



# HOSPITAL MEDICAL OFFICERS HANDBOOK

[www.shdh.org.au](http://www.shdh.org.au)

## **Introduction:**

We take this opportunity to welcome you to the staff of Swan Hill District Health (SHDH) and hope that your time with us will be rewarding and mutually beneficial. As you prepare for AMC Clinical examinations you are encouraged to participate in the various learning opportunities that are available and to access Dr. Ernan Hession, Clinical Supervisor, who is available for specific support and assistance you may require. SHDH has a duty Visiting Medical Officer (VMO) rostered daily who is responsible for emergency medicine for the 24 hour period. The duty VMO provides support and supervision and has ultimate responsibility for clinical management. The Director of the Emergency Department, Dr. John Britten, provides direct clinical supervision and education within the Emergency Department. Dr. Britten can be contacted outside of his usual work hours on 0467 712307.

This handbook is supplementary to your medical education and training, orientation program, policies, guidelines and protocols and is intended to assist you in adapting to the work environment at SHDH.

Please remember that VMO's and senior nursing personnel are here to help you and will value you as an important member of the health care team.

## **Conditions of Employment:**

Hospital Medical Officers (HMO's) are jointly responsible to the Clinical Supervisor, Medical Administrator and the Executive Officer – Clinical Services. Terms and conditions of employment are in accordance with AMA Hospital Medical Officer's Certified Agreement 2008.

Like all employees HMO's are expected to comply with SHDH policies and procedures and to be familiar with the Code of Conduct.

HMO's do not have the right to private practice and patients seen in the Emergency Department for primary medical care should be referred to a General Practitioner for ongoing management. If working in the Acute Ward the HMO is directly responsible to the VMO under whom the patient is admitted. As the responsibility for care is vested in the VMO then he/she must be kept fully informed of the patient's condition and any concern with such management should be promptly communicated.

Any difficulties encountered by HMO's should be communicated to the Clinical Supervisor, the Medical Administrator or the Executive Officer – Clinical Services.

## **Hours of Duty:**

Rostered hours are determined by work patterns and award/agreements requirements. Collaborative rostering is the standard and as such the rosters are largely completed by the HMO group and forwarded to Clinical Services Administrative Assistant for checking and publishing. As all departments are subject to budget constraints there is an expectation that overtime is minimised and that rosters are constructed to meet work requirements.

Any queries around salary and payment of various allowances should be made directly to Pay Office. The hospital is committed to providing flexibility and safe work hours. HMO's are expected to notify short absences to the Nurse Unit Manager of the area in which they are working, Clinical Services Administration and Switchboard. Any extended absence must be authorised by Clinical Services Administration and with the exception of sick leave will be subject to HMO cover being available from other HMO's. The on duty Hospital Medical Officer has a medical and legal obligation to attend patients within the hospital upon request of the Nursing Staff. Overnight, such requests will be made by the Night Nurse in Charge.

**Dress and Deportment:**

It is expected that HMO's will dress in an appropriate manner at all times and that the SHDH or parent hospital name badge be worn. Footwear needs to be consistent with Occupational Health and Safety requirements.

**Accommodation:**

Limited hospital accommodation is available with market rentals charged. HMO's on rotation are provided with self contained accommodation close to the hospital. Houses are provided with basic furnishings and may be used as share accommodation depending on individual circumstances. Re-location assistance is available for HMO's employed directly by SHDH. Any excessive or unreasonable damage or cleaning charges for building, furniture or plant is expected to be paid by the occupier.

**Cost Containment:**

In common with other hospital and health care agencies SHDH is subject to continuing budget constraint and HMO's need to be mindful of this in their various activities. Considered judgement in relation to ordering diagnostic investigations and prescribing of medications is expected with patient care and risk minimisation being the required outcomes.

**H.M.O. Overtime:**

The Policy relating to Overtime/Re-call is included for your information.

**Provider Number:**

All HMO's need to obtain a Provider Number and a Prescriber Number from the Health Insurance Commission to enable them to make pathology, radiology and specialist surgeon/physician referrals. The Clinical Services Administrative Assistant will provide you with advice and assistance in organising this.

**Prescribing of Medications:**

SHDH uses Hospital PBS prescriptions for inpatient discharges and Emergency Department presentations. Discharge scripts are provided by the Hospital Pharmacy. Emergency Department patients should be encouraged to have prescriptions dispensed at a Community pharmacy.

Patients may be given a prescription to bring to the hospital on the next working day if appropriate.

Inpatient medication charts are to be legible with medications written in block letters and accepted abbreviations only.

**Paging System:**

The Emergency Department HMO may be contacted on Ext. 1-91 and the SMO on Ext. 39351. A mobile phone is provided to the on call HMO to cover the period 0300-0800 and is to be used for this purpose only. HMO's are expected to respond to calls promptly and to not have calls diverted to a message bank. The Hospital utilises the Standard Code System for medical and other emergencies, which is via audible announcement. An abbreviated

telephone dialling system has been installed for frequently called numbers, eg. VMO's, referral hospitals, ambulance.

The fast dial numbers are available in internal telephone directories and commonly called numbers are programmed into individual phones.

### **V.M.O's:**

A list of accredited VMO's is included below for your information:

#### *Swan Hill Medical Group, McCrae St. Clinic*

Dr. M. Awal, GP	Dr. S. Khan, GP
Dr. E.F. Hession, GP/Clinical Supervisor	Dr. J.J. Barry, GP/Anaesthetist
Dr. M. Moynihan, GP	Dr. R.S. Booth, GP/Anaesthetist
Dr. C.A. Stanbury, GP	Dr. M. Watson, GP
Dr. R. Talukder, GP	Dr. S. Kelada, GP
Dr. M. Elahi, GP/Anaesthetist	

#### *A Country Practice:*

Mr. G. Khan, General Surgeon  
Mr. S. Tellambura, General Surgeon

#### *Other:*

Dr.G. Williamson, Sessional GP Anaesthetist

#### *Swan Hill Aboriginal Health Service:*

Dr. V. Spatari, GP

#### *Visiting Specialists:*

Dr. P. Cooney, Physician	Dr. A. Trivedi, Gynaecologist/ Obstetrician
Mr. J. Hunt, Orthopaedic Surgeon	Dr. R. Monro, Gynaecologist
Mr. B. Jackson, Orthopaedic Surgeon	Assoc Prof I. Pettigrew Obstetrician /Gynaecologist
Mr. P. Mortenson, Urologist	Mr. S. Smith, ENT Surgeon
Dr. J. Brennan, Urologist	Dr. G. Leidl, Cardiologist
Dr. S. Bassili, Ophthalmologist	Dr. J. McLennan, Paediatrician
Dr. J. Eapen, Gerontologist /Rehab.	
Dr. P. Wearne, Paediatrician	

### **Position Description:**

Attached for your information.

### **H.M.O. Performance Appraisal:**

The HMO Performance Appraisal is designed to assist and support HMO's as they develop and practise skills and competencies. The document used in Performance Appraisal, a copy of which is required by the Medical Practitioners Board of Victoria, is included for your information. There is a requirement for Performance Appraisal to be provided to the Medical Board at the completion of the first three (3) months of employment.

### **Meals:**

Meals for HMO's are available from the Staff Cafeteria. These are free of charge, however lunches (weekends and public holidays) and dinners (every evening) need to be ordered from the Main Kitchen – Ext. 39274.

### **Clinicians Health Channel and other Library Access:**

HMO's are encouraged to access the Clinicians Health Channel. The Electronic Health Library Restricted Access Resources containing Database, e-Journals and e-Textbooks can be utilised by entering user ID (vic111) and Password (rena011), in the appropriate spaces. The hospital subscribes to a large number of journals, which are located in relevant clinical areas.

A video library is maintained in the office of the Nursing Staff Development Officer and the Policy relating to how to utilise librarian services at the Bendigo Health Care Group is available in the Hospital Wide Policy and Procedure Manual. The electronic reference “Up to Date” is also available for HMO access.

### **Admission and Discharge Policy:**

Admission priority is determined on the basis of medical need and the Hospital’s ability to appropriately meet that need.

The Care Co-ordinator is to be notified of all admissions and maintains the bed state on a day to day basis. In the absence of the Care Co-ordinator the Nursing Co-ordinator is responsible for monitoring bed and nursing resource availability and is to be notified of admissions.

The HMO rostered to the Emergency Department is responsible for the medical clerking of all admissions through the Emergency Department if there is no Medical/Surgical HMO available. The admission process is to be completed as soon as practicable following the decision to admit and prior to transfer to the Ward. Exceptions to this include Palliative Care Patients who may only require a medication chart to be written up initially.

### **Inter-hospital Transfers:**

Inter-hospital Transfers are arranged between the relevant VMO/HMO and the receiving doctor and hospital. Intensive Care and Coronary Care Beds are accessed via the Victorian Emergency and Critical Care Services on 1-68 (Speed dial) or 9417 3800. The VMO or HMO makes the initial call to this service. Ambulance bookings and ambulance authorisation are required for all transfers, which are transported by Ambulance Victoria.

The VMO/HMO is responsible for determining the most appropriate form of transport, eg. Ambulance, private ambulance or relative. Various specialised teams now exist for transfer of critically ill patients, ie. Neonatal Emergency Transfer System (NETS), Paediatric Emergency Transfer System (PETS) and Adult Retrieval Victoria (ARV).

The Virtual Trauma and Critical Care Unit (ViTCCU) is a video conferring facility designed for clinical use and allows expert real time input from Clinicians at Bendigo, St. Vincent’s Hospital, Alfred, Austin and Royal Children’s Hospital as appropriate. The VMO needs to be present and in agreeance prior to activation of this facility.

### **Medical Records and other Documentation:**

The Medical Record is a legal document and should be a legible comprehensive record of care planning, management and review. Remember that Medical Records may be viewed by patients, carers, lawyers, police and others such as the Health Services Commissioner and Registration Authorities. Any verbal orders for medications must be signed as soon as is practicable. The Medical Record should include all diagnoses, complications and procedures associated with the episode of care. In the event of the HMO ordering diagnostic investigations in the Emergency Department then there is an obligation that the results of these are followed up and appropriate outpatient notification attended to.

HMO’s within the Emergency Department are occasionally required to provide police reports. These should be done in consultation with the Clinical Supervisor, the Medical Administrator or the Executive Officer – Clinical Services. There is a proforma to assist HMOs in compiling the required report in a clinically logical and sequential manner. This should be utilised unless the HMO is confident and experienced in providing these reports. Medical certificates utilising correct documentation are required eg. WorkCover, TAC, normal sick certificate. All certificates must be accurate and should not be issued unless a consultation occurs.

The HMOs rostered to the Acute Ward are responsible for the timely completion of discharge summaries for all admitted medical patients and should ensure that these are completed within an acceptable timeframe.

**Consent:**

The patient's consent must be obtained for all operative or invasive procedures. The consent must be informed, in writing, and legal in the context of the patient's capacity to give consent. A comprehensive Policy relating to Consent is available in the Hospital Wide Policy and Procedure Manual.

**Blood Alcohols:**

By law a doctor or Registered Nurse is required to take a blood sample from any person of, or over the age of fifteen years, who enters or is brought into a hospital for examination and/or treatment following an accident involving a motor vehicle. This law applies to drivers, passengers and pedestrians without exception.

In such circumstances, it should be explained to the patient that the sample is required under law, and as such is compulsory and no Consent is required.

See documentation "Blood Alcohol Procedures – 1 March 2003" available in the Emergency Department.

**Incident Reports:**

An incident is defined as "any happening, which is not consistent with the routine operation of the hospital or the routine care of a particular patient". The Victorian Health Information Management System is the notification system in use within the hospital. This is an electronic system available on all computers and has an information guide to assist new users. Password access can be arranged through the Quality Safety & Risk Unit.

**Death of a Patient:**

The shortened accepted determination of death is:

An individual who has sustained either

- irreversible cessation of circulatory and respiratory functions; or
- irreversible cessation of all functions of the entire brain, including the brain stem.

Cessation is recognised by appropriate clinical examination. Irreversibility is recognised by persistent cessation of functions during an appropriate period of observation and/or trial of therapy. **Criteria for determining whether a death needs to be reported to the Coroner.**

**(Coroner's Cases).**

A Doctor must report a death to the coroner as soon as possible if any of these conditions apply:

- the death was unexpected;
- the death was violent or unnatural;
  - For example, homicide; suicide; drug, alcohol and poison related deaths;
- the death resulted, directly or indirectly, from an accident or injury (even if there is a prolonged interval between the incident and death);
  - For example, drowning; deaths caused by a traumatic event such as a motor vehicle accident or a fall resulting in complications such as a fractured neck of femur or subdural haemorrhage.
- the death occurs during a medical procedure or following a medical procedure where the death is or may be causally related to the medical procedure and a registered medical practitioner would not, immediately before the procedure was undertaken, have reasonably expected the death.
  - Please see explanation below.
- a Medical Certificate of Cause of Death has not been signed and is not likely to be signed;
  - For example, where an opinion about the probable cause of death cannot be formed.

The identity of the person is unknown;

- the death occurred in custody of care of the state;

- the person was a patient within the meaning of the Mental Health Act 1986;
- the death is a reviewable death because it is the second or subsequent child of either of the deceased child's parents to have died (more detail).

### **Reportable deaths associated with medical procedures:**

A death is reportable under this category if it meets BOTH of the following two criterion:

**Criteria One** – the death occurs during a medical procedure; or following a medical procedure where the death is or may be causally related to the medical procedure.

**Criteria Two** – a registered medical practitioner would not, immediately before the procedure was undertaken, have reasonably expected the death.

In determining whether the death meets Criteria One, the medical practitioner should consider the following questions:

- Would the person have died at about the same time if the medical procedure was not undertaken?
- Was the medical procedure necessary for the person's recovery, rather than optional or elective?
- Was the medical procedure carried out with all reasonable care and skill?

### **If “no” to any of the above (and the death meets criteria two) – the death is reportable.**

- In determining whether the death meets Criteria Two (above), the medical practitioner should consider the following questions as a reasonable competent health practitioner of that kind would:  
Before the medical procedure was performed, was the person's condition such that death was foreseen as more likely than not to occur?
- Was the decision to perform the medical procedure reasonable given the person's condition including their quality of life?

### **Pathology/Radiology:**

An “On Call” after hours service is available for emergency diagnostic investigations. All after hours C.T. investigations must be authorised by the VMO and the On Call Radiologist who is contacted by the Bendigo Hospital Switchboard. Teleradiology supports on site reporting Pathology services are provided by Healthscope. Request slips must be signed and the requesting doctor's name printed on the request slip. Adequate clinical notes are required on diagnostic request slips.

### **V.M.O. Notification:**

As a general rule -

The “On Call” VMO is to be advised immediately of all admissions to the Emergency Department up to 2300 hours. Overnight Drs. Barry and Booth are to be notified of all admissions with other doctors to be notified depending on the patient's condition. The On Call Surgeon is to be notified of surgical admissions – Mr. Khan & Mr. Tellambura overnight only if required, otherwise notify at 0800.

HMO's should be guided by the Night Nurse In Charge in determining the need to contact the On Call VMO. The Emergency Department HMO is responsible for initial assessment of surgical patients before contacting the surgical HMO.

### **Infection Control:**

HMO's are to utilise the Infection Control Manual located in all wards and departments. The Infection Control Officer is available for information, education and support. Remember, that hand washing is a priority in the prevention of cross infection. Regular

audits of clinician handwashing occur as required by the Department of Health. Antibiotics Guidelines should be utilised to assist prescribing practices.

**Occupational Health & Safety:**

The Hospital is committed to providing a safe work environment and HMO's are advised of the need to familiarise themselves with OH & S policies contained in the Hospital Wide Policy & Procedure Manual. You are reminded that safety is both an individual and collective responsibility and you are urged to contribute positively to the maintenance of a safe work place.

**Allied Health Services:**

A broad range of Allied Health Departments form the Primary Care Division. Referrals are accepted from Hospital Medical Officers and can be made on the Allied Health Referral form.

The Community Mental Health Service (a Bendigo Health Care Group Service) is located off site and is accessed via Regional Triage located in Bendigo. The number is 1300 363 788 all hours.

**Study Leave/Support:**

Study Leave is granted according to Award conditions and HMO available cover. The hospital provides a number of educational opportunities for HMO's including case forums, evening lectures tutorials and Dr. Niall's weekly ward round. You are urged to participate in these activities, which will assist you in preparing for Clinical exams and ultimate success in attaining career objectives.

*Remember that Policy & Procedure Manuals, Guidelines and Hospital Routine Practices are available to support HMOs in decision making and clinical care.*

DR. ERNAN HESSION,  
CLINICAL SUPERVISOR.

March, 2010  
Reviewed May, 2011.