

STANDARDS TO BE MET

1. Patient Admission

- 1.1. All patients must be physically reviewed on admission by at least one (1) of the following: Registrar, House Officer, Consultant, Clinical Nurse Specialist (ED) and Nurse Practitioner (ED).
- 1.2. A member of the team responsible for the patient should generally perform this assessment and documentation. Another medical practitioner may assist provided adequate handover is carried out.
- 1.3. A trainee intern or medical student may also assess patients but a registered medical practitioner must take responsibility for this assessment, physically review the patient and contribute to the documentation on admission.
- 1.4. On admission appropriate medical documentation concerning the history, examination findings, investigations and proposed treatment plan is required.
- 1.5. Administrative staff determine the medical specialist responsible for the patient at the time of admission on the basis of the Notice of Admission Form for elective patients and other information given to them. For acute patients, administrative staff use the Hospital Call Roster and other information given to them by medical staff in order to determine the identity of the responsible specialist. Acute patients are admitted to a particular service, under the care of the specialist on call for that day. The responsible specialists name is recorded on the patient's identity bracelet, labels and the front sheet of the hospital notes.
- 1.6. When patients are admitted, RMO staff are required to ensure that the specialist responsible for the patient is notified. Particular care is required to ensure that ENT, dental, maxillo-facial and ophthalmology specialists are notified, as they may not have their own dedicated RMO.
- 1.7. If RMO staff have any doubts about their ability to diagnose and commence initial treatment for a patient, particularly if the patient is seriously ill, then the responsible specialist must be contacted immediately. For cases where the specialist is not on an acute call roster (ENT, dental, maxillo-facial and ophthalmology) there are contact details available via telephony for contacting local specialists
- 1.8. In all cases the responsible specialist must be made aware of every case admitted on the ward round the following day at the latest. Individual responsible clinicians may request and arrange earlier notification arrangements with their junior team.
- 1.9. The purpose of the notification is for the specialist to review the diagnosis, investigations and treatment.
- 1.10. It is acceptable for responsible clinicians to provide advice to junior medical staff by phone in some circumstances. In more complex and uncertain situations the responsible specialist is expected to determine the need to see the patient in person. This determination must take into account the experience level of the junior staff member who is passing on the information and treating the patient. .
- 1.11. If the RMO is not satisfied with the advice or support given by any specialist then the matter should be raised immediately, or as soon as possible, with the Head of Department or Medical Leader of that service. For PGY1's Intern Supervisors can be consulted.
- 1.12. In all cases it is mandatory that the responsible specialist physically review the patient either on the day of, or during the day following, admission.
- 1.13. Either a member of the responsible team or the on call team must review all inpatients on a daily basis and complete appropriate documentation.

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Review Date: Feb 2019	Version No: 4	
Document Steward: Medical Director	Authorised by: Chief Operating Officer	

1.14. Patients presenting at the ED and then transferred to other hospitals for care must be accepted and admitted by a Bay of Plenty District Health Board (BOPDHB) hospital team before such a transfer occurs, in the interests of continuing care of these patients.

2. Handover of Care from one Specialist to Another

- 2.1 If a patient is transferred from the care of one responsible specialist to another it is imperative that communication occurs between the two teams before the transfer of care. The transfer of care and record of communication must be documented in the patient's health record by the team doing the transfer.
- 2.2 Such transfers are sometimes arranged by RMOs. In this instance the accepting specialist must be informed by either a specialist of the transferring team or if being arranged by RMOs, the registrar of their team, of the transfer on that day and the information documented in the patient's health record by the team doing the transfer.
- 2.3 If a transfer of care to another specialist occur, other documentation must be amended such as the front sheet and wristband label.
- 2.4 If a specialist takes planned leave for a period greater than five (5) days, then formal handover of patients should occur before departure, including Éclair delegations.

3. Handover of Patients between RMOs

- 3.1 RMOs work rostered duties; consequently patient care is often handed on from one shift to another. RMOs are required to hand over details of certain patients to the in-coming RMOs.
- 3.2 Overlapping shift time must be provided in order for adequate handover to occur. Handover may occur at registrar level, and / or house officer, and / or specialist level. The handover, as a whole needs to be co-ordinated. It is a team responsibility.
- 3.3 Teams must ensure that details of all admissions during the previous shift are specifically handed over as well as details concerning other inpatients reviewed on ward calls who could remain unstable.
- 3.4 Unstable patients should be reviewed in person, wherever possible. This includes a brief physical review of the patient and the health record by both doctors (incoming and outgoing). This type of handover would take a minimum of 2-3 minutes per patient and possibly longer. For the other patients, details should be handed over verbally from one RMO to another with the receiving RMO taking appropriate notes and agreeing to review the patients at a suitable time according to the treatment plans.
- 3.5 During weekdays, if it is anticipated that there will be ongoing problems with patients that will require the involvement of the after hours specialist, or their teams, the responsible team is required to communicate with the on call team and handover details concerning such patients.

4. After Hours Care

- 4.1 After hours and at weekends the specialists on call for a particular specialty are required to assume temporary responsibility for all patients within that specialty.

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- 4.2 If unexpected patient problems arise after hours junior staff should seek advice from the specialist on call but may choose to attempt to contact the responsible specialist.
- 4.3 The responsible specialist is not obliged to be available when not on call.

5. Decision to Discharge

- 5.1 A doctor / lead maternity carer (LMC) must discharge a patient from hospital and complete the discharge summary.
- 5.2 If a patient self-discharges against medical advice, staff must endeavour to complete relevant documentation with patient signature or document relevant details of occurrence in the patient's health record.

6. Availability of Responsible or On Call Specialist

- 6.1 One or other of these persons must be available to RMOs and other staff, within a safe timeframe, when needed urgently from 0800 to 1800 hours. Outside of those times the on-call availability criteria as per individual contracts applies.

7. Collaborative Care Between Specialists

- 7.1 Responsible specialists or their teams often consult with other specialists / teams regarding particular patients. In general the care of that patient would remain with the original specialist unless there is a clear agreement for the care to be transferred. Any treatment carried out, prescribed or advised by the team or specialist consulted must be clearly documented in the patient's health record and some responsibility for that aspect of care rests with that specialist.
- 7.2 Some specialties (e.g. Paediatrics) assign an on call specialist to review all cases on each day. Such arrangements are acceptable provided the arrangements are well documented and mutually agreed between all specialists within that service.
- 7.3 Anaesthetic care is provided on a consultative basis on the request of the responsible team. Specialist anaesthetists are responsible for the anaesthetic aspects of patient care as below:
- a) Pre-operative Care: Responsibility for either advising or arranging preoperative tests and treatment.
 - b) Intra-operative Care: Responsible for anaesthetic aspects of patient welfare during procedures.
 - c) Post-operative Care: Responsible for anaesthetic aspects of patient care in the recovery room.
 - d) Ongoing post-operative care in the ward is the responsibility of the responsible specialist and team. Anaesthetic advice and support including the Pain Team is available.
 - e) Obstetric epidural services in Maternity.
 - f) Anaesthetic RMOs share all the above responsibilities but are expected to seek advice and support from the anaesthetic specialist to whom they are responsible.
- 7.4 Patients admitted to a high dependency unit remain the responsibility of the responsible specialist. Other specialists may advise and provide some aspects of patient care.

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7.5 If patients are admitted to an Intensive Care Unit (ICU) the responsible specialist delegates all aspects of care to the on call Intensive Care Specialist but is still expected to advise on aspects of care relating to their particular specialty.

8. Nursing & Midwifery Staff Responsibilities and the Patient's Perspective

8.1 Should nursing / midwifery staff have serious concerns about the treatment plan for a patient, and their efforts to have this reviewed by the doctor concerned fail, then they should discuss the matter with the nurse / midwifery manager or shift leader and Duty Manager, and with their support, contact the responsible specialist on call.

8.2 If there are concerns about a specialist's care then the same procedure should be followed and attempts made to contact the HOD or Medical Leader of that service.

9. Patient Requests for a Different Specialist

9.1 Patients are allocated to a particular responsible specialist and team on admission. If a patient at any point wishes to be cared for by a different specialist then the team or specialist should firstly discuss the matter with the patient and then if necessary attempt to accommodate such a request by seeking transfer of the patient to another appropriate specialist. This may not always be possible.

ASSOCIATED DOCUMENTS

- Bay of Plenty District Health Board policy 6.1.2 Medical Responsibility for Patient Care
- Bay of Plenty District Health Board policy 6.1.2 protocol 1 Medical Responsibility for Patient Care - Delegated Responsibilities of RMO's: When to call the consultant on call
- Bay of Plenty District Health Board policy 6.10.2 Clinical Communication
- Bay of Plenty District Health Board policy 2.5.2 protocol 1 Health Record Standards
- Bay of Plenty District Health Board policy 2.5.2 protocol 2 Health Record - Content & Structure
- Bay of Plenty District Health Board policy 6.4.1 Patient Transfers
- Bay of Plenty District Health Board Mental Health & Addictions Service protocol MHAS.A1.9 Transfer of Care
- Bay of Plenty District Health Board Adult Observation Chart (145337)
- Bay of Plenty District Health Board RMO Handbook

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