



Local Doctor Unavailable Policy

1. Background

The purpose of this policy is to ensure that patients in rural and remote communities are able to access clinically appropriate care as close to home as possible.

Healthcare in rural and remote communities is provided at facilities with various levels of service provision depending on geographical location and clinical staffing profiles.

On occasion, a patient may present to a WA Country Health Service (WACHS) hospital and require acute assessment and may require inpatient / hospital admission **when a medical practitioner is temporarily absent** and unable to attend that location. This policy **does not** apply to Nursing Led Emergency Response (NLER) Level B and Level A (Emergency Care Capability Framework categories).

Alternatively, a patient may have been assessed and admitted by a local medical practitioner and clinically stabilised, however requires a further period of inpatient care during a period **when that medical practitioner leaves the location** and is no longer available in person to attend the patient.

A third situation may arise when a WACHS patient has been stabilised in a metropolitan hospital and is identified as **clinically stable for discharge from tertiary care, but requires a further period of inpatient care at a WACHS hospital that has no medical practitioner locally available for a temporary period.**

2. Policy Statement

2.1 Admission

When a patient presents to a WACHS hospital for acute assessment in Emergency Department (ED) and/or Emergency Service and a medical practitioner or nurse practitioner are not on site for the initial assessment, the nursing staff are to complete an initial assessment ([MR1 WACHS Emergency Department Notes](#)) in consultation with a medical practitioner for example via a Regional Resource Centre (RRC) or the nearest Integrated District Health Service (IDHS) or the Emergency Telehealth Service (ETS). However if regions have local escalation pathways already in place, they must be followed.

Upon completion of the assessment, nursing staff in conjunction with the remote medical practitioner are to determine and document an ongoing plan of care dependent upon local capacity and resources.

Patients who require admission to hospital where the remotely consulted medical practitioner and local senior nursing staff agree that care is able to be provided safely at the local hospital, then the patient is to be admitted as per this WACHS policy.

The admission is to be conducted jointly between onsite and remote clinical staff with a clear escalation plan documented in the patient's medical record. Once a local medical practitioner becomes available, they are to receive a handover of the patient and complete an onsite re-assessment within 24 hours of the practitioner becoming available.

Where the patient's acuity is such that they require transfer to a higher level of care with additional resources, then remote medical and local nursing staff are to liaise with appropriate transport providers and receiving facilities to facilitate a timely transfer, as per regional escalation guidelines.

When a patient presents to a WACHS hospital for acute assessment and a medical practitioner is available for the initial assessment only, then the decision to admit the patient at the hospital or transfer to other facilities is to be made in consultation with senior nursing staff taking into consideration the patient's condition and the ability of the hospital to continue the care of that patient in the absence of a medical practitioner.

Where an admitted patient is already in the care of a medical practitioner who is planning to leave the location for a temporary period, prior to departure, each patient is to be clinically assessed on their merits by the medical practitioner taking into consideration the following:

- The acuity and stability of their condition.
- Nursing and other resources available to continue their care during the period of absence of the medical practitioner.
- Escalation options should the patient deteriorate and require medical practitioner input or transfer during the remainder of their admission.

In this circumstance, the treating medical practitioner is to discuss and document a care plan in collaboration with senior nursing staff at the location prior to the medical practitioner's departure.

All aspects of care are to be clearly documented in the patient's medical record including escalation contacts should the patient deteriorate during the period of the medical practitioner's absence.

2.2 Discharge

When the treating medical practitioner and senior nursing staff identify that a patient may be suitable for discharge prior to the return of the medical practitioner, the criteria for nurse led discharge is to be clearly documented by the medical practitioner in the patient record.

Advice is to be provided by the senior nursing staff to the patient discharged under a nurse led criteria framework, including contact details should they deteriorate or require further advice.

Each patient's circumstances is to be considered by the treating medical practitioner and senior nursing staff prior to any decision being made around their discharge whether or not there is a medical practitioner physically available at the location where that patient is receiving care.

While there will be some cases where direct access to a medical practitioner for continuity is mandated through the clinical condition of the patient, there will be other patients who may well be stable and in their final days of admission where it is clinically safe and appropriate to retain them at the hospital, as long as there are contact details available for **alternative medical advice** should the patient deteriorate or not meet clearly documented discharge criteria.

2.3 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 continue to have escalation processes to seek medical practitioner advice in the event they become acutely unwell when there is no medical practitioner physically located at the site.

2.4 Governance

The first level of decision making regarding each individual patient's appropriateness to remain at a clinically appropriate hospital and is reasonably close to their home as is practical, rests with the admitting medical practitioner (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 medical practitioner is temporarily unavailable at the location, they are to raise that concern with the regional medical director and/or regional nurse director to assist with decision making.

3. Definitions

Local Doctor Unavailable	This applies when a patient is in hospital (ED / Emergency Service or inpatient) without any local doctor available.
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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 of your role. These positions include

- medical staff
- nurse practitioners
- 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 [Employment 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. Evaluation

Evaluation of this policy is to be carried out by the Medical Services at WACHS Central Office within three (3) years of the implementation of this policy.

7. Standards

National Safety and Quality Health Care Standards

- The impact on patient safety and quality of care is considered in business decision making 1.1.2
- Action is taken to improve the safety and quality of patient care 1.2.2

Aged Care Accreditation Standards

- 2.4 Clinical Care

8. References

Previous outdated (no longer applicable) Memo (signed by a previous EDMS) – Management of Acute Patients in the Absence of a GP on site.

9. Related Forms

[MR1 WACHS Emergency Department Notes](#)

10. Related WA Health Policies

[WA Health Clinical Deterioration Policy](#)

[Admission, Readmission, Discharge and Transfer Policy](#)

11. WA Health Policy Framework

[Clinical Governance, Safety and Quality Policy Framework](#)

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