Local Doctor Unavailable Policy

1. Background

Healthcare in rural and remote communities is provided at facilities with various levels of service provision depending on geographical location and clinical staffing profiles. The purpose of this policy is to ensure that patients in rural and remote communities are able to access clinically appropriate inpatient care in circumstances when there is discontinuity of medical coverage.

2. Policy Statement

The scope of this policy does not include patients within the Emergency Service / Emergency Department. For these patients, refer to:

- The WACHS Assessment and Management in the Emergency Department – Clinical Practice standard.

2.1 This policy applies in the following circumstances:

1. Where a patient has been assessed and admitted by a local doctor but requires a further period of inpatient care during a period when there is temporarily no local doctor physically present to attend the patient in person in the event of deterioration or for routine review.

2. When there is an inter-hospital patient transfer planned for a WACHS patient that has no doctor locally available for the period of immediate need.

3. When a patient is seen by the Emergency Telehealth Service (ETS) stream of the WACHS Command Centre and fits the criteria for local admission but there is no local doctor available.

NB for the purpose of this policy, “temporary” absence is defined as a maximum of 48 – 72 hours. In general, it is not regarded as appropriate to retain medical governance for an inpatient if not available on site for more than 72 hours.

Contentious individual clinical issues relating to this policy should be raised with the relevant Regional Medical Director.

2.2 Planned Care when local doctor temporarily absent.

2.2.1 Current inpatients

Where an admitted patient is already in the care of a doctor, who anticipates being temporarily absent, without an appropriately credentialed local colleague to hand over care to, that doctor must clinically assess each patient and determine their management plan including whether to discharge, transfer or refer the patient to the Inpatient Telehealth Service (ITS). The treating doctor needs to specify the

period of absence and/or provide the appropriately credentialed local colleague's details to the nursing staff.

The treating doctor is to discuss and document a care plan in collaboration with senior nursing staff, the patient and family if relevant and identify, initiate and document the appropriate level of care as per (section 2.2.4) prior to the doctor's departure.

2.2.2 Planned Inter Hospital Patient Transfers (IHPT)

Hospital patient transfer requires notification and acceptance of the patient by nursing and medical staff prior to transfer.

Refer to the WACHS Link Intranet Patient Flow Hub for all current procedures and forms including the following:

- Planned Inter-Hospital Flow Process *
- IHPT documentation Matrix

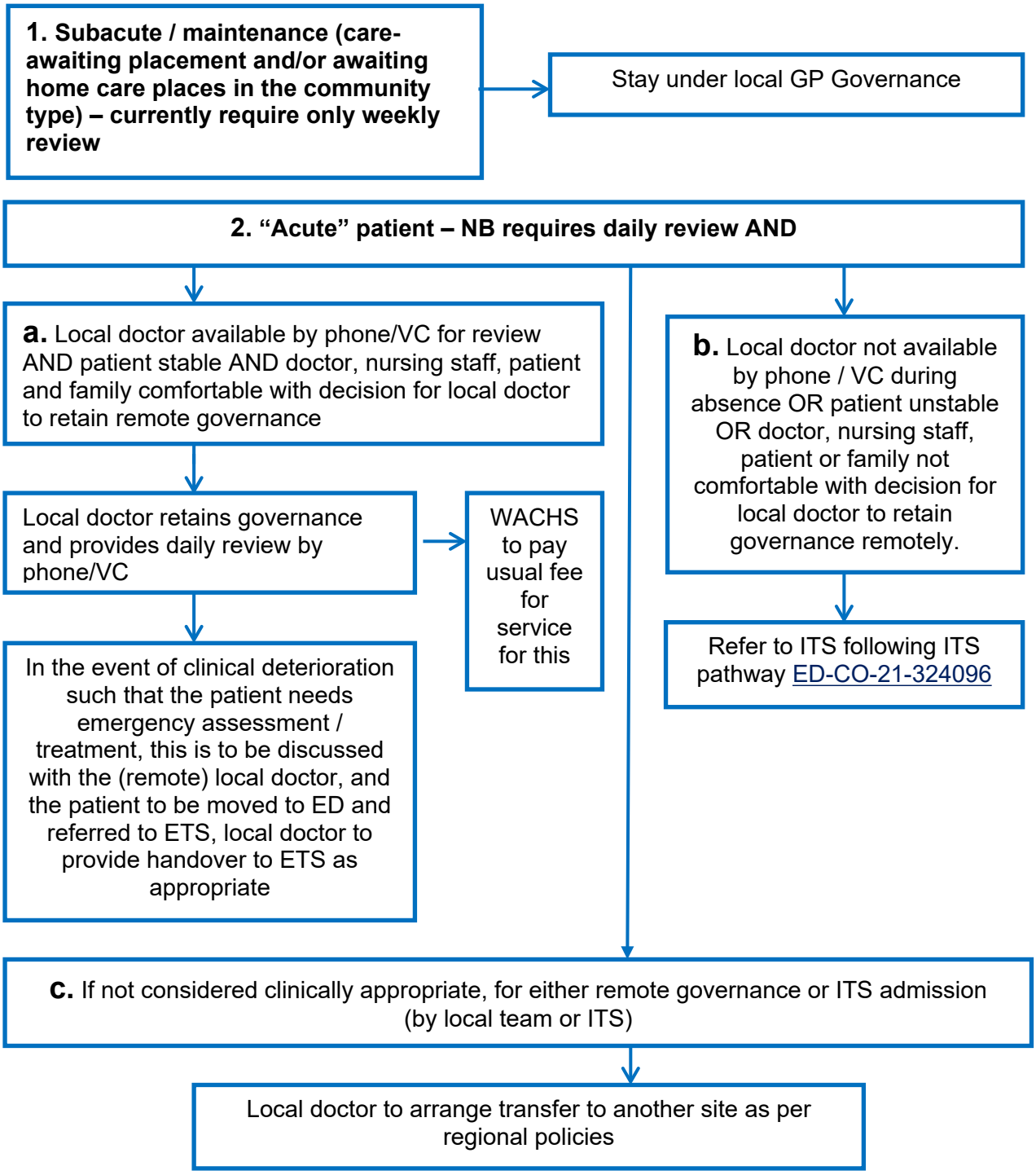
2.2.3 Patients seen by ETS who require referral to ITS

Patients who have been seen by the ETS stream of WACHS and require admission to hospital may be referred to the ITS as per the Inpatient Service Flowchart.

The admission is to be conducted jointly between onsite and remote clinical staff. Once a local doctor becomes available and is no longer absent, they are to accept medical governance following handover of the patient from ITS. Handover should be consistent with clinical handover policies.

** 'Please note it is planned to jointly review with stakeholder's the inter-hospital/service provider flow process as part of the Acute Patient Transport Co-ordination (APTC) service and this is expected to be completed by approximately 1/2022'*

2.2.4 Levels of Care



There may be good reason to deviate from these steps depending on the individual case and will rely on the treating clinician's clinical assessment at the time.

The input of senior regional medical and nursing staff should be sought on individual matters as they arise.

Follow local escalation pathway in the event the doctor providing governance via phone/VC hasn't responded and you need advice that doesn't meet ETS/ITS criteria.

All aspects of care are to be clearly documented in the patient's health care record.

2.2.5 Patients requiring transfer

Where the patient's requires transfer then refer to the WACHS Assessment and Management of Interhospital Patient Transfers Policy.

2.2.6 Discharge

When the treating doctor (remote or onsite or ITS) and senior nursing staff identify that a patient may be suitable for discharge, the process is to be clearly documented by the doctor in the patient record if possible OR by the nurse if the local doctor has remote governance and is not physically present.

Refer to the WACHS Medication Prescribing and Administration Policy.

Advice is to be provided by the senior nursing staff to the patient being discharged including contact details should they deteriorate or require further advice.

2.2.7 Aged care residents in WACHS facilities

Long stay, aged care residents who do not require regular medical supervision can continue to remain in place on the basis that nursing staff have escalation processes to seek the doctor's advice in the event they become acutely unwell when there is no doctor physically located at the site.

2.2.8 Governance

The first level of decision making regarding an individual patient's appropriateness to remain at a clinically appropriate hospital and as reasonably close to their home as is practical, rests with the admitting doctor (local or remote) and senior nursing staff at that location.

Where any member of the treating clinical team has a concern or question regarding the appropriateness of a patient to remain in the hospital when a doctor is temporarily unavailable at the location, they are to raise that concern through the local standard escalation pathway to assist with decision making.

3. Definitions

Local Doctor Unavailable	This applies when a patient is in hospital while the local doctor is temporarily absent and unable to attend the patient in person in the event of deterioration or to do daily rounds.
Documentation	Remote documentation is written into the patient file by the nursing staff via phone contact with the remote doctor. If via ITS, there is a formal process in place.
Temporarily absent	For the purpose of this policy – temporally absent is defined as a maximum of 48 – 72 hours where no local doctor is physically present to attend the patient in person in the event of deterioration or for routine review.
Sub-acute care	Sub-acute care is an umbrella term for the following care types - rehabilitation care, palliative care, psychogeriatric care, geriatric evaluation and management care.
Maintenance	Care in which the primary clinical purpose or treatment goal is support for a patient with impairment, activity limitation or participation restriction due to a health condition. Following assessment or treatment the patient does not require further complex assessment or stabilisation. Patients with a care type of maintenance care often require care over an indefinite period

4. Roles and Responsibilities

The roles and responsibilities of the positions have been outlined in the policy. Please ensure that you are familiar with what is required.

- referring medical and nursing staff
- receiving medical and nursing staff

All Staff are required to work within policies and guidelines to make sure that WACHS is a safe, equitable and positive place to be.

5. Compliance

Failure to comply with this policy may constitute a breach of the WA Health Code of Conduct (Code). The Code is part of the Integrity Policy Framework issued pursuant to section 26 of the *Health Services Act 2016* (HSA) and is binding on all WACHS staff which for this purpose includes trainees, students, volunteers, researchers, contractors for service (including all visiting health professionals and agency staff) and persons delivering training or education within WACHS.

WACHS staff are reminded that compliance with all policies is mandatory.

6. Records Management

All WACHS corporate records must be stored in the approved Electronic Documents and Records Management System.

Records Management Policy

All WACHS clinical records must be managed in accordance with Health Record Management Policy.

7. Evaluation

Evaluation of this policy is to be carried out by Medical Services at WACHS Central Office in three to five years of the implementation of this policy.

8. Standards

National Safety and Quality Health Service Standards – 1.5, 6.4c
Aged Care Accreditation Standards – 2.4

9. Legislation

Nil

10. References

Assessment and Management in the Emergency Department – Clinical Practice Standard
WACHS Assessment and Management of Interhospital Patient Transfers Policy
WACHS Patient Flow Hub
Planned Inter-Hospital Flow Process
IHPT documentation Matrix
WACHS Medication Prescribing and Administration Policy
Subacute and Non-acute Data Collection

11. Related Forms

MR1 WACHS Emergency Department Notes

12. Related Policy Documents

WACHS Assessment and Management in the Emergency Department – Clinical Practice standard
WACHS Assessment and Management of Interhospital Patient Transfers Policy
WACHS Medication Prescribing and Administration Policy

13. Related WA Health Policies

MP 0086/18 Recognising and Responding to Acute Deterioration Policy
MP 0164/21 Patient Activity Data

14. WA Health Policy Framework

Clinical Governance, Safety and Quality Policy Framework

This document can be made available in alternative formats on request for a person with a disability

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