'known wrong patient' specimens (incorrect patient) once identified will not be processed.

In addition to patient identifiers, the date and time of collection and the collector's signature are required on all specimens.

Collector Identification:
The Collector Declaration on the pathology request form is required to be completed for all pathology collections by the person performing the collection or taking responsibility for the identity of specimens provided by the patient (e.g. urine samples).

The declaration is required to be signed and the name and Staff ID/Payroll No. of the collector completed.

Collection of Blood

Sample collection tubes are colour coded based on the additive they contain, usually a type of anti-coagulant, which prevents the collected blood sample from clotting.

If a syringe is utilised for collection, the blood must be transferred into the tubes as soon as possible after collection so that the blood can react with the anticoagulant and suspend the clotting process. To achieve this, a transfer device must be utilised to ensure both the integrity of the sample and your personal safety around sharps.

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- Prior to commencing a collection, the correct tubes should be sourced and placed in the order of draw:

Order of Draw	Tube Top Colour	Tube Type & Examples of Common Tests
1st		Blood Culture Bottles
		Sodium Citrate e.g. Coagulation, APTT,PT/INR
		SST (Serum) e.g. Cholesterol, Cortisol, TFT
		PST (Plasma) e.g. ELFT, Iron Studies, Troponin
		EDTA 3ml e.g. FBC, ESR
		EDTA 6ml e.g. Blood Bank testing
		Fluoride Oxalate e.g. Glucose, Lactate
	Other	Other additive tubes

To verify which tube should be collected, please click here. This will help you identify which tube should be collected for each test and the collection and handling requirements.

If collecting a sample via a line, the first 10 mL of blood must be discarded to prevent dilution. This does not apply for the collection of blood cultures.

Collection of Blood Culture Bottles
For collection of blood culture bottles, please do not place a label over the barcodes on the bottle or over the base of the bottle. The site of the blood culture collection should always be noted in the clinical notes. A minimum of 2 and a maximum of 3 sets of blood culture bottles are recommended for a clinically septic adult patient. 8-10ml of blood should be collected in each bottle and 1 aerobic and 1 anaerobic bottle should be collected in each set.

Collection of Coagulation Samples
All coagulation samples are required to be filled to the appropriate line on the light blue top sodium citrate tube to obtain the correct anticoagulant to blood ratio.

Distribution
After collection, all samples pertaining to the request form should be placed in a biohazard bag.

It is crucial that ALL samples are placed in a bag before placing in the pneumatic tube system. Additionally, syringes and/or open samples should **NEVER** be sent in the pneumatic tube system. Only capped syringes may be sent in the pneumatic tube system.

Alternatively, samples can also be hand delivered to Mater Pathology laboratory. Our laboratory is located on Level 6 of Mater Hospital Brisbane.

Once the sample has arrived at our laboratory, they will be processed diligently and accurately by our highly skilled staff.

Please note, if a sample and/or request form does not meet the identification requirements previously outlined, it will be rejected and a recollection requested.

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Contact Details

If you have any outpatients that require a pathology collection, Mater Pathology currently has 3 collection centres located on-site at Mater Hospital:

- Level 4 of Mater Adults

- Level 6 of Mater Private Hospital

- Level 2 of the Salmon building.

For a full list of collection centres, please visit pathology.mater.org.au for more information.

Doctor's line for results: ext. 7500
Specimen Pick Up and Home Collection Service: ext. 8500

To add a test to a pre-existing request:
Fax (preferred method): ext. 8752
Telephone: ext. 8500

Blood Bank

PATIENT BLOOD MANAGEMENT CHECKLIST

Can the transfusion be avoided or minimised?

1. Decision to transfuse should be based on an overall assessment of patient's clinical status in combination with their haemoglobin level.

2. National Patient Blood Management guidelines include recommendations and practice points to support:

   a) Appropriate assessment of patients and correction of anaemia prior to treatment; and

   b) Effective use of fresh blood products for those who require a transfusion.

3. Benefits of the transfusion should always outweigh the risk.

4. Mater has several resources to support the decision to transfuse located in the Transfusion Manual on the intranet

   a) For non-bleeding, haemodynamically stable patients should receive a single unit then be reassessed.

Has patient agreed to the transfusion?

Consent

1. Discuss potential benefits and risks of transfusion with patient and/or carer

2. Provide written information for patient/carer to read

3. Document discussion and reason for transfusion in patient's health record.

Consent forms are available for (i) consent documentation (ii) limited consent or refusal & (iii) surgical consent

Does Blood Bank have a current and valid sample for crossmatching?

Incorrect identification of patients at time of pre-transfusion sample collection remains the most significant cause of patient morbidity and mortality.

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1. Identify the patient correctly using hospital ID band.
2. **Hand label all pre-transfusion samples** with the following:

   a) Last and first name(s) in full and correctly spelt

   b) Health Record Number (URN)

   c) Date of birth

   d) Date and time of collection

   e) Signed by collector.

3. Sign Pathology transfusion request form - by signing this section, the collector takes full responsibility for the correct identification of patient.

4. If the request form or blood sample identification is incorrect the sample will be rejected. Mislabelled samples will delay testing process.

5. For patients where this is their first sample for pre-transfusion testing, where possible a second sample to check blood group should be collected and tested prior to transfusing any red blood cells.

> Valid sample = samples collected within 72 hours of proposed transfusion. For extended expiry refer to **Transfusion Manual.**

Has nursing/midwifery staff been notified?
1. Prescribing a blood transfusion

2. Prescribe orders for blood transfusion using the Blood Transfusion Record form

3. Avoid after hours transfusions in stable patients (between 8 pm – 7 am)

4. Document special requirements (e.g. CMV negative, irradiated & previous transfusion reactions) if concerned discuss with Haematologist on-call (Refer to Fresh blood product procedure)

5. Inform clinical staff caring for the patient of the required blood product transfusion.

Do staff know when to recognise and report a transfusion reaction?
1. Recognise possible features of a transfusion reaction

2. Respond by stopping the transfusion immediately and follow immediate steps listed on blood prescription form

   a) Check correct unit has been given to the patient

3. Severe and life threatening symptoms call MET or code immediately (dial 555)

4. Document transfusion reaction in patient's health record and complete transfusion reaction report form.

What else do I need to know?
1. Complete BloodSafe eLearning course Clinical Transfusion Practice every five (5) years

2. Review information located in the Transfusion Manual e.g. This month's Scorecard Report

3. Ask Registered Nurse/Midwife where blood consent and prescription forms are located

4. For further information, please contact Diana Moore, Quality Coordinator on ext. 2810.

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Infection Control

Infection control is the use of a variety of methods to place a barrier between infected and non-infected people to reduce the transmission of infection. It is not possible to stress strongly enough the importance Mater places on adequate hand hygiene. It is **MANDATORY** that you wash your hands before, between and after seeing patients using the readily available hand hygiene resources. The quality of, and the compliance with hand hygiene, is a source of considerable concern to MHB and is therefore audited regularly.
Please refer to Mater Infection Control Manual for detailed information. A hard copy of the manual (yellow folder) is located in all clinical areas and the electronic manual can be found by searching 'Infection Control Manual' on the Mater Policy and Procedures Library.

Pharmacy and Prescribing at Mater

Mater Pharmacy Services

There is a large department providing clinical pharmacy services and pharmaceutical supply to all Mater Hospitals including South Brisbane, Springfield and Redland. Inpatient service is provided 24 hours, 365 days a year, including evening, weekend and public holiday pharmacists in the inpatient dispensary, and OnCall overnight service. Outpatient pharmacies are on-site at all locations. They are here to help!

Clinical Resources

A variety of point-of-care resources are available on Mater Intranet Resources or Applications pages:

- Clinician's Knowledge Network (CKN) including MIMS, Australian Medicines Handbook (AMH), Australian Injectable Drugs Handbook, electronic Therapeutic Guidelines (eTG), and others

- UpToDate (see p49 for instructions on gaining access)

- Mater-specific prescribing information

- Mater List of Approved Medications (separate to QH LAM)

- Drug availability (select 'Departments' from the left menu, under Quick Links, then 'Pharmacy Services' for the Pharmacy Intranet page

- Forms (also on the Pharmacy Intranet page or on the Mater Policy and Procedures Library).

Medication Safety

The following are a number of Mater Procedures related to medication safety practices that all prescribers must be aware of, which can be accessed via the Mater Policy and Procedures Library:

- Prescribing, Administration and Safe Management of Medications

- High Alert and High Risk Medications

- Medication Abbreviation Plus Tallman

- Intravenous potassium management - excluding adult critical care

- Intravenous potassium management - Adult Critical Care only

- High potency insulin administration

- Anticoagulation using warfarin in adult patients

- Hypertonic Sodium Chloride for Severe Symptomatic Hypotonic Hyponatraemia in Adult Patients.

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The National Prescribing Service (NPS) also has other general Medication Safety Modules (that can contribute to your continuing professional development) which are highly recommended for all prescribers, nurses and pharmacists. These are available here and include:

- Medication Safety 2020

- National Standard Medication Charts 2020.

Prescribing at Mater
Mater List of Approved Medicines (LAM) is administered and developed by Mater Drug and Therapeutics Committee. There are some differences with the Queensland Health LAM. Additions or updates are made upon application to Mater Drug and Therapeutics Committee. Prescribing of any non-LAM medications is at the discretion of the consultant and must be supported by completion of an Individual Patient Use (IPU) form with approval by the relevant authority, based on total cost of treatment. Where the total cost of the full course of treatment is $300 or more, approval must be sought prior to use of the medication, from the Medical Head of Department, Clinical Stream triumvirate, CEO or CFO depending on cost threshold.

Pharmaceutical Benefit Scheme (PBS)
A PBS supply of medication can be prescribed for any patient at discharge or as an outpatient, but not for public inpatient use. PBS prescribing regulations including details of clinical criteria, pack sizes and repeats can be found http://www.pbs.gov.au/
- Restricted items - specific clinical criteria apply for PBS supply of these medications

- Streamlined Authority Code – must be written on the script to confirm clinical indication for PBS supply

- Authority Approval Number – must be written on the script for items where phone approval is required for PBS supply of the medication, or for increased quantities.

Patients **must pay** the relevant co-payment for all PBS and Non-PBS medications supplied on discharge or in the outpatient setting.

Outpatient and Discharge Paper Prescriptions
These may be used for supply from Mater Pharmacy or given to patients to obtain from a community pharmacy. Patients must pay the relevant co-payment when obtaining these medications. Note that discharge prescriptions on the PBS Hospital Medication Chart may only be dispensed by Mater Pharmacy. For any non-PBS medication supplied by Mater Pharmacy the patient will only be charged the equivalent PBS price (general or concession) as a hospital subsidised supply. If the same prescription is supplied by a community pharmacy the full price will be charged. This may be a significantly different for some medications, e.g. ondansetron for hyperemesis not related to chemotherapy or radiotherapy.

Legal Requirements
As specified in the Health Drugs & Poison's Regulation 1996, the following details are required on a legal prescription:
- name and address of patient

- drug name and strength

- dose and directions

- quantity or volume (in figures) and repeats

- prescriber's name, signature and contact details

- date

- doctor's own legible handwriting

Additional requirements for S8 controlled drugs:

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- date of birth

- quantity in words and figures

- one generic medication per prescription (may include multiple formulations)

- paper prescriptions only (not chart scripts – see below).

Failure to write a legal prescription will not only cause frustration for your pharmacist colleagues, but also great difficulty for your patient in obtaining their required medications!

Example of Discharge Prescription

Example of Controlled Drug Prescription

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PBS Hospital Medication Chart (PBS HMC)

This is the standardised medication chart that is used in Mater Hospitals for prescribing, supply and administration of *all* medicines as well as for claiming funds for supply of eligible PBS and RPBS medicines, without the need for a separate prescription (except for controlled drugs). It also retains all the medication safety features of the National Inpatient Medication Chart. Further information is available here.

Prescriber Quick-reference Guide

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First prescriber to complete.
Confirms patient identity
(see back of chart as well)

Prescriber to complete all details for each order *including administration times*

Prescriber to complete for EVERY CURRENT DRUG ORDER. Separate prescription required for controlled drugs. No repeat prescriptions.

Cut off section

Attach ADR sticker

Allergies and adverse drug reactions (ADR)

Affix patient identification label here and overleaf

Not a valid prescription unless identifiers present

First prescriber to print patient name and check label correct:

Regular Medicines

Regular Medicines

Recommended administration times
Guidelines only

SR = Sustained, modified or controlled release formulation.

If scored tablet, then half can be given.

Dose must be swallowed without crushing.

Warfarin education record

Reason for not administering
Codes MUST be circled

Absent	(A)
Fasting	(F)
On leave	(L)
Refused – notify prescriber	(R)
Self administered	(S)
Vomiting	(V)
Withheld – enter reason in clinical record	(W)

SAC: Streamline Authority Code
AAN: Authority Approval Number

Check if patient has another medication chart

Check if patient has another medication chart

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Advance Care Planning Pathway

A3 EOL Education Plan Medical
Author: Diana Moore, End of Life Working Party

Ensuring clarity at the end of Life
... Advance Care Planning = excellence in End of Life care

BACKGROUND
Education of clinicians around values based decision making and advance care planning is essential to ensure patients that are in the last years, months, weeks, days of their lives in acute settings receive care that is aligned with patient preferences.

Effective end of life planning requires open and systematic communication with the patient and their family and carers. Early engagement with patients to discuss values based decision making allows people and their substitute decision maker to make personal decisions about life goals and preferred outcomes. This in turn allows medical practitioners to make medical decisions that respect those preferences.

WHAT IS THE PROBLEM?
There is a disconnect between people's expressed wishes with regards to End of Life care .....
And what actually happens.....
Surveys consistently show that 60-70% of Australians would prefer to die at home

Few (14%) Australians over age 65 die at home
54% die in hospital
32% die in residential care

AND...
There is evidence that healthcare providers are causing harm at the end of life ....

Acute interventions – "non beneficial treatments" often continue until the time of death.... Any treatment, procedures or tests administered to patients who are naturally dying and these
- Will not make a difference to their survival
- Will probably impair their remaining quality of life
- May cause pain or prolonged suffering
- May leave them in a worse state of health than before

WHAT DOES THIS MEAN - Internationally?
Non-beneficial treatments in hospital at the end of life: a systematic review on extent of the problem. M.Cardona-Morrell et. al.

International Journal for Quality in Health Care 2010 28(4), ?pp

ICU admission last 6 weeks of life Prevalence 10%

Chemotherapy last six weeks of life Prevalence 33%

"2 weeks in ICU can save you 1 hour of difficult conversation." Dr Will Cairns, Palliative Care Physician

DIAGNOSTICS – at Mater?
84% expected adult deaths had a resuscitation plan in place
49% expected adult deaths were commenced on EOL carepath

GOAL
Timely and appropriate documentation available should patient deteriorate suddenly

FUTURE STATE – So what is EOL working party doing about it?
Develop multidisciplinary advance care planning procedure

Promote use of Statement of Choices kit - to support end of life decision-making and facilitate shared decision-making

Revise Adult Resuscitation plan (ARP) - pink form – consistent with best practice

Revise End of Life carepath
Implement observation chart for palliative care
Develop bereavement resources and information

ACTIONS – Integrating advance care planning (ACP) into practice
1. Is your patient at risk of deteriorating or dying?
- Would you answer "No" to surprise question?

Have a conversation with the patient/family/carer.

Referrals can be made to Social Work to assist in ACP conversations and documentation

2. Document ACP discussion in chart including
- What forms/written information provided

ACP is a shared responsibility of all healthcare workers.

For complex patients refer to registrar or consultant and consider calling Palliative Care Specialist for advice

3. Patients record their values and preferences
- Know who would speak for them if they couldn't speak themselves

Complete relevant ACP form e.g. Statement of choices

Ensures treatment and care a patient receives in the future aligns with their preferences

4. Consultant or registrar document plan of care
- Plan defines clear outcomes – values based

Resuscitation plan- aligns with patients goals of care.

Planning ahead = timely and appropriate documentation of resuscitation plan

OUTCOMES – document ACP discussion / forms using clinical alerts
- Improved recognition of patients at the end of life – SPICT toll on ARP (Pink) form
- Improved communication and shared decision making – Statement of choices form
- Improved care of patients and their families at the end of life – End of life carepath
- Use IPM Clinical alerts to document ACP discussion & Resuscitation plan in use

WHAT ELSE DO I NEED TO KNOW?
Review resources developed by EOL working party available on MDC

Roadshow
MAC meetings
Clinical Council/Streams
Education COP
Quality Boards

LAUNCH 27th November

Adult Resuscitation Plans (ARPs)

It is recommended that all resident medical officers take the time and opportunity to discuss ARPs with their patients as early as possible during their patient's admission. Any patient over the age of 70 years old or who is acutely unwell should be provided with the opportunity to engage in conversations around end of life planning. Discussing ARPs with patients and their families at a time when they are competent and able to voice their wishes is preferable to when they are acutely deteriorating. ARPs should be completed in consultation with your registrar and consultant in partnership with the patient and their family. RMOs should not complete ARPs without discussion with their registrar or consultant approval. Clear ARPs are a valuable component of the care you provide for your patients and provide clear direction to your fellow colleagues who work after hours, as they may be encountering your patients for the first time during an acute deterioration. If you feel as though your patient requires an ARP, please raise this with your registrar or consultant.

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Health Record Management

Information for Mater Health Service Clinical Staff

Mater Policies
The health record plays an integral role in the delivery of Mater mission and Mater is obligated to ensure that it maintains a complete, accurate and secure record of health services provided to each patient, as described in Mater Health Record Policy. On the intranet, refer to Departments, Information Management, and Policies for a list of all policies available in relation to health information and health record management.

Unit Record Number (URN)
Every patient/client receiving a service from Mater Health Services is allocated a unique URN. The URN uniquely identifies that individual for all encounters / transactions / documents. A person should only have one URN, regardless of where they receive services. If you identify that a patient has more than one URN, notify an administrative staff member to log a job to have it fixed.

Mater Health Record
A health record is a record that contains health information relating to the provision of a health service to individual patients. All health information howsoever captured forms part of the health record. Capture can include paper forms, electronic systems, biomedical devices and other forms of media such as video tapes, films, photos and DVDs.

The health record is a hybrid record whereby information may be contained physically within the paper record, electronically within computer systems or in another format as described above.
The term 'health record' is synonymous with the terms 'medical record', 'clinical record', 'patient record' and 'patient chart'.

A patient may have up to four physical historic (paper) health records depending on where they have received care prior to scanning, as follows:

- Mater Health Services Record – is an integrated record that includes all documentation for care, treatment and consultation received at Mater Hospital Brisbane, Mater Mothers' Hospital, Mater Mothers' Private Hospital, Mater Cancer Care Centre

- Mater Children's Hospital (until November 2014), Mater Children's Private Brisbane Hospital, Salmon Building and all Mater funded ancillary and allied health service providers located at the South Brisbane Campus.

- MPH South Brisbane Record

- MPH Redlands Record

- CYMHS Record(s) (until November 2014)

- Current Attendance Record (CAR) – temporary folder used to hold documentation to be scanned.

Newly created paper clinical documentation is available to view electronically in Verdi and is no longer filed into the paper health record. For record viewing instructions please refer to Appendix 4.

Original information in each paper health record i.e. MHS Record, MPH SB Record, MPH R Record, CYMHS Record is not to be amalgamated or moved between the record types, however the records can be transferred with a patient to assist with continuing patient care within Mater. No original health information is to be kept in alternate records, including departmental records or localised information systems (e.g. Access databases) without the permission of Manager Health Records and Director Information Management.

Cross references need to be maintained between patient information contained in electronic information systems, other media (CDs, DVDs, Video, Audio etc.) and the paper health record.

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Access to Health Records

Health information collected by Mater is only able to be used for the purposes of providing health care.

Use for any other purpose must be referred to the Privacy Coordinator, including for research, study, academic performance and all cases of release of information to patients, guardians and external recipients.

No member of Mater staff may access their own health record or health information, or the record of any friend or family member. If a staff member needs to access such a record for work purposes, they should first inform the Privacy Coordinator on ext. 2666.

Health Record Privacy and Confidentiality

Refer to the Information Sheet on Health Information Privacy and Confidentiality on the Mater Policy and Procedures Library.

Requesting a Paper Health Record

Wherever possible, health records are to be requested via iPM, the Patient Administration System.

Records required for patient attendances will be provided as soon as possible, all other records will be provided within 3 working days except for Research/Survey/Audit which have a 10 day turnaround time.

All health records requested not for patient care purposes are to be viewed within the Health Records Service unless otherwise approved by the Manager, Health Records Service.

Due to the high demand on the research / survey area and the patient health record, requested health records will only be available for a two week period following notification to the requestor, and will then be returned to file unless otherwise negotiated with Health Records Service staff.

Health Record Content

All Mater clinical documentation is to be documented on approved Mater clinical forms and filed in the approved filing order within the health record/CAR.

No loose forms are to be placed inside the health record/CAR front cover unsecured.
All forms and documents to be placed in to the health record/CAR, must contain the following patient identification: URN, Patient Name and Date of Birth.

Using Health Records

The current location of all health records/CARs is to be known at all times, and updated on iPM, the Patient Administration System, including when records are taken by clinical staff between locations.

All records are to be accessible by Health Information Services and Emergency Department staff at all times (24 x 7) and all Mater staff are required to ensure that records are not locked in a place where they cannot be accessed.

No person shall remove a health record/CAR from Mater premises without the express written consent of the Director, Health Information Services. Under no circumstances are patient swabs, fluids or consumables (used or unused) to be attached to or placed within the health record or CAR.

Return of Health Records

Discharge documentation is to occur promptly as the health record is required for clinical coding in order for reimbursement from the health funds or Qld Health to occur.

The paper health record and/or CAR is required to be returned to the respective Health Records Service upon discharge.

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Contact Health Records Service

MHS record – ext. 8774

MPH record – ext. 1156

MHS Scan Centre – ext. 2040

MPH Redlands – ext. 7328

MPH Springfield – ext. 3929

Complaints, Concerns

Please contact the Manager of Health Records Service on ext. 8449 if you have any complaints or concerns in relation to the management and provision of health records.

Health Information Privacy and Confidentiality

Information for Mater Health Service Staff

Legislative Obligations

Mater has an obligation to ensure the security and confidentiality of all health information and is obliged to comply with legislation and standards governing access to and use of health information including the Privacy Act 1988 (Commonwealth). The Australian Privacy Principles are part of the Privacy Act and govern the collection and use of health information.

Mater Policies

Mater's Information Privacy, Confidentiality and Information Security Policies comply with the Australian Privacy Principles. All staff are to abide by all policy statements within these policies. The consequences of non-compliance to these policies may include disciplinary action, termination of employment and legal proceedings. Staff should be aware that all access to systems is monitored for compliance. The key requirements stated within the policies are summarised in this information sheet.

Confidentiality

- Health Information must be kept confidential at all times.

- Wherever possible, information must be collected in a private manner in a place where the parties cannot be overheard. If information is being collected in a public area, staff must ensure that they lower their voices to suit the environment.

- Staff should take care when discussing health information and not to do so within earshot of persons not permitted to share the information.

- When discussing a patient's condition with a patient, staff should be careful to ensure that the patient is happy for any visitors or family members who are present to remain. Staff must not assume that patients are willing to share their health information with family members including spouses.

- Health information must be securely stored and managed at all times; this includes: not leaving health records and clinical documentation unattended at a public counter or location; disposing of health information in a secure manner; not sharing passwords / logins.

- Staff need to be mindful of what health information is viewable on computer screens and systems.

- Health records shall be transported and stored in a manner which does not disclose the personal details of the patient.

Health Information – What You Can Do

- Health information collected by Mater is only able to be used for the purposes of providing health care. Use for any other purpose must be referred to the Privacy Coordinator.

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- In clinical situations, clinicians may discuss health information with patients but all requests for copies of information must be referred to the Privacy Office.

- Mater staff are able to update patient demographic information. Requests to correct any other information must be referred to the Privacy Office.

Health Information – What You Cannot Do

- No member of Mater staff may access their own health record or health information, or the record of any friend or family member. If a staff member needs to access such a record for work purposes, they should first inform the Privacy Coordinator.

- The ability to access health information, via access to paper health records, information systems and printouts, is not a license to access a person's health information.

- No person may destroy or erase health information.

- You shall not email health information to non-Mater email accounts, unless the information is first encrypted as approved by the Chief Information Officer.

When to Contact / Involve the Privacy Office

- when health information is required/requested to be used for purposes other than providing health care, including research, study and academic performance

- when a Mater staff member is required to access health information of a friend or family member

- for all requests for access to, viewing of and copies of health information from patients, guardians, other healthcare providers and facilities and all other third parties

- all subpoenas, summonses to produce documents, search warrants, notices of claim, notices of non-party disclosure, coroner requests for information or any other legal process documents must be immediately forwarded to the Privacy Office for action

- all requests to produce a medical report for any purpose

- all requests for health information from police

- any person wishing to rely on a court order, power of attorney, notice of appointment of guardian or any other legal document must produce the document for inspection and registration by the Privacy Office

- all requests to amend health information (see point above re: demographic information)

- for approval to transfer, release or extract health information and send it external to Mater

- any complaints in relation to patient information collection, accuracy, access, use, disclosure and release.

Coroner Requests

- during office hours of 7.00 am – 4.00 pm, all requests should be directed to the Privacy Office ext. 2666

- outside these hours, all requests should be attended to by the Nurse Unit Manager or After Hours Manager

- a photocopy of all pages of the health record is to be made

- the original health record is to be sent to the Coroner, including a print out of pathology and radiology results from the admission

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- the photocopied health record is to be delivered to the Privacy Office the next working day.

What is the My Health Record?

My Health Record is an Australian Government initiative. It is a secure, online summary of a patient's important health information including allergies, medical conditions and treatments, medication information, advance care planning documents, and diagnostic reports. It was previously known as the Personally Controlled Electronic Health Record (PCEHR). More information about the My Health Record is available on the government website here.

Who can access the My Health Record for a patient?

A healthcare provider is authorised by law to view an individual's My Health Record without seeking consent from the patient, if the provider is accessing the record in order to provide healthcare to the individual. However, through the My Health Record controls, the patient can restrict who has access to their My Health Record. Individuals can restrict access to specific information in their record by applying a Limited Access Code to that specific document, or by applying a Personal Access Code to the entire record. If this occurs when looking at a patient's My Health Record and they have not provided their code, then click out of the record. Do not click the Emergency Access button unless the patient meets the criteria below.

When can Emergency Access be used?

The Emergency Access button should ONLY be clicked if it is necessary to lessen or prevent:

- a serious threat to an individual's life, health or safety and it is unreasonable or impracticable to obtain your patient's consent

- a serious threat to public health or safety.

If you click this button, you will need to provide an explanation on why you clicked it! If it is not for a legitimate purpose, you are breaching the law and penalties may apply.

How do I access information in the My Health Record?

My Health Record is available through Mater's clinical portal called Verdi. It is available under the external portal.

How does a patient withdraw their consent for the Mater to upload their health information to the My Health Record?

Mater does not require patient consent to send information to the My Health Record or to view a patients' information in the My Health Record. However, Mater must be able to collect and take action when a patient does not wish Mater to send information to the My Health Record. This will be collected on the Patient Declaration and Consent Form, which is completed on attendance at the Mater, and will cover the consent for the attendance, and on pathology and diagnostic imaging request forms. When clinicians complete a pathology or diagnostic imaging request form in an ambulatory environment, they should ask the patient if they wish their results to be sent to the My Health Record. Any withdrawal of consent on any of these forms will be recorded in our systems to prevent Mater information being sent to the My Health Record.

More information about Mater and the My Health Record can be found here.

For further information contact Anne-Maree Schneider, Privacy Coordinator on ext. 2666

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4. IT SYSTEMS, PLATFORMS AND PROGRAMS

IT systems, platforms and programs are accessed directly from the ZENworks window, or from the Mater Intranet quick links on the home screen.

ZENworks Window

ZENworks is the screen seen upon logging in to a computer. It is used as a desktop management system to maintain all the applications that can be accessed. Applications can be launched directly from ZENworks.
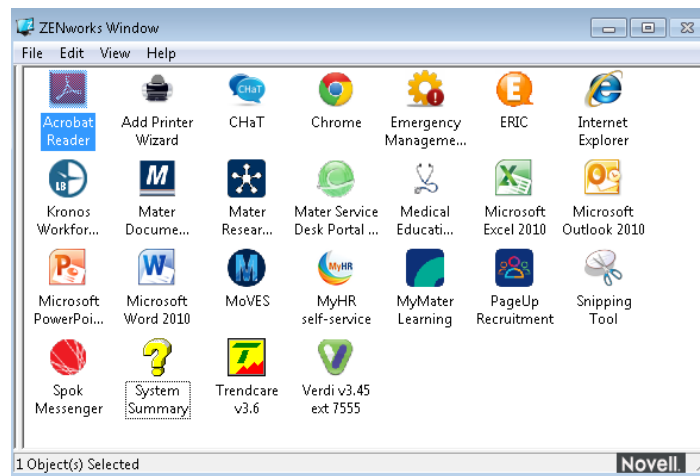
Medical Education Unit (MEU) Website

The MEU website contains information regarding the Medical Education Unit, assessment links, unit handbooks, supervisor resources, and much more. The website can also be access externally from here. More information on the MEU is included on page 53.

Mater Policy and Procedures Library

The Mater Policy and Procedures Library is a central store for the management of corporate documents including policies, procedures, frameworks, guidelines, work instructions, forms, care paths, and other document types as described in the document management framework.

MyHR

MyHR (also known as Aurion) is Mater's people and payroll system. The system enables you to access your pay advice, update your personal details and view your employment details.

ERIC (Events, Risks, Improvements and Compliance)

ERIC is a Mater system used for reporting and managing incidents, risks, improvement activities, complaints and compliments.

VERDI

Verdi is Mater's clinical portal system to view information from source systems and access scanned health records. Verdi is also used for completing Electronic Request Forms (ERF), Internal Referral Forms (IRF) and Result Acknowledgement (RA).

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Face to face training is included as part of your hospital orientation. If you are unable to attend orientation, please advise Mater Education to arrange a suitable date in scheduled sessions. For any assistance required with using Verdi please contact the Verdi Helpdesk on ext. 7555.

Mater Service Desk

If you have a fault, need access to a system, or have a request, you can log a job with the Mater Service Desk (IT) via the ZENworks portal online (preferred method). Alternatively, contact IT on ext. 2000.

Inteleviewer - QLD X-Ray

The radiology services at the Mater Hospital Brisbane are provided by QLD X-Ray. All new doctors will need to apply for access to images via https://www.qldxray.com.au/referrers/new-referrer-application-form/

Inteleviewer Training
- Please email Natasha.koya@qldxray.com.au to organise a face-to-face training session

- Alternatively you can read the Guide to Inteleviewer & Inteleconnect EV on the MEU website http://mededu.matereducation.qld.edu.au/documents-and-forms/

Radiology requests
- Print off your radiology request on the Verdi system and fax it to ext. 1517, OR hand it to reception on Level 4 MHB.

- For urgent requests please mark request as urgent or alternatively call ext. 1945 and speak with the reception staff to streamline your request.

- If you require additional access to other sites or require help in using the system please contact the Doctor Direct line on 1800 779 977.

PACS

PACS is the Medical Imaging program used at Mater for viewing previous imaging.

PACS Viewer
v11.4.1.0324

Searching in PACs:
1. Log in using your Mater payroll and password

2. Select "Search" before any new search to clear all previous search criteria

3. select either "Patient Name" or "UR Number"and type in information of the patient you are looking for

4. all available imaging meeting your search criteria will be displayed
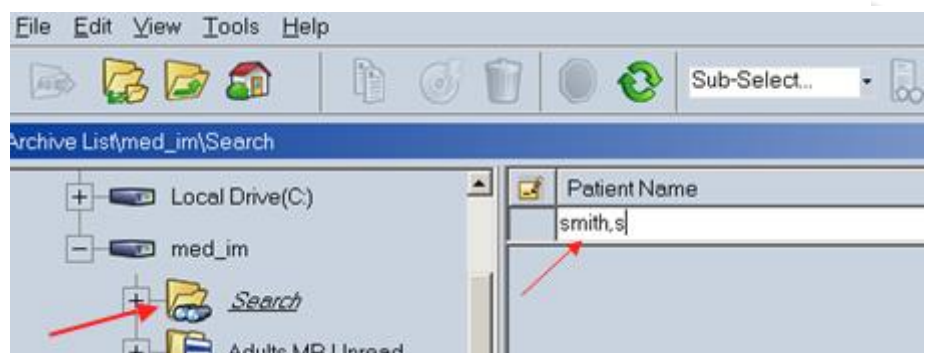
NB - When searching by patient name, the separator is a comma without a space before the first initial.

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Discharge Summary Program - CHaT

CHaT Quick Reference for **Doctors**

General System Information

1. Access the CHaT system through the CHaT icon in the **ZENworks Window** OR the Mater Intranet (Homepage > Applications > Clinical > Discharge Summary - CHaT)

2. In many ways CHaT is like DSS; there is a **worklist**, a **form** to record the summary and the ability to **print** and **send** summaries, but there is a new look and some key differences

3. The appearance of the CHaT summary is aligned with the new **National Discharge Summary Guidelines** and the system design reflects this

4. CHaT uses a single template that accommodates Medical, Nursing and Allied Health input, so **each patient gets one summary per admission**

5. There is **a single public/private template** but there are smarts within the system to handle the different discharge summary processes

6. **All clinical staff have access** (VMOs by request) to the system but initial usage and contributions will be aligned with current DSS practices

7. When in doubt look out for information icons in the system highlighting key information on what to do and how to do it

8. The system has a **series of tabs**. Each of the tabs corresponds with a section on the printed output. Not all patients will have information in all tabs.

9. Look out for **green save buttons**. You will be prompted on leaving a tab if you haven't saved

System Orientation

1. The home screen will contain tips and key information for the user

2. Access to the Help file is located here

3. The top menu is visible throughout the system and contains the 2 main ways to access a patient summary: **Work List** & **Find a Patient**

Resizing your window may cause the top Menu to collapse into this icon

4. The current logged in user can be seen

5. Timeout: can be seen at the top right and is set to 20 minutes, you will get a prompt when the timer gets below 5 minutes

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Completing a Discharge Summary

CHaT Quick Reference for **Doctors**

Completing a Summary – The Quick Version

1. Access to the Patient's admission via the CHaT Worklist or Find a Patient
2. Review the details on the Presentation tab to ensure they are correct
3. Confirm that the default Recipient is correct and add any additional recipients if applicable
4. Under Problems and Diagnoses record the Reason for Presentation and Principal Diagnosis, and any relevant secondary diagnoses, complications and past medical history
5. Review Alerts and Allergies: Include or exclude as required & add any new Alerts or Allergies if essential
6. For surgical/procedural admissions, please import (if available) or manually record Procedure details using the 'Add Procedure' button
7. Record summary details in the Medical Clinical Summary. This must be 'Saved as Final' to enable sign-off.
8. On the Medications tab import the Pharmacy Discharge Medication List if available, this must be done prior to sign-off. Please direct any queries to the ward pharmacist
   - If an Admission Medications List is available please import and edit. In the absence of an importable list, medications will need to be manually added.
9. Record Recommendations for Healthcare Providers as required
10. Complete Information to Patient by editing or deleting any system-automated instructions and adding any additional information specific to the patient
11. Record upcoming Appointment information/reminders for the patient, particularly those relevant to the current admission.
12. Investigations can be imported into the summary. Please limit inclusions to essential results only.
13. To Sign-off the completed Discharge Summary you must have completed all the required information (highlighted on red on the sign-off page)
    - Tick the acknowledgement box and click Sign-off this Summary, the summary is now View Only and will be automatically sent to the recipients as soon as the patient is discharged in iPM
14. Once signed-off the summary can be viewed or printed: please ensure a copy is given to the patient
15. If a summary is required prior to the patient's discharge e.g. referral, OR if you can't complete the required information at the time of discharge, generate a Care Summary (Draft)
    - The Care Summary can then be viewed or printed only (it is NOT automatically sent). The patient will remain on the Worklist until a completed Discharge Summary has been signed off
- For more detailed instructions please refer to the **CHaT Walk-Through** (accessible from the CHaT Help File)
- A more detailed explanation on when summaries are/are not required can be found **here.**

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Secure Messaging at Mater

It is of utmost importance to ensure all confidential information (e.g. de-identified patient information) is communicated via a secure a platform (e.g. from Mater email to Mater email). Mater encourages the use of collaboration tools for work related discussions, provided they are on the list of approved messaging platforms below.

Information Classification	Collaboration Apps					Video Conference	Messaging Apps		
	Yammer (cloud)	Teams, One-Drive & Sharepoint Online (cloud)	Jira (onsite)	Confluence (on-site)	SharePoint (on-site)	See Below	MedX	Text/SMS	What's App
Protected - must not be available unless someone is explicitly granted access to that information for a specific authorised purpose E.g. Child protection or adoption information	☒	☒	☒	☒	☒	☒	☒	☒	☒
Confidential: Personally Sensitive – only identified people are required to access based on the purpose of the information E.g. Health Records & information, student and staff records, research data containing personal information	☒	☒	☒	☑ Medical Handover Only	☑ *Access MUST be restricted	☑ Vidyo via Mater Telehealth only	☑	☒	☒
				The sharing of personally sensitive information requires the approval of the Mater Privacy Office.					
Confidential: Commercially Sensitive – only identified people are required to access based on the purpose of the information E.g. Financial records, policy interpretations, complaints, building plans	☑ *Access MUST be restricted	☑ *Access MUST be restricted	☑	☑	☑	☑ Teams Video Webex Skype Zoom	☑	☒	☒
*Access MUST be restricted to identified staff based on the purpose of the information									

If a collaboration tool is not on this list but is in use or being considered, a security and privacy assessment will need to be conducted prior to use. Please contact IT on ext. 2000 or via the Mater Service Desk Portal to proceed with the assessment. For further information please refer to the 'Guidelines for the appropriate use of Corporate Collaboration Platforms' document located on the Mater Policy and Procedures Library.

Access to Messaging Applications

To install MedX and/or emails on your personal device please refer to the instructions below. Various Mater Departments are active on Yammer, including Anaesthetics, Obstetrics, and Mater Education. This is a great way to keep aware of what is going on in various areas, e.g. Journal Club, M&M meetings. For access, please request this from the relevant department secretary.

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MedX Installation Guide

Quick Guide for use of MedX Secure Messaging App - Doctors
MedX is a secure messaging app for AHPRA registered doctors, similar to 'WhatsApp' and provides secure (encrypted) communications between doctors. The app can be downloaded to an iOS or Android device.

How to Download and Register the App:
1. go to your Internet Browser address https://medxsms.com/register

2. complete your name and contact information and select 'Send' (a registration code will be returned to you from MedX) – registration usually takes up to ten minutes during business hours depending on AHPRA check

3. open iTunes App store or Google play - Search and download the MedX Secure Messaging (MedXAU) free app

4. first time user will need to select 'Register' within the app – enter the registration code provided by MedX.

Sending and Receiving and Email:
1. you are able to search for a person from the 'search' icon from the top menu

2. select 'Chat' to commence the conversation.
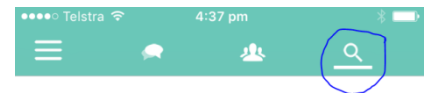
Setting Up and Using Group Messaging:
1. select 'group' icon from top menu

2. select 'New Group'

3. enter group name and select 'Save' - Test group saved

4. add members by opening group (touch on group name)

5. select the 'i' symbol and then the 'add member' symbol - opens persons to search from

6. select person and add to group (offers selection of member or admin – admin is able to add or delete members from the group)

7. add multiple people.
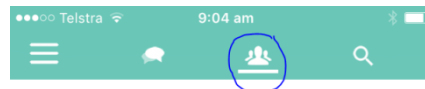
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Accessing Mater Emails Externally

Webmail: https://webmail.mater.org.au

Install Emails on an Android Device

The following steps will guide you through configuring Active Sync on Android based Mobile Devices:

1. go to Settings and click on Accounts and Sync
2. click ADD / "+"
3. select Exchange Active Sync
4. enter your email address and password, and then click manual setup
5. enter your Mater email address as your email address
6. enter "webmail.mater.org.au" as the server address
7. enter "MHS" as the Domain
8. enter your payroll number as the Username
9. and finally your password
10. please ensure that SSL connection is selected and then click save
11. select push mail if you like your emails to be received instantly, or smart sync if you would like them to come through at a set frequency
12. provide a name for the email account (e.g. John's Mater Emails)
13. in the next screens you should see a security message, effectively providing ActiveSync access to control your emails. This is required
14. open your email application and select Mater Email. This will complete your Android ActiveSync setup.

Install Emails on an IOS Device (IPhone)

The following steps will guide you through configuring Active Sync on IOS (iPhone) based Mobile Devices:
1. go to Settings
2. select Accounts and Passwords (or Mail, Contacts, Calendars on earlier IPhones)
3. select Add Account
4. from the options listed, select Exchange
5. enter your Mater email address and password, and provide an account description (e.g. Mater Emails) then select next
6. enter your Mater email address as your email address
7. enter "webmail.mater.org.au" as the server address
8. enter "MHS" as the Domain
9. enter your payroll number as the Username
10. enter your password and select next
11. once the verification screen is completed, you will be able to choose additional settings of the exchange account. It is possible to enable synchronization for mail, contacts, calendars and reminders.
12. select Save and you should now be able to access your Emails.

*Please note that this process may vary slightly according to which IPhone series you have.

If you would like to review the frequency of your email refresh rate or to delete your account, return to settings > accounts and passwords >Mater Exchange.

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Dictation for Smartphones

You will receive an email (to your Mater account) from iMedX within a day or two of starting at the Mater, which will include your EMDAT user name, password and client name. If you don't receive this, please email au-support@imedx.com and ask for assistance.

Dictation instructions 1

eScription One Smartphone app
Dictating with the eScription One smartphone app is convenient, secure and reliable.

iOS

- Install **eScription One** (Nuance) from the App Store
- Select region **(Australasia) ANZ** when prompted
- Enter your **Login, Password and Client**

  (Select **Save Login** and **Save Password** when logging in and the application will remember your login credentials.)

- Click on the icon then click the + icon to create a new dictation.

- Select a **DOCUMENT TYPE** and a **LOCATION** from the drop down lists
- Enter the **PATIENT UR**
- Select an Appointment Date

- Click to record and to upload the dictation.

  ◊ Wait for the ✓ to confirm that the dictation has uploaded.
  ◊ Click on the ✓ to obtain the *Receipt Code* and *TID* [Transcription ID] for your records. The TID can be used when contacting OzeScribe Support.

Android

- Install **eScription One** (Nuance/EMDAT) from the Play Store
- Select region **(Australasia) ANZ** when prompted
- Enter your **Login, Password and Client**

  (Select **Save Login** and **Save Password** when logging in and the application will remember your login credentials.)

- Click on the **PATIENTS** tab then click the menu, then **New Dictation** to create a new dictation.

- Select a **DOCUMENT TYPE** and a **LOCATION** from the drop down lists
- Enter the **PATIENT UR**
- Select an Appointment Date

- Click to record and to upload the dictation.

  ◊ Wait for the ✓ to confirm that the dictation has uploaded.
  ◊ Click on the ✓ (and then the Info to obtain the *Receipt Code* and *TID* [Transcription ID] for your records. The TID can be used when contacting OzeScribe Support.

Dictation requirements

Please dictate in the following order.

- **Your name.**
- **Patient's name, DOB and UR** — please spell names.
- **Patient's appointment date or the date of the letter.**
- **All recipient names and addresses** — eg "Dr John Smith at the City Clinic in Bourke Street Melbourne".
- **Body of the letter.**

Dictation tips

To maximise turnaround time and accuracy, please;

- *Dictate in a quiet environment*
- *Dictate at talking speed, and avoid talking fast*
- *Dictate only 1 letter per dictation*
- *Spell out any unusual words — such as trial names and acronyms*
- *Spell out any name references mentioned in the body of the letter.*

iMedX Support
📞 1300 727 423   ✉ au-support@imedx.com

iMedX

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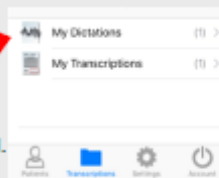
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Dictation instructions

2

EMDAT Mobile Smartphone app—additional information

TRANSCRIPTIONS

The *Transcriptions* icon will display folders synced to OzeScribe with your pending dictations (*My Dictations*) as well as your typed dictations (*My Transcriptions*) which are awaiting review.

Has my dictation uploaded ?

You can check the *My Dictations* folder. Dictations will appear here in less than a minute after being uploaded.

CANCEL A DICTATION

iOS — Click on the folder icon

Android — Click on Menu icon

#### PRIORITISE A DICTATION

Whilst dictating, click on the STAT icon

FURTHER INFORMATION

Links to the iOS and Android manuals can be found on the **InQuiry** homepage (log in at **www.ozescribe.com.au/login**)

SET DEFAULTS

Click on the SETTINGS icon to set a default **Document Type** and **Location** . The default will automatically load with new dictations, but can be changed per dictation as required.
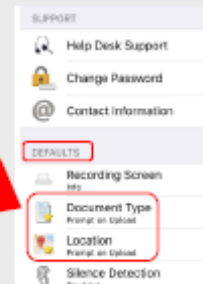
LINK ACCOUNTS

To link accounts (for example, if you have accounts with more than one hospital), click the Account icon then click the ＋ icon. You will then be prompted to enter your login details.

Dictation requirements

Please dictate in the following order.

- **Your name.**
- **Patient's name, DOB and UR** — please spell names.
- **Patient's appointment date or the date of the letter.**
- **All recipient names and addresses** — eg "Dr John Smith at the City Clinic in Bourke Street Melbourne".
- **Body of the letter.**

Dictation tips

To maximise turnaround time and accuracy, please;

- *Dictate in a quiet environment*
- *Dictate at talking speed, and avoid talking fast*
- *Dictate only 1 letter per dictation*
- *Spell out any unusual words — such as trial names and acronyms*
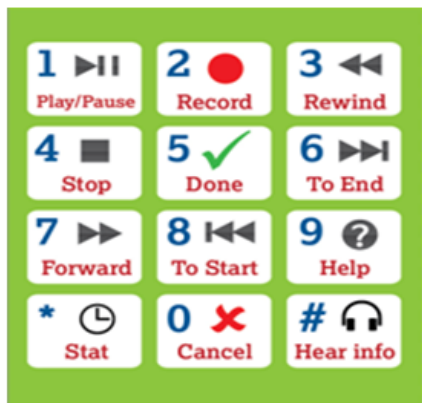- *Spell out any name references mentioned in the body of the letter.*

---

iMedX Support

📞 1300 727 423   ✉ au-support@imedx.com

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Outpatient Letters and Reports

Dictation Instructions

To Dictate: Dial 77180 (internal) or 07 3114 2192 (external)

1. When prompted, enter your **User ID** and press #
2. When prompted, enter a **document type** (see below) and press #

Important Note: Letters are required to be reviewed and completed within 5 days of being transcribed.

1–Letter (Outpatient)

2 - Police Statement	6 – ANC	36 – MECC Letter
3 - Medico legal	7 - Physio (Back Stability)	50 – Surgical Connect
5 – Leap Study	40 - MPH Springfield)	55 – Growth & Development

3. When prompted, enter the **Clinic Location ID (Specialty)** (see below) and press #
4. **Enter the patient's UR number** and press #
5. Press **2** to Record

(Note: you may press the star key ***** any time during the dictation to flag a letter as urgent)

Dictate clearly and remember to state:

- ✓ **Your Name**
- ✓ **Patient name and UR NUMBER** *Important*
- ✓ **GP's name and address**
- ✓ **Patient's appointment date**
- ✓ **Any additional copies required**

Call 1300 727 423 for support

Location (Specialty)

9	Active Rehab	63	IBD Clinical Trials	39	Ortho Surgery Spinal
61	Anaesthetics	64	ILD MDT	40	Paediatrics
54	Antenatal Clinic (ANC)	24	Infectious Diseases	41	Palliative Care
10	Cardiology	68	Inflammatory Bowel Diseases MDT	69	Parenting Support Centre (MM)
11	Craniofacial surgery	71	Mater In Mind	42	Perioperative Medicine
83	Cystic Fibrosis Clinic	25	Maxillofacial Surgery	43	Physiotherapy
84	Cystic Fibrosis Team Meeting	26	Medicine General	75	Plastics
85	Cystic Fibrosis Annual Review	27	Metabolic	61	Psychiatry
12	Dermatology	44	MIDAS (formerly QCIDD)	59	Psychology
13	Dietetics	5	MMH–Physio Final Treatment Report (PFTR)	45	Rehabilitation Medicine
14	Ear, Nose & Throat	4	MMH–Physio Gold Coast Gynae Clinic Treatment Report (PGCGC)	46	Research
15	EEG	58	MYACC	47	Respiratory Medicine
16	Emergency Medicine	56	Neonatology	48	Rheumatology
17	Endocrinology	30	Nephrology	80	Severe Asthma Clinic
18	Gastroenterology	28	Neurology	81	Sleep Clinic
19	Gynae/Onc	29	Neurosurgery	50	Surgery, Breast and Endocrine
20	Gynae/Onc Radiology	31	Obstetrics	49	Surgery, General
21	Gynae/Onc Tumour	32	Occupational Therapy	51	Urology
22	Gynaecology	34	Oncology Private	52	Urology Outreach
23	Haematology	33	Oncology Public	53	Vascular Surgery
57	Haematology Private	35	Ophthalmology	82	Young Adult Respiratory
67	Hepatobiliary Radiology MDT	36	Oral Surgery		
66	Hospital in the Home	38	Ortho Surgery Public		

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Online Editing and Sign-off Instructions

1. Go to the iMedX website www.imedx.com/au/client-login

   A link to this website is also available in the notification email sent to you when your letters are ready.

2. Enter your **Username** and **Password**

   Enter Mater's **Client Code: materhs**

3. Click on the **My Transcriptions** folder to display your list of letters.

4. Click on the **transcription icon** 🔲 for the relevant patient to view the letter.

5. If there is a query from the typist, the green **Comment** icon will flash on the toolbar. To view the comment, click on the icon.

   Close the pop up window and remember to address any clinical queries.

6a. To edit a letter, click on **Edit**. Type in your changes and then click on **Complete/Next** or **Complete**.

6b. If no changes are required, click on **Complete/Next** to authorise the letter and move to the next letter.

Completing a letter will insert the words *'Electronically approved by'* above your name and move the letter to the queue for delivery.

Important Note: Letters are required to be reviewed and completed within 5 days of being transcribed.

To dictate, edit and authorise letters on mobile devices, download the eScription One Mobile App

in the Apple App Store App Store or Google Play Store

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UpToDate

Mater has purchased licences for this evidence-based clinical decision support tool. Access can be gained from the Mater website homepage. Go to quick links, select resources, and then UpToDate in the Clinical Knowledge Bases section. There is also an APP available enabling point of care clinical resolutions to be reached quickly.

To register:
1. go to the UpToDate website from a computer connected to the Mater network
2. click Log In/Register
3. complete all fields and submit.

Upon completion of the registration process you will receive a confirmation email from UpToDate with instructions on downloading the Mobile app.

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5. WORKPLACE SUPPORT

Wellbeing Resource for Medical Officers

Doctor Wellbeing Support information
As doctors, work and the pressures of work-life balance can be a significant source of stress. Anyone may encounter this, to differing levels during their training. Being healthy includes more than just the absence of ill-health. It includes mental, physical and social wellbeing, and it enables you to practice effectively throughout your training and career. Your wellbeing is important and it is essential for you to take care of your own health, for the benefit of yourself, your families, your friends, and for the benefit of your patients and their families. We encourage you to recognise the need to seek help when you experience any concerns or significant stress, especially where your safety or patient safety is a concern.

Below is a list of resources of support you can access in addition to discussing your status with your relevant supervisor and support staff within the Medical Education Unit.

What support is available to me?

At Mater

Mater's Employee Assistance Program; Assure
T: 1800 808 374   W: www.assureprograms.com.au
A short-term, free and confidential counseling service assisting employees with work or personal issues.

Medical Education Unit:
To speak with the Director of Clinical Training or a Medical Education Officer please contact the Medical Education Unit.
T: ext. 8272   E: mededu@mater.org.au

Your Unit Term Supervisor or Clinical Supervisor
Refer to Unit Contact List on the Medical Education Unit Website.

Pastoral Care
Pastoral care is available to support Mater staff and is available for conversations following a traumatic event on the wards and/or personal crisis. Please note that this is not a substitute service to
Mater's Employee Assistance Program but in addition to or as a first step.
T: ext. 6729
Page: 0333

Speaking With Good Judgement (SWGJ)
The SWGJ program is a communication framework that assists Mater people to voice concerns and seek answers to 'what's right' rather than 'who's right' by being curious, respectful and helpful and keeping the basic assumption.

If SWGJ has not solved the problem the next step is to speak with your immediate supervisor or manager. You can also seek the assistance of a local SWGJ coach. After exhausting these options, and you do not feel able to voice concerns any further, you may choose to use Mater's safety net – the online platform called PeerTalk – to report your concerns confidentially.

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Externally

Your personal General Practitioner – remember doctors can be patients too.

Queensland Doctors' Health Programme
T: 07 3833 4352   W: http://dhasq.org.au/
A 24/7 free and confidential helpline that provides advice to medical staff facing difficulties

Mind Check Health Professionals
T: 07 3847 8094   W: https://www.mindcheckhp.com.au/

Lifeline
T: 131 114   W: https://www.lifeline.org.au

Beyond Blue
T: 1300 224 636   W: https://www.beyondblue.org.au

Are you OK?
W: http://www.jmohealth.org.au

Health and Wellbeing Guide for Junior Medical Officers
http://www.pmct.org.au/images/HealthWellbeingGuideJMOs_Jan2016.pdf

On The Wards
W: https://onthewards.org/category/topics/work-life-balance/
W: https://onthewards.org/category/topics/mental-health/

AMSA – Keeping the Grass Greener
W: https://www.amsa.org.au/node/948

College Resources
Most medical colleges have wellbeing advice and resources available to members and future members. To access these, please refer to your current or intended college's website.

The listed resources aren't a comprehensive list of support available, but we trust that it would be of value in the first instance. The ultimate goal is to take care of yourself.

Resolution of Workplace Bullying, Sexual Harassment and Discrimination Complaints

Mater is committed to ensuring a healthy and safe workplace, which is inclusive and conducive to the wellbeing of each employee; free from workplace bullying, sexual harassment and discrimination. All employees at Mater will be treated with compassion, dignity and respect. In the spirit of the Sisters of Mercy, employees also have a responsibility to treat others in the same manner.

Workplace bullying, sexual harassment and discrimination are unacceptable behaviours and will not be tolerated under any circumstances. Any such acts are considered a serious breach of Mater's Code of Conduct. For a copy of the Mater policy, refer to procedure Resolution of Workplace Bullying, Sexual Harassment and Discrimination Complaints on the Mater Policy and Procedures Library.

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Workforce and HR Contacts

Workforce
Olivia Paton
Medical Education Manager
T: ext. 8114   F: 07 3163 8094
E: olivia.paton@mater.org.au

HR
Contact Human Resources via the Mater Service Desk portal on the intranet, or email
HRHelpDesk@mater.org.au or call ext. 8511.

Enterprise Agreement

The Mater Enterprise agreements for Resident Medical Officers, Senior Medical Officers, and Visiting Medical
Officers can be found on the Mater intranet:
http://home.mater.org.au/Mater-People/Executive-Portfolios/Human-Resources/Human-
Resources/Enterprise-Agreements-and-Modern-Awards

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6.   EDUCATION and RESEARCH

Mater Education

Mater Education is a nationally recognised Registered Training Organisation (RTO), and a leading provider of interprofessional healthcare education, clinical training and professional development, with world-class clinical simulation facilities and faculty. Mater Education's clinical educators and simulation experts provide ongoing mentorship to Mater clinicians in developing and delivering simulation-based education and training across Mater.

Mater Education has a range of facilities and teaching spaces of various sizes, designed to comfortably facilitate lectures, tutorials and seminars. Mater Education's world-class medical simulation facility includes:
- high- and low-fidelity suites
- control rooms
- debriefing space
- moulage and dressing rooms.

The Coaching and Development Team provide opportunities for insight and personal growth by offering contemporary leadership programs as well as interpersonal and coaching capabilities. Their suite of offerings provides various opportunities for learning and personal growth, ranging from informal sessions to structured Leadership programs.

The Medical Education Unit (MEU) also sits within Mater Education (see below).

Medical Education Unit (MEU)

The MEU includes a Director of Clinical Training (DCT- part time), a Medical Education Manager (including workforce), a Principal Medical Education Officer (PMEO), a Medical Education Officer (MEO), and a Medical Education Administration Officer (MEAO).

The MEU Facilitates:
- the development, implementation and review of medical education and training for RMOs
- the ongoing accreditation of intern training at Mater
- assessment processes and management of underperformance of RMOs
- recruitment, allocations and rostering
- orientation for Medical Officers
- educational opportunities for Term and Clinical Supervisors
- ensuring all RMOs receive adequate and appropriate supervision and satisfactory clinical training
- advocacy and well-being support for RMOs
- support for Term and Clinical supervisors in their roles through continuing professional development opportunities, and administrative support in relation to RMO education.

The Director of Clinical Training oversees the MEU and reports to the **Director of Clinical Education** on strategic, operational, education and training matters and seeks advice from the relevant Medical Director on recruitment, workforce management and medical administration matters where necessary. The DCT oversees the management of the medical education and training of RMOs during their prevocational years at Mater.

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Mandatory Education / Corporate Required Learning

Learn, Engage, Apply and Perform (LEAP)

LEAP is Mater's new Learning Management System (LMS) used to enrol and/or complete your Corporate Required Learning (CRL) and Essential Learning.

You can access LEAP from the ZENworks screen, or by typing the web address into your web browser: https://mater.sabacloud.com . Please note prior to starting, you will gain access via a different link and password provided in your welcome/orientation email.

LEAP

When logging in you will need to use your payroll ID and @mater.org.au (e.g. XXXXX@mater.org.au) with your Mater network password.

To view / complete your outstanding learning, once logged in:

1. click on the side bar menu

2. select the 'Me' tab

3. select 'Plan' tab

4. view the outstanding learning listed under 'Learning and Certifications'

5. click on a learning module and select 'Launch' to start.

To view your completed learning and to print or save a certificate, once logged in:

1. click on the side bar menu

2. select the 'Me' tab

3. select 'Completed Learning' tab

4. view the courses under 'Completed Learning'

5. select 'Print Certificate' button on drop down menu for the course you wish to print the certificate for (you can also choose to save as a pdf instead of print, using this selection).

Please refer to the Learning Support tab for useful guides and resources to help you navigate the learning system.

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Mater Research

Mater Research is an internationally recognised leader in medical research, driving research-generated evidence into clinical practice for better health care outcomes for patients and the wider community. Over the last two decades Mater Research has evolved into one of Queensland's premier flagship institutions for translating research from the laboratory phase through clinical trials into patient care.

Mater Research spans many different disciplines in medicine and health service research, including parenthood, mental health, cancer, immunology, diabetes, obesity, clinical trials and skills development, all of which intersect with Mater's five flagship research programs addressing pivotal unmet medical needs:

- cancer biology and care
- chronic disease biology and care
- mothers', babies and women's health
- neurosciences and cognitive health
- health services research.

The Mater Research "bench to bedside" concept brings together more than 300 biomedical and clinical researchers working across laboratories at Mater Hill and the Translational Research Institute (TRI) and in clinics at Mater Hospital and affiliated health services. Being part of TRI, Mater Research has a strategic partnership with the University of Queensland Faculty of Medicine, and thus enjoys numerous benefits, including access to funding opportunities, staff training programs, administration and operational support, as well as leverage and collaboration opportunities. Along with Mater Health, Mater Education and Mater Foundation, Mater Research is a key part of the Mater Group that brings together a collective expertise and resources across health, education and research to help to make better health choices. Learn more about Mater Research by visiting their website.

For doctors who plan to conduct a research project while working at Mater (e.g. as part of the requirements for specialist college fellowship training or to follow a passion to combine clinical work with research), note the following:

• Please make early contact with the Research Ethics and Governance Office to introduce yourself and make a time to discuss your proposed study. The Ethics and Governance Office provides support and advice on ethics submission, site specific governance requirements (including privacy office and research agreements). Early discussions and advice helps to expedite the research compliance pathway allowing you to start your research promptly. Visit the Ethics and Governance section of the Mater Research website, or contact them directly on E: research.ethics@mater.uq.edu.au or E: research.governance@mater.uq.edu.au

• The Mater Clinical Trials Unit (CTU) is developing clinical trial capacity and provides the necessary expertise to enable Mater to advance its delivery of safe, efficient, cost-effective health care. The CTU is the single point of contact for clinical trials and provides project support to all investigators conducting funded clinical research. For more details, visit the CTU section of the Mater Research website, or contact them directly on E: clinical.trials@mater.uq.edu.au

• The Research Development Office will help you partner with other researchers and clinicians, identify and manage research funding opportunities, facilitate knowledge transfer, develop skills (e.g. biostatistics, data management, presenting), and they also organise networking events. Visit the Support services for researchers section of the Mater Research website, or contact them directly on E: research.development@mater.uq.edu.au

Mater Research is located in South Brisbane behind the Mater Mothers Hospital in Aubigny Place. You can find Research Compliance (Ethics and Governance) on Level 2, and Research Development on Level 3. You are welcome to drop in or make an appointment to see them.

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