

Term Description – Handbook – ROVER

1. Term details:			
Health Service:	Northern Health	Term duration:	Maximum: 13 weeks
Location/Site:	Broadmeadows Hospital	Clinical experience - Primary:	C: Acute and critical illness patient care
Parent Health Service:	Northern Health	Clinical experience - Secondary:	B: Chronic illness patient care
Speciality/Dept.:	General Medicine	Non-clinical experience:	(PGY2 only)
PGY Level:	PGY2	Prerequisite learning:	(if relevant)
Term Descriptor:	<i>Assessment and management of patients admitted under general medicine unit. Provide medical care to patients with acute medical presentations of various aetiologies. Participate in admissions, inpatient management, and discharge planning. Attend met calls and code blues and manage deteriorating patients.</i>		

2. Learning objectives:		
<i>EPA1: Clinical Assessment</i>	Domain 1	Obtains person-centred histories tailored to the clinical situation in a culturally safe and appropriate way.
	Domain 2	Recognises their own limitations and seeks help when required in an appropriate way.
	Domain 3	Incorporates psychosocial considerations and stage in illness journey into assessment, acknowledging these factors can influence a patient's experience of illness and healthcare behaviours.
	Domain 4	Makes use of local service protocols and guidelines to inform clinical decision-making.
<i>EPA2: Recognition and care of the acutely unwell patient</i>	Domain 1	Identifies deteriorating or acutely unwell patients
	Domain 2	Works effectively as a member of a team and uses other team members, based on knowledge of their roles and skills, as required.
	Domain 3	Accesses interpretive or culturally-focused services and considers relevant cultural or religious beliefs and practices.
	Domain 4	Raises appropriate issues for review in quality assurance processes (such as at morbidity and mortality meetings).
<i>EPA3: Prescribing</i>	Domain 1	Appropriately, safely & accurately prescribes therapies (drugs, fluids, blood products, oxygen), & demonstrates an understanding of the rationale, risks & benefits, contraindications, adverse effects, drug interactions, dosage & routes of administration
	Domain 2	Maintains patient privacy and confidentiality.
	Domain 3	Acknowledges and respects patients' cultural and religious background, attitude and beliefs, and how these might influence the acceptability of pharmacological and non-pharmacological management approaches.
	Domain 4	Makes use of local service protocols and guidelines to ensure decision-making is evidence-based and applies guidelines to individual patients appropriately
<i>EPA4: Team communication – documentation,</i>	Domain 1	Produces medical record entries that are timely, accurate, concise and understandable.
	Domain 2	Maintains respect for patients, families, carers, and other health professionals, including respecting privacy and confidentiality.

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handover and referrals	Domain 3	Includes relevant information regarding patients' cultural or ethnic background in the handover and whether an interpreter is required.
	Domain 4	Ensures all outstanding investigations, results or procedures will be followed up by receiving units and clinicians.

3. Outcome statements:

Domain 1: The prevocational doctor as practitioner	Domain 2: The prevocational doctor as professional and leader	Domain 3: The prevocational doctor as a health advocate	Domain 4: The prevocational doctor as a scientist and scholar
<p><input type="checkbox"/> 1.1 Place the needs and safety at the centre of the care process, working within statutory and regulatory requirements and guidelines. Demonstrate skills including effective handover, graded assertiveness, delegation and escalation, infection control, and adverse event reporting.</p> <p><input checked="" type="checkbox"/> 1.2 Communicate sensitively and effectively with patients, their family and carers, and health professionals, applying the principles of shared decision-making and informed consent.</p> <p><input type="checkbox"/> 1.3 Demonstrate effective, culturally safe interpersonal skills, empathetic communication, and respect within an ethical framework inclusive of indigenous knowledges of wellbeing and health models to support Aboriginal and Torres Strait Islander patient care</p> <p><input checked="" type="checkbox"/> 1.4 Perform and document patient assessments, incorporating a problem-focused medical history with a relevant physical examination, and generate a valid differential diagnosis and/or summary of the patient's health and other relevant issues</p> <p><input type="checkbox"/> 1.5 Request and accurately interpret common and relevant investigations using evidence-informed knowledge and principles of sustainability and cost-effectiveness</p> <p><input type="checkbox"/> 1.6 Safely perform a range of common procedural skills required for work as a PGY1 and PGY2 doctor.</p> <p><input type="checkbox"/> 1.7 Make evidence-informed management decisions and referrals using principles of shared decision-making with patients, carers and health care team</p> <p><input checked="" type="checkbox"/> 1.8 Prescribe therapies and other products including drugs, fluids, electrolytes, and blood products safely, effectively and economically</p> <p><input type="checkbox"/> 1.9 Recognise, assess, communicate and escalate as required, and provide immediate management to deteriorating and critically unwell patients.</p> <p><input type="checkbox"/> 1.10 Appropriately use and adapt to dynamic systems and technology to facilitate practice, including for documentation, communication, information management and supporting decision-making</p>	<p><input checked="" type="checkbox"/> 2.1 Demonstrate ethical behaviours and professional values including integrity, compassion, self-awareness, empathy, patient confidentiality and respect for all.</p> <p><input type="checkbox"/> 2.2 Identify factors and optimise personal wellbeing and professional practice, including responding to fatigue, and recognising and respecting one's own limitations to mitigate risks associated with professional practice.</p> <p><input type="checkbox"/> 2.3 Demonstrate lifelong learning behaviours and participate in, and contribute to, teaching, supervision and feedback.</p> <p><input checked="" type="checkbox"/> 2.4 Take increasing responsibility for patient care, while recognising the limits of their expertise and involving other professionals as needed to contribute to patient care.</p> <p><input checked="" type="checkbox"/> 2.5 Respect the roles and expertise of healthcare professionals, and learn and work collaboratively as a member of an inter-personal team.</p> <p><input type="checkbox"/> 2.6 Contribute to safe and supportive work environments, including being aware of professional standards and institutional policies and processes regarding bullying, harassment and discrimination for themselves and others.</p> <p><input type="checkbox"/> 2.7 Critically evaluate cultural safety and clinical competencies to improve culturally safe practice and create culturally safe environments for Aboriginal and Torres Strait Islander communities. Incorporate into the learning plan strategies to address any identified gaps in knowledge, skills, or behaviours that impact Aboriginal and Torres Strait Islander patient care.</p> <p><input checked="" type="checkbox"/> 2.8 Effectively manage time and workload demands, be punctual, and show ability to prioritise workload to manage patient outcomes and health service functions.</p>	<p><input type="checkbox"/> 3.1 Incorporate disease prevention, relevant health promotion and health surveillance into interactions with individual patients, including screening for common diseases, chronic conditions, and discussions of healthcare behaviours with patients</p> <p><input checked="" type="checkbox"/> 3.2 Apply whole-of-person care principles to clinical practice, including consideration of a patient's physical, emotional, social, economic, cultural and spiritual needs and their geographical location, acknowledging that these factors can influence a patient's description of symptoms, presentation of illness, healthcare behaviours and access to health services or resources.</p> <p><input type="checkbox"/> 3.3 Demonstrate culturally safe practice with ongoing critical reflection of the impact of health practitioner's knowledge, skills, attitudes, practising behaviours and power differentials in delivering safe, accessible and responsive healthcare free of racism and discrimination.</p> <p><input type="checkbox"/> 3.4 Demonstrate knowledge of the systemic and clinician biases in the health system that impact on the service delivery for Aboriginal and Torres Strait Islander peoples. This includes understanding current evidence around systemic racism as a determinant of health and how racism maintains health inequity.</p> <p><input checked="" type="checkbox"/> 3.5 Demonstrate knowledge of the ongoing impact of colonisation, intergenerational trauma and racism on the health and wellbeing of Aboriginal and Torres Strait Islander peoples.</p> <p><input type="checkbox"/> 3.6 Partner with the patient in their healthcare journey, recognising the importance of interaction with and connection to the broader healthcare system. Where relevant, this should include culturally appropriate communication with caregivers and extended family members while also including and working collaboratively with other health professionals</p>	<p><input checked="" type="checkbox"/> 4.1 Consolidate, expand and apply knowledge of the aetiology, pathology, clinical features, natural history and prognosis of common and important presentations in a variety of stages of life and settings.</p> <p><input type="checkbox"/> 4.2 Access, critically appraise and apply evidence from the medical and scientific literature to clinical and professional practice.</p> <p><input checked="" type="checkbox"/> 4.3 Participate in quality assurance and quality improvement activities such as peer review of performance, clinical audit, risk management, incident reporting and reflective practice.</p> <p><input type="checkbox"/> 4.4 Demonstrate a knowledge of evidence-informed medicine and models of care that support and advance Aboriginal and Torres Strait Islander health.</p>

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		(including Aboriginal Health Workers, practitioners and Liaison Officers).	
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4. Supervision details:

Supervision Role	Name	Position	Contact
DCT/SIT	<i>Dr Chiu Kang</i>	Supervisor of HMO Training	Chiu.Kang@nh.org.au
Term Supervisor	<i>TBC- Dr Michael Farber</i>	Consultant physician	Click or tap here to enter text.
Clinical Supervisor (primary)	<i>TBC</i>	Consultant physician	Click or tap here to enter text.
Cinical Supervisor (day to day)	<i>Consultant on ward service</i>	Consultant physician	Click or tap here to enter text.
EPA Assessors <i>Health Professional that may assess EPAs</i>	<ul style="list-style-type: none"> • Consultant Physician • Registrar 		

Team Structure - Key Staff

Name	Role	Contact
Director of Medicine	Dr Yana Sunderland	Yana.Sunderland@nh.org.au
Head of Unit	Dr Michael Farber	Michael.Farber@nh.org.au
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text

5. Attachments:

R-over document	See below
Unit orientation guide	See below
Timetable (sample in appendix)	See below

6. Accreditation details (PMCV use only)

Accreditation body:	Click or tap here to enter text.
Accreditation status:	Click or tap here to enter text.
Accreditation ID:	Click or tap here to enter text.

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Number of accredited posts:	PGY1: number	PGY2: number
Accredited dates:	Approved date: date.	Review date: date.

7. Approval		
Reviewed by:	Click or tap here to enter text.	Date: Click or tap to enter a date.
Delegated authority:	Click or tap here to enter text.	Date: Click or tap to enter a date.
Approved by:	Click or tap here to enter text.	Date: Click or tap to enter a date.

Appendix							
Timetable example							
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning	Enter Time	Enter Time	Enter Time	Enter Time	Enter Time	Enter Time	Enter Time
	Consultant WR	Registrar WR	Consultant WR	Registrar WR	Consultant WR	Click or tap here to enter text.	Click or tap here to enter text.
Afternoon	Enter Time	Enter Time	Enter Time	Enter Time	Enter Time	Enter Time	Enter Time
	Click or tap here to enter text.	1230-1330 BHS Teaching	Click or tap here to enter text.	12:30 – 13:30 HMO Education CUSP every 4 th Thursday	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Evening	Enter Time	Enter Time	Enter Time	Enter Time	Enter Time	Enter Time	Enter Time
	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Hours	Total	Total	Total	Total	Total	Total	Total

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BHS MEDICAL HMO/Intern	Mon	Tues	Wed	Thur	Fri	Sat	Sun	Mon	Tues	Wed	Thur	Fri	Sat	Sun
HMO 1				0800-2030	0800-2030	0800-2030	0800-2030	0800-2030	0800-2030	0800-1700				
Intern 1	0800-1700	0800-1700	0800-2030	0800-1230	0800-1700			0800-1700	0800-1700	0800-2030	0800-1230	0800-1700		
HMO 2	0800-2030	0800-2030	0800-1700								0800-2030	0800-2030	0800-2030	0800-2030
BHS MEDICAL REG														
Reg 1	0800-1700	0800-1230	0800-2030	0800-1700	0800-1700			0800-1700	0800-1230	0800-2030	0800-1700	0800-1700		
		REGISTRATION TRAINING TIME AFTERNOON							REGISTRATION TRAINING TIME AFTERNOON					
Reg 2	0800-2030	0800-2030	0800-1700	REGISTRATION TRAINING TIME						REGISTRATION TRAINING TIME	0800-2030	0800-2030	0800-2030	0800-2030
Reg 3			REGISTRATION TRAINING TIME	0800-2030	0800-2030	0800-2030	0800-2030	0800-2030	0800-2030	0800-1700	REGISTRATION TRAINING TIME			

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9. Hospital Orientation

Hospital orientation occurs at the beginning of each term. Attendance is mandatory and paid non-clinical time. This is separate to the unit orientation. Follow the [link](#) for details, password: NorthernDoctors

Location	NCHER, Northern Hospital – Epping	185 Cooper Street, Epping 3076
Facilitator	Medical Education Unit	Email: MedicalEducationUnit@nh.org.au
Date	First day of each term	
Start	08:00	

10. Unit Orientation

Unit Orientation occurs at the beginning of each term. Attendance is mandatory and paid time. Orientation that occurs outside of your rostered hours should be submitted as overtime on the overtime reporting portal

Location	Broadmeadows Hospital – Meeting room ½ and online via teams	
Facilitator	Dr Michael Farber	Email: Michael.Farber@nh.org.au
Date	First day of each term	
Start	14:00	

11. Unit Overview

Department	Medicine
Location	Unit 1 Broadmeadows Hospital
Inpatient Beds	20 can fluctuate depending on demand. Divided into 2 units MED A and MED B
Outpatients Clinics	N/A
Day Procedures	N/A
Virtual Unit	N/A

12. Safety

Unit Specific Safety & Risks

Falls

Our patients are at high risk of falls. Please ensure you are familiar with falls prevention policy and strategies

Delirium

Our patients are at risk of developing delirium and often admitted with delirium. Be aware of screening tools for delirium 4AT and treatment strategies

Back Pain

Our unit manages patients with back pain. Careful and thorough review to ensure any significant pathology is identified

13. Communication

Medtasker	Intern, HMO and Registrar roles
WhatsApp	N/A
Pager	For met calls and code blues # ?pager no.
MS Teams	N/A

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14. Handover Process	
Morning	0800-0830 in Doctors' room near unit 1
Afternoon	Handover to the covering HMO on the ward
Night	2000-2030 in Doctors' room near unit 1

15. Shift Structure			
	Intern	HMO	Registrar
Day	08:00 – 17:00	08:00 – 17:00 Mon-Fri And 08:00 – 20:30 7 ON/7OFF	
Afternoon	N/A	N/A	
Night	NA	N/A	
Weekend		08:00 – 20:30	

16. Shift Roles & Responsibilities			
	Intern	HMO	Registrar
Day	Log in to MedTasker Receive handover Team Huddle on Unit Review patients with urgent issues/medical instability RWR or CWR Case conference once a week	Log in to MedTasker Receive Handover Team Huddle on Unit Review patients with urgent issues/medical instability RWR or CWR Case conference once a week	
Afternoon	Check pathology and Radiology results. Prepare discharge documents for the next day Update NOK Handover	Check pathology and Radiology results. Prepare discharge documents for the next day Update NOK Handover	
Night	N/A	N/A	
Weekend		Log in to MedTasker Receive Handover Team Huddle on Unit Review patients with urgent issues/medical instability Review patients handed over by weekday team. Respond to emergencies	

17. Common Conditions

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Common general medicine presentations which include

Cellulitis

CCF

Respiratory infections

Back pain

Falls for investigations

Delirium

We also manage patients with fractures not requiring surgery such as #SNOH and help with discharge process.

18. Common Procedures

IVC

IDC

19. Clinical Guidelines

The My Favourite Links page on the intranet contains the links to a number of useful clinical guidelines

<https://intranet.nh.org.au/applications/>

ETG- Electronic Therapeutic Guidelines

AMH- Australian Medicines Handbook

Up to Date

PROMPT- This site contains the hospital policy and procedure manuals. It can only be accessed from the intranet -

<https://intranet.nh.org.au/departments-and-services/prompt-policy-procedures-guidelines/prompt-policies-procedures-and-forms/>

20. Routine Orders

Pathology	NA
Radiology	NA
Pharmacology	NA

21. IT Programs

EMR	<p>The EMR is in use for documentation, medication ordering and radiology/pathology requests. It is being used for all inpatients, as well as maternity clinics and pre-anaesthetic clinics. Located in the intranet > My Favourite Links > EMR Live Environment</p> <p>EMR Training courses are located on the LMS- https://mylearning.nh.org.au/login/start.php</p> <p>Training is compulsory; you will need to complete the elearning within the first week of commencing.</p> <p>Please contact medical workforce, or check the EMR website for more information on how to complete EMR training https://emr.nh.org.au/</p> <p>When starting a new rotation, please reach out to Term Supervisor to ensure you are oriented to the EMR specific workflows for that unit as well.</p>
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	EMR is NOT a primary communication system. Please use Medtasker and phones for referrals and communication.
CPF	The source of information for all outpatients' clinics, investigations, GP referrals and scanned admission notes prior to September 2023. Located in the intranet > My Favourite Links > CPF https://cpf.nh.org.au/udr/
PACS	XERO Viewer Pacs- https://nivimages.ssg.org.au/ or located in My Favourite Links, look for the CXR icon This is where you can find radiology images
My Health Record	Centralised health record https://shrdhipsviewer.prod.services/nhcn
Safe Script	Monitoring system for restricted prescription medications https://www.safescript.vic.gov.au/

22. Documentation

Admission	Admissions are done on EMR. Please use the admissions format. Most admissions are from TNH ED or EOU and occasionally from TNH wards ie admitted patients
Ward Rounds	Registrar ward rounds daily and consultant ward rounds three times per week. Document using ward round format
Discharge Summary	Use the discharge workflow on EMR Signing and submitting will send an electronic copy to the GP and upload to My health record
Outpatient Clinics	N/A
CDI Queries	MedTasker
Death Certificates	Print 2 copies, sign them and give them to ward clerk. The discharge summary should still be completed in a timely fashion, as should any communication required with outside providers. Death certificates are completed online. Hard copies are to be printed out for the patient file/funeral director, in addition to the electronic submission. https://www.bdm.vic.gov.au/medical-practitioners
Coroners	Reportable deaths: Death certificates should not be completed if it is a Coroner's case. This will require a phone call to the Coroner's office followed by an e-medical deposition. It is important that the medical team identifies patients who will be reported to the Coroner ahead of time. Patients' whose death is reportable will need to have a statement of identification completed by the next of kin, and attachments such as butterfly cannulas etc are left in situ. Any uncertainty about whether a death is reportable should be escalated to the consultant https://www.coronerscourt.vic.gov.au/report-death-or-fire/reportable-deaths

23. Referrals

Internal	Medical consults in Psychiatry and Unit 2 rehabilitations
External	N/A

24. Clinical Deterioration

Escalation Process	If unsure call MET call. Review patient and contact the registrar. There is 24 hour consultant cover. Please contact consultant on ward service or on call after hours with any concerns, deteriorating patient, unexpected deterioration or death.
PreMet	Resident and registrar review

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Code	Resident and registrar to follow standard procedures and discuss with consultant.
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25. Night Shift Support	
Unit	2 HMOs cover the hospital. There are 24 hour medical and surgical consultants on call
Periop	N/A
Take 2 @ 2	N/A

26. Assessments: PGY1 & PGY2	
All forms are located on the Northern Doctors website under the Assessments tab	
Beginning of Term	Meet with Term Supervisor to set learning goals for the term using the Term Description Learning Objectives as a basis for the discussion
Mid-Term & End of Term	To be completed at the mid and end of term meetings
EPAs	Minimum of x2 EPA assessments to be completed per term

27. Mandatory Training	
<ul style="list-style-type: none"> Mandatory Training is located on the LMS- https://mylearning.nh.org.au/login/start.php Mandatory training is compulsory and part of your contract with Northern Health and needs to be completed by the first month of your start date. If not completed you will come of the floor to complete. Hand Hygiene needs to be completed by the end of your first week. If you have completed the mandatory training elsewhere you may be able to apply for recognition of prior learning 	

28. Unit Education	
Tuesdays 1230-1330. Bed side clinical tutorials.	

29. Unit Meetings	
CUSP every fourth Thursday, 1400-1500. Daily huddles	

30. Research and Quality Improvement	
Contact head of unit	

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31. Career Support

Contact head unit

32. Medical Students on the Unit

MD3 students attend ward rounds and ward work during their rotations

33. Rostering

Shift Swap

The doctor initiating the roster swap is responsible for arranging with an appropriate colleague. Once you have arranged a colleague to perform the swap, please email your MWU coordinator and cc in the colleague.

All swaps should be kept to within the pay period fortnight where possible. In exceptional circumstances where this cannot be achieved, please discuss with the MWU coordinator prior.

All shift swaps should be like hours for like hours.

Proposed shift swaps must be emailed to your MWU coordinator for approval.

Unplanned Leave-Notification and documentation process

Personal Leave documentation required:

For 3 single absences per year, the doctor will not be required to provide any supporting evidence to substantiate their personal leave.

For other days absent due to personal illness or injury the doctor is required to provide evidence of illness.

To be eligible for payment, the doctor is required to notify the Health Service **two hours** before the start of their shift, or as soon as practicable.

In hours Monday to Friday 0730 - 1630	Step 1: Medical Workforce Reception 8405 8276	Step 2: Notify unit	Please ensure you notify both MWU & your unit
After hours Monday to Friday Between 1630 – 2200	Step 1: Between 1630 – 2200 Medical Workforce On-call Phone 0438 201 362	Step 2: Notify unit (at a suitable time)	Please ensure you notify both MWU or After Hours (depending on the time) & your unit at a suitable time.
After hours Monday to Friday Between 2200-0730	Between 2200-0730 Hospital / After Hours Coordinator (8405 8110 or via switch)		
In hours Weekends & Public Holidays 0700 - 2200	Step 1: Medical Workforce On-call Phone 0438 201 362	Step 2: Notify	Please ensure you notify both MWU & your unit
After hours Weekends & Public Holidays 2200-0700	Step 1: Hospital / After Hours Coordinator (8405 8110 or via switch)	Step 2: Notify unit	Please ensure you notify both MWU & your unit

Overtime

All overtime should be submitted into the Overtime Portal
This can be accessed via the intranet whilst onsite at Northern Health

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	Please include the reason for your overtime- i.e. ward workload, delayed handover, include UR where relevant.
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34. JMO Rover

The Med B intern generally works Monday to Friday, with a longer cover shift on Wednesday (Med B reg's 'short day'). They work with the Med A HMO (two residents per rotation alternating 7 days on/off) to coordinate resident jobs for the two teams, starting with the ward list (Word document) each morning (which is ideally already updated with new admissions by the overnight residents).

- Update the list daily – (S: drive à Medicine à BHS à BHS Unit 1)
- Save your list of patients on CPF 'BMEDA' or 'BMEDB' depending on your team
- Support your registrar/team by
 - o Checking pathology results and request new ones for the next day
 - o Attending handover at the Unit 1 doctor's write up room with the night HMOs at 0800h and 2000h
 - o Attending all MET calls/Code Blues
 - o Preparing discharge paperwork ahead of time as much as you can

Referrals and admissions

- All patients who come across to BHS have to be accepted by one of the BHS Med Regs (whoever is holding the phone that day)
- Referrals occur around the clock, and can arrive on the ward at any time. New patients often arrive around 5pm or later, so hand them over to night cover to be admitted
- Attempt a goals of care discussions, particularly for older and/or more comorbid patients
- Consider prophylactic Clexane, aperients and analgesia

Discharge paperwork

- There is a high turnover of patients at BHS, with lots of discharges and new admissions taking their place quickly on a daily basis
- One of your main roles is to try to have discharge summaries mostly complete (or at least started!) the day prior to a possible discharge, because often there is no time to do them well in the mornings

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- Try to have discharge scripts/drug charts completed the day prior to discharge to give the pharmacist sufficient time to review them – this is particularly pertinent on the weekends as pharmacy is only open until midday

Radiology

- XRs and CTs can be requested Monday to Friday 0800 to 1630 (x55242)
- Ultrasound is available Daily
- MRIs, nuclear medicine scans, interventional radiological procedures e.g. CT-guided steroid injections and endoscopies only happen at TNH
- o If a patient needs this as an inpatient, the team will need to arrange transport to and from the TNH.
- o Consider if the patient will require a short EOU admission awaiting results or a wait and return ambulance

Pathology

- There is no pathology lab onsite at BHS; all pathology is couriered to TNH
- The VBG machine is in Unit 1 medication room if required (good for use in MET calls)
- A courier comes to pick all tests up Monday to Friday four times a day for non-urgent requests
- If you need results urgently, bloods can be couriered in a taxi outside of these times
- A phlebotomist is on-site Monday to Saturday twice a day (morning + midday) to collect routine bloods
- Leave pathology slips in the compartment clearly labelled 'Pathology Slips' at the nurses' station for routine collection the next day
- If you need blood tests taken outside of routine times e.g. for early morning path, be sure to inform the nursing staff and write this clearly on the request slip
- If you need any tests added on, fax the slip to 0 8405 2098

MET Calls and Code Blues

- All outpatients at BHS will be a 'Code Blue' if they need any medical assistance
- o People frequently present to BHS not realising that there's no ED here, and so will have a 'Code Blue' called for whatever their presenting complaint is – try to call an ambulance early for these patients so that they can be transferred to TNH ED
- The Med B reg is on for MET/Code Blue calls Tuesday and Thursday, the Med A reg Monday and Wednesday and the ACU registrar Friday – this is for the whole hospital, including wards, theatre, outpatient clinics and the dialysis unit

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- Ideally, you will scribe and/or support the reg while they run the call and/or assess the patient
- The site manager is usually the best person to call and coordinate ambulance transfers
- Delivery kits are available in the O&G clinics near reception (hopefully you won't need them – there are no labour wards at BHS and anyone presenting in labour should be immediately transferred to TNH via ambulance)
- It is good practice to call the outpatients Renal registrar at TNH for any calls that happen on the dialysis unit
- The Med teams also respond to pre-METS in dialysis (decide amongst yourself who has the most availability to attend)

35. Document Status

Updated by	Dr Michael Farber	December 2023
Reviewed by	Dr Natina Monteleone	18/01/2024
Next review date		April 2024