

Northern Health

ROVER (Rolling handOVER) – I am a 'living document' that needs your care and attention

ROTATION: COMMUNITY PSYCHIATRY – NOOGAL CLINIC, MILL PARK.

UPDATED BY: Alanna Rottler

CONTACT: Alanna.Rottler@nh.org.au

DATE: 26/7/21

! Please update me as required and send me to fathimaijaza.lafeer@nh.org.au in week 8 of this rotation

TOP TIPS!

1. Don't be afraid to ask anyone for help when unsure
2. Always take patient and midwife/nurse concerns very seriously.
3. Get involved in patient care rather than just documenting and carrying out tasks.
4. Try to have a go at as many procedures you can – they get easier with more practice!

STAFF

The clinic is split into TBI (downstairs) and LTI (upstairs).

TBI: Acute clients/people who need closer support and supervision

LTI: Long-term clients

Key Clinicians: A mix of Nursing staff, social workers, OTs psychologists. They're the first point of contact for the patients at the clinic and know them extremely well.

Clozapine co-ordinator: Will help you manage the Clozapine clients/chase results

GEOGRAPHY

Parking

There is free parking on the street on Wealthiland Dve and on one side of Oleander drive next to the vacant lot.

When you arrive

If you don't have a swipe card, there's an intercom to reception. Introduce yourself to the receptionists (Claudia, Helen and Helen) who will show you around and give you your swipe card.

- Also ask them to help set you up with the Outlook Calendar.

The registrars often arrive closer to 9am/10am depending on what time their first appointment is in their diary. Have a chat with them to see who your main registrar will be.

Dr Kausik Goswami is the lead consultant at the clinic and is your supervisor so introduce yourself when you can.

JMO ROLE & RESPONSIBILITIES

The role

Initially:

In the first few weeks, you'll likely not see many patients on your own depending on how much previous experience you have in mental health.

You'll be writing notes, writing scripts, learning how to do a MH assessment/ECT review/Clozapine review.

If you feel you need more patients/things to do, let the consultant know

Clozapine reviews

Someone will set you up with Clopine Central (Clozapine monitoring system) and walk you through the process

Most of the patients you see on Clozapine are relatively stable.

ECT reviews

Reviews prior to ECT --> Usually have to occur no more than 48hrs prior to their outpatient ECT appointment.

You need to review their MS and monitor for side-effects of ECT

MOCA/Medical review needs to be done after every 6 ECTs or sooner if concerned

Paperwork needs to be signed by a consultant and then handed back to the Key Clinician (or the Duty Worker if KC not on-site) who then physically drop it off at TNH ECT.

Paperwork for the ECT Medical review and ECT prescription can be found upstairs in the pigeon holes.

Scripts

There are 3 different script pads in the clinic: 1 for Clozapine, 1 for Authority Prescriptions and 1 for all other scripts

You'll be asked by KCs to write scripts for patients who have run out of medications.

Ensure you check CPF for the plan/to confirm most recent medications and check safescript if you need to

Record that you've given the script (including no of tabs and repeats) to the KC in CPF as a Medical Review.

Depending on what else is going on, you may be asked to review other patients. The registrars and consultants will always be around to advise you on the plan if you're unsure. Aim to discuss the plans with the allocated registrar/consultant.

WEEKLY EVENTS

Clinical review

- Each consultant has clinical review once a week with the registrars (see the registrar calendar for details). It's an opportunity for the whole team to discuss patients and their plans.

- TBI (acute) clinical review is on Monday

Supervision

- You have supervision for 30-60mins a week with your registrar and with the consultant
- Opportunity to discuss patients, concepts and get some teaching on psychiatry.
- Good opportunity to get any assessment paperwork done

FINDING PATIENT FILES/INFORMATION

CPF:

- Clinic notes are under the MH tab in CPF - Adult MH (The current tab, some go back to early 2000s)
- Helpful things to sort by: Medical Review- Mental health, NWMH Assessment, Clinical Review, 91 day review
- Current ECT records will be under open ECT events

TDS:

A very helpful summary of a patient's full psych history. Can also be found scanned into CPF under "NWMH assessment" but you can copy/paste the word documents to form your notes.

- Find it on your desktop --> shortcuts --> NW MH Users only --> EPI shared folder
- Click into the folder the Statewide MentalHealth UR number starts with and search for the Statewide URNO.

Clinical documentation queries in Medtasker

- Good documentation is critical to provide an accurate record of the patient's stay in hospital, decision making processes and rationale and handover between the multiple clinicians engaged in the patient's care. Remember - "if it is not documented, it didn't happen". Your documentation is also vital for 'clinical coding', which is necessary for Department of Health data reporting and hospital financial reimbursement.
- To ensure accurate and comprehensive documentation in real-time, the Clinical Documentation Specialist (CDS) will identify any deficiencies in documentation in the healthcare record and will query these via Medtasker. These will show up as "CDI Query". Please action these queries by documenting in the healthcare record. This can be done by documenting:
 - on the next progress note (paper format), or
 - on an electronic progress note in CPF by noting "CDI query response", and/or
 - on the discharge summary in CPF

FOOD IN THE AREA:

There are a few cafes on the street and a little food truck.

The food truck next to Serco and Against the Grind are the best.

COMMON CONDITIONS SEEN BY HMO

Schizophrenia

Schizoaffective disorder

MDD +/- psychotic features

Personality disorders (comorbid)

Substance misuse

**this is certainly not an exhaustive list, just what is quite common