

RMO WARD CALL HANDBOOK

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MEU CONTACT DETAILS

The Medical Education Unit would like to welcome you to this rotation. Please read this handbook in conjunction with the RMO Orientation Handbook which is accessible on the MEU website via Zenworks or <http://mededu.matereducation.qld.edu.au/handbooks/>

MEU Contact Details

If you're experiencing difficulty with any aspect of the term, clinical or otherwise, please contact the term supervisor and/or PVMEO as early as possible.

Director of Clinical Training (DCT)	Ph. 8229
Medical Education Officer (MEO)	Ph. 8431
Medical Education Admin Officer	Ph. 8272
Medical Education Manager	Ph. 8114

INTRODUCTION

Ward Call (WC) Doctors undertake a vital role at Mater Hospital, working as a team to ensure patient safety afterhours. It's a challenging term that includes recognition of deteriorating patients, timely decision-making, working in unfamiliar environments with high staff turnover, prioritisation of workload, and shift work.

This handbook is designed as a quick reference to assist you before and during WC, but does not replace any of the policies/reference manuals on the document centre, in the wards or in ED.

If you are ever unsure about anything, it is essential that you ask a supervisor such as the Medical Registrar, ward nursing staff, or the Consultant (see the escalation flow chart in Appendix 1).

Depending on the scenario, other options include contacting: Medical Registrar/ Surgical Registrar/ Consultant/DCT on call/ MET call / after-hours manager. Always escalate concerns as safe patient care is paramount.

IMPORTANT INFORMATION

Supervision

Term supervision for Ward Call is overseen by the DCT, however your primary supervision will be undertaken by Medical Registrars as your clinical supervisors. It is important that you check in with the Medical Registrar at the beginning of each shift, as well as attend handovers and safety huddles (refer to Team Approach).

Assessment and Feedback

To complete your assessment, seek out the Medical Registrar from whom you have had most frequent clinical supervision and ask them to complete the assessment process with you. If needed, the MEU can seek feedback multisource feedback from other supervisors to contribute to your assessment.

At the end of your term please complete the Unit Evaluation survey and provide us with your feedback. If you wish to discuss WC issues/ areas for improvement at any other time, please contact the DCT.

Rostering and Kronos

Rosters are emailed to your Mater email accounts prior to start of term (or private email if you are rostered for Term 1A). Please contact MEU ext. 8272 to discuss any concerns.

Shifts

As WC is not a flexible role, there is no scope during this rotation to access professional development leave. Rosters are designed to minimise fatigue and as such shift swaps are not acceptable. Please do not make plans to go or fly anywhere during your WC rotation as there is no one to cover you.

Fatigue Management

Shift work and the nature of WC can lead to fatigue issues. Please address fatigue actively by utilising breaks appropriately to rest. If you are not feeling safe to drive home following a shift, please utilise the private sleeping room which is reserved strictly for RMOs. This room is located in the Kelly building and has one bed. Fresh linen is available in the foyer outside of the bedroom. The room is locked and the key can be collected from switchboard (Level 2, MHB) at any time. RMOs who do not want to sleep or rest onsite, who are fatigued and/or not feeling safe to drive home, can obtain taxi vouchers from the NUM that is on at the time. You can contact the NUM via switchboard.

Sick Leave

- If you require sick or personal leave, please refer to the flow chart in Appendix 1.

Dedicated Safety All Hours Space

Conference Room 1 Level 3, MHB has been reconfigured to become the Hub for Safety All Hours. It is a dedicated space for the Hub and those that form the after hours, safety team. To facilitate clinical handover, the CNS, Medical Registrar and Ward Call RMO will collate to the Safety Hub for the evening and night shifts. Adjacent to this space is a kitchenette, and lockers available within the room for your use. Please return the key to the appropriate locker after your shift. Remember during the day this space will continue to be used for the Flow, Tier 2 and 3 Safety Huddles. Please ensure the room remains clean and tidy after your shift.

'Safety All Hours' Electronic Task Management system:

The Safety All Hours Electronic Task Manager has now been implemented across all wards and is the primary method of communication between the wards and the afterhours team. The application will negate the need for SPOK and *6 paging Ward Call RMOs which has demonstrated to be an ineffective form of communication when requesting ward call tasks. The new app will improve efficiency of service and visibility of service delivery.

- Familiarise yourself with the attached Safety All Hours Training Manual
- Collect the iPhone from Level 3 Conference Room 1 – After Hour's Hub, along with the DECT phone, pager.
- Ensure you log in/out and assign yourself to task, to maintain accurate record
- Please ensure at the completion of your shift that all jobs are either completed or handover back to the ward nursing teams or medical day team if they are still outstanding.

TEAM APPROACH

Mater after hours is a team approach to care so communication across members of the safety all hours team is the key. This includes:

Medical Registrar Lead Teams	
Evenings 4 pm - 12 midnight	Medical Registrar Critical Care SHO (CCSHO) Mater Hospital Brisbane Ward Call (MHBWC) Clinical Nurse Specialist (CNS) Phlebotomist
Overnight 11 pm - 8 am	Medical Registrar Night Ward Call (NWC) Critical Care SHO (CCSHO) Clinical Nurse Specialist (CNS)
Weekends	Medical Registrar CCSHO Mater Hospital Brisbane Ward Call (MHBWC)
'Safety Huddle' Team meetings	
When	Mon-Fri: 7 pm, 12 midnight Sat & Sun: 1 pm, 11 pm,
Where	Safety All Hours Hub Level 3, MHB, Conference room 4
Who	Medical Registrar, CCSHO, CNS , Afterhours Nurse Coordinator – public and private; Night Ward Call

WARD CALL (WC) RESIDENT

WC residents provide out of hours cover. Cover is provided:

- From 2 pm till the following morning weekdays, and
- 24 hour cover Saturdays and Sundays

Weekday unit handover to the WC resident takes place

- If RMOs are rostered off in the afternoon – when WC RMO comes on at 3 pm
- Medical Units: 4.30 pm in Safety All Hours Hub
- Surgical Units: 4.45 pm in Safety All Hours Hub

Position	Day Reg.	Critical Care SHO	MHBWC Day	MHBWC Evening	MHBWC Night
	Med Reg.AH Med Reg: Night				
Monday	2 pm – 10 pm 9.30 pm – 9 am	4 pm – 11 pm 10.30 pm – 8 am		3.30 pm – 11.30 pm	8.05 pm – 8.05 am
Tuesday	2 pm – 10 pm 9.30 pm – 9 am	4 pm – 11 pm 10.30 pm – 8 am		3.30 pm – 11.30 pm	8.05 pm – 8.05 am
Wednesday	2 pm – 10 pm 9.30 pm – 9 am	4 pm – 11 pm 10.30 pm – 8 am		3.30 pm – 11.30 pm	8.05 pm – 8.05 am
Thursday	2 pm – 10 pm 9.30 pm – 9 am	4 pm – 11 pm 10.30 pm – 8 am		3.30 pm – 11.30 pm	8.05 pm – 8.05 am
Friday	2 pm – 10 pm 9.30 pm – 9 am	4 pm – 11 pm 10.30 pm – 8 am		3.30 pm – 11.30 pm	8.05 pm – 8.05 am
Saturday	8 am - 4.15 pm 2 pm – 10 pm 9.30 pm – 9 am	8 am – 8.30 pm 8 pm – 08.30 am	7 am – 3.30 pm	1 pm – 9 pm	8.05 pm – 8.05 am
Sunday	8 am - 4.15 pm 2 pm – 10 pm 9.30 pm – 9 am	8 am – 8.30 pm 8 pm – 08.30 am	7 am – 3.30 pm	1 pm – 9 pm	8.05 pm – 8.05 am

Public Holidays

Resident ward call cover for public holidays will consist of the below.

Day	0730-1530 (rostered in the ward/department rosters)
Afternoon	1200-2000 (rostered in the ward/department rosters)
Evening	1530-2330 (rostered in the standard Ward Call roster)
Night	2005-0805 (rostered in the standard Ward Call roster)

ROLES & RESPONSIBILITIES

Mater Hospital Brisbane Ward Call (MHBWC)

MHBWC pager 4710 / DECT ext. 7681

MHBWC resident primarily:

- Responds to public WC activities in MHB and Salmon building from 3 pm to 8 am and escalate medical concerns to the Medical Registrar, or CCSHO. All surgical inpatients should also be discussed with the relevant on call Surgical Registrar.
 - Salmon Building has wards with both private and public patients. These wards include Mater Children's Private (level 7), MYAHCB Ward (Public, level 7), and Neurosciences unit (level 8 - both public and private). It is the responsibility of the **CCSHOs** to respond to medical calls for the elective mental health patients in the Amanda Flynn Clinic, private neurosciences patients and the private paediatrics ward.
- Education is available on request for you to dial in to Tuesday and Thursday FEP at 12:30pm.

Critical Care Senior House Officers (CCSHO):

- Oversee handover meetings
- Take a key role in MET and Code responses in the Private Hospital
- Responsible for CCU after hours admissions and calls.
- Acts as an extra resource and support to WC when struggling
- Assist the afterhours Med Reg with admissions/ reviews (See p. 152 Appendix 1 for CCSHO role details)

Medical Registrar

- New patient admissions; reviews on wards not managed by WC/ CCSHO; provides supervision and feedback

Clinical Nurse Specialist:

This is a 7 day a week service which includes Mater Hospital Brisbane, MPH, Annerley road and all areas within the Salmon Building.

The Clinical Nurse Specialist (CNS) will work closely with medical teams and after hours nurse managers, including participation in the midnight safety huddle, to support the ongoing delivery of high quality after-hours care. The CNS is responsible for providing advanced clinical expertise, consultancy and education to all staff as required. The CNS role participates in the assessment, implementation, evaluation and recommendations of improvement initiatives within the clinical areas to ensure safe practices and quality outcomes, as well as attending, supporting and assisting with MET/Code calls across campus and admission of the patient to ICU if required.

The patient cohort the CNS will round on each shift will include:

- Mets calls in the previous 24 hours
- ICU/CCU discharges within the previous 24hrs

- Patients requiring frequent observations due to deterioration (more than 4th hourly)
- After hours inter hospital transfer within the previous 24hrs
- After hours transfer from surgery or procedure within previous 24 hrs
- Direct admission from ED
- Any patient of clinical concern

The Clinical Nurse Specialist team: Amanda Simmons, Elka Bronn, Bernadette Webster, Hamish Neish
Sam Dadaram, Dorothy Daft, Laura McAfee

Initially these roles will provide clinical support 7 days a week 7 pm – 7.30 am. Staff can be contacted on:

Mater Private: Mobile – 04221 15853 Pager - 4299 Email – clinicalnursespecialists@mater.org.au

Mater Adults: Mobile - 0466 015 382 Pager – 4068 Email – clinicalnursespecialists@mater.org.au

After hours Phlebotomist

Available from 6am – 11 pm to attend to bloods, cannulas, gases, and assist with venous access in MET calls

Pager: 0131

Afterhours Nurse Manager

Senior nurse managing workflow, bed allocation, staffing issues overnight

PRE-COMMENCEMENT

Adult Life Support (ALS)/ Paediatric Life Support (PLS)

It is mandatory that all RMOs complete the face-to-face (F2F) and on-line ALS/ PLS modules **before** starting WC. If you have not completed ALS/ PLS before starting, you must contact MEU on ext. 8272

Prior to starting a WC rotation, seek a face to face orientation with the outgoing WC RMOs/ CCSHO. Contact MEU, ext. 8272 if you are unsure who to contact

Read Prior to Commencing

[Mater Document Centre](#)

- Medical emergency and Code Blue criteria and response
- Clinical handover - procedure

Site Orientation / Handover Must Include:

- Reporting lines (Med Reg, Surg Reg, Consultants)
- Handover expectations using the SHARED structured format. Collate patient details using for example, your VERDI ward list
- Rosters
- Start of Term Checklist and familiarisation:

- Please review on the Mater Policy and Procedure Library ([MPPL](#)):
 - When to call for help/ MET/ code procedure
 - Understanding the role of Q-ADDs/ Children's early warning tool (CEWT)
 - Communication afterhours
 - Teamwork and resource allocation
 - Fluid and electrolyte management
 - Recognition of sepsis and management pathways
 - Pain management
 - Delirium including Code Black
 - Quality improvement and incident reporting
 - Supervision and Assessment (Med Reg or DCT)
 - Know your environment, meet the team, staff introductions and walkthrough wards (incl. Anerley Road campus and parking)

AT COMMENCEMENT OF SHIFT

Shift flow;

- Pick up DECT phone, pager and optional iPhone (can BYOD) for task manager from L3 conference room – 'Safety All Hours Hub'
- 4-4.30pm afternoon hand over from day teams – can be either in person on L3 or over the phone
 - Receive a handover regarding specific patients from Unit RMOs / Registrars or preceding WC doctor (using SHARED handover approach see page 20):
 - Consider SHARED approach for all handovers including patient from the medical unit, surgical unit and shift to shift handover.
 - Encourage tasks to be added to the electronic task manager
- 7pm - safety huddle, L3 conference room 1
- 12am - safety huddle, L3 conference room 1 – **highly recommended that you attend this session**
- 8am – medical huddle, L9, medical registrar room with Dr Chris Corney

Patient Safety Huddle, Level 3, Conference Room 1:

- Monday to Friday, 7 pm and 12 midnight
- Saturday and Sunday, 1 pm and 12 midnight

DURING SHIFT

Provide First Line Medical Cover to the Wards:

- Be immediately available as the primary contact for all calls regarding medical and surgical patients
- Visit all wards for a formal update and report from nursing staff regularly
- You will need to prioritise your tasks according to clinical urgency / acuity

Practical Suggestions:

- Round regularly through each ward and check with the nursing staff for tasks and patients requiring attention

Working strategically this way, you will find that the number of calls and pages actually decline and you will use your time more efficiently.

Other Duties:

- Attend and assist at MET calls/Codes (carry pager at all times)
- Do not attend Operating Theatre except in exceptional circumstances – e.g. massive haemorrhage in an inpatient
(All other surgical assistance requests - the Remote Call Resident must be called in to surgically assist)

AT COMPLETION OF SHIFT

Handover/ Handback:

- Medical – Meet at the level 9 Medical huddle with Dr Chris Corney at 8 am to meet with the morning medical resident staff (weekday mornings) as a way to highlight any patients you have seen overnight
- Surgical - Given the variety of start times, call the required Registrar at 7am to hand over patients related to that unit.
- Weekends - Staffing is reduced on Saturday and Sunday, please be mindful of documenting concerns. Handing over patients that you are concerned about should be upwards. Ensure that the registrars or consultants are aware of your concerns

o Night Handover – Meet WC at 11 pm at *the Safety All Hours Hub Level 3, Conference Room 1*

- Handback – 7 am to 8 am

Handover/ Handback is preferably undertaken F2F **by direct communication** with appropriate staff, but this is not always possible. Ensure good clinical notes are written up for patients you have seen.

- MEDICAL AND OTHER NON-SURGICAL PATIENTS
- Discuss all urgent cases and management issues involving non-surgical patients with the Medical Registrar on duty
- The on call consultant is always available, if for any reason the Medical Registrar is not
- If emergent, and if these teams are unavailable, advice can be sought from the MAH ED Consultant and/or ED Registrar

Surgical Patients:

- Discuss all urgent and/or management issues involving surgical patients with the appropriate Surgical Specialty Registrar on call
- Do not involve other Registrars or Consultants in the management of surgical patients unless:
 - The case is an acute life threatening emergency
 - The Surgical Registrar is unavailable and the matter is of such a priority that it cannot be safely re-visited later
- The surgical nursing staff are encouraged to follow:
 - Where the WC Resident is unable to promptly respond to their request to attend and they have concerns regarding the patient's condition
 - Where the WC Resident is reluctant to or anxious about calling the Surgical Registrar

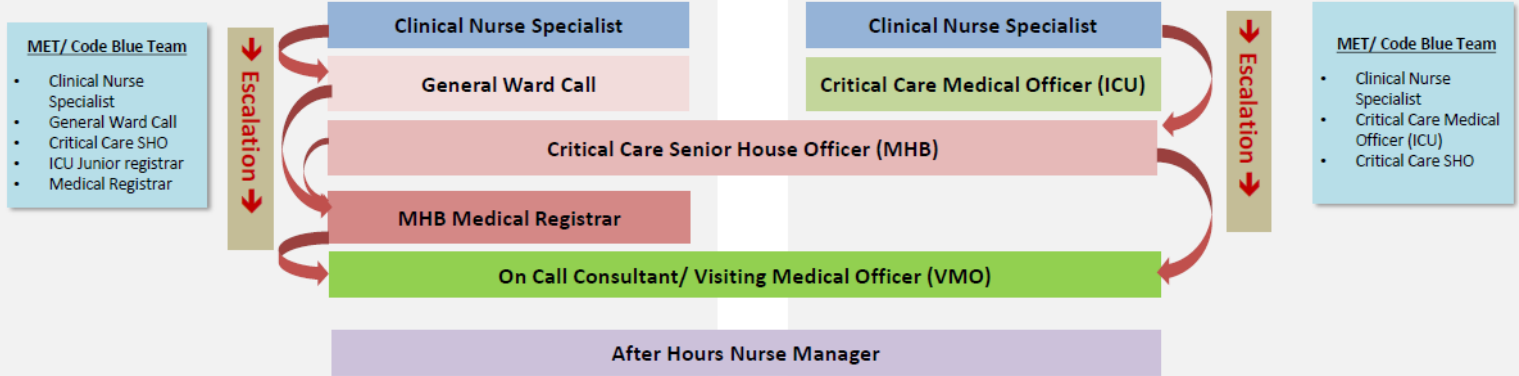
** Return Pager + / - DECT phone to recharger – Safety All Hours Hub, Level 3 Conference Room**

APPENDIX 1: MATER HELATH AFTER HOURS SAFETY SERVICE

MATER HEALTH ADULT AFTER HOURS SAFETY SERVICE

MHB & Salmon Building

MPHB



Key Accountabilities

After Hours Nurse Manager

- Attend After Hours huddle
- Bed Flow
- Sick leave management
- Phone communications
- Staffing / roster coordination
- Non-clinical emergency management
- Attend MET/ Code Blue as required

Escalation flow is indicative only.

Clinical judgement should be exercised when determining the most appropriate escalation point.

On Call Consultant / Visiting Medical Officer (VMO)

- Overall responsibility for patient care
- Highest level clinical escalation
- Available for advice when there are any significant clinical concerns

- Clinical Nurse Specialist**
- Lead After Hours huddle
 - Routine safety rounding through clinical areas
 - Review ICU discharges, specials & recent MET call patients
 - Support and enhance after hours clinical nursing competency and learning.
 - Attend MET/Code Blue

- General Ward Call**
- Attend After Hours huddle
 - Initial ward clinical escalation & reviews
 - Attend MET/ Code Blue

- Critical Care Senior House Officer – MHB**
- Attend After Hours huddle
 - Support Medical Registrar and Ward Call
 - Ward escalation for Ward Call
 - Attend MET/ Code Blue

- MHB Medical Registrar**
- Attend After Hours huddle
 - MHB medical admissions
 - MHB ward review/ escalation
 - Ward Call supervisor
 - Attend MET/ Code Blue

- Clinical Nurse Specialist**
- Lead After Hours huddle
 - Routine safety rounding through clinical areas
 - Review ICU discharges, specials & recent MET call patients
 - Support and enhance after hours clinical nursing competency and learning.
 - Attend MET/Code Blue

- Critical Care Medical Officer**
- Attend After Hours huddle (as able)
 - Based in MPH ICU
 - Attend MET/ Code Blue

- Critical Care Senior House Officer - MPH**
- Attend After Hours huddle
 - Routine safety rounding through wards and CCU
 - Requests for patient review from off site VMOs, CNS and wards
 - Escalation to VMO as required
 - Attend MET/ Code Blue

APPENDIX 2: WARD CALL SICK LEAVE PROCESS

