Doctors – Top Tips

Accreditation: 15 – 19 June -2020

Clinical Governance

STEP Safe, Timely, Effective, Person centred care

- **Clinical Governance** ensures that everyone – from frontline clinicians to members of the board are accountable to patients and the community for assisting the delivery of care is Safe**, Timely Effective Person centred (STEP)**

- Open Disclosure - Ensure that a trained senior clinician completes Open Disclosure
- Ensure that incidents and near misses are reported on Riskman
- Utilise PROMPT to access policy and procedure
- MH has a Reconciliation Action Plan and is committed to ensuring that MH is culturally safe for Aboriginal and Torres Strait Islander staff and patients and improving health outcomes

Partnering with Consumers

- Think about the uniqueness of the individual you are seeing and ask: what are this person's needs?
- Uses plain language and describes procedures clearly and in a way that is easy to understand
- Provide opportunities for asking and answering questions
- Listen to patients, consumers, carer's and families and check their understanding by asking them to "check back" the information you have provided
- Involve people in decisions and choices about their care and their treatment goals
- Actively work with your team to help people understand and engage in their care
- Provide language assistance and other services as required
- Be open to learning from patient, consumer, carer and family experiences
- Remember to involve patients and consumers in all improvement projects

Healthcare-Associated Infection

- You follow and practice standard and transmission based precautions
- You are aware of the Antimicrobial Stewardship program
- Clean shared equipment between patients, e.g., stethoscopes, trolleys
- Documentation of insertion of invasive devices, e.g., PIVC in clinical notes as well as at the IV site
- Conduct a daily check on whether any invasive device is needed and remove if not
- Utilise Aseptic Non Touch Technique for all procedures
- Protect yourself by using appropriate PPE including eye protection if potential exposure to blood and body fluids (standard precautions)
- You document all relevant information regarding infection risk and report to DHHS communicable diseases
- Infection risks are documented in the discharge summary
- You have completed aseptic technique and hand hygiene training

Medication Safety

- Check patients' allergy and ADR status before prescribing medications
- Know how to order medication in the EMR
- Ensure the VTE risk screen is completed and prescribed as appropriately for all multiday stay patients both surgical and medical
- Obtain a best possible medication history (BPMH) as early as possible in the patients' encounter
- Ensure the medication list in the Discharge Summary is accurate and includes new, changed and ceased medications and matches the pharmacy list
- Keep patients/carers informed and involved in decisions about their medicines, and ensure they receive verbal/written medicines information
- Know where to access medication resources (Clinical Portal and PROMPT)
- Know high risk medicines identified in the acronym **"PINCH"** and refer to individual procedures and medication profiles when prescribing these
- Post-operative antibiotics - There is generally no indication for >24 hours of post-op antibiotic prophylaxis and should be routinely discontinued

For further information, please contact Rachel Vogelsang at Rachel.vogelsang@monashhealth.org
Further resources are available at:

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Comprehensive Care

- You complete a patient's medical falls **risk** assessment within 24 hours of admission
- Complete appropriate investigations when there is a change in patient's mental state, look for signs of delirium and escalate as appropriate
- Pressure injury and nutrition risk assessments strategies are discussed on ward rounds
- Communication at multidisciplinary meetings and ward rounds is key to developing patient goals in partnership with patient/ family/carer and clinician
- Ask on admission if a patient has an Advanced Care Directive, Medical Treatment Decision Maker and discuss Goals of Care if appropriate
- Mechanical restraint is utilised as a last resort, and when applied, ensure a medical review takes place at least every 4 hours
- The use of mechanical restraint must be authorised by a medical practitioner.
- Physical and mechanical restraint must be entered into riskman as an incident and discontinued at the earliest opportunity

Communicating for Safety

- Consent and Time Out should be performed and documented for any invasive procedures where there are significant risks or possible patient complications
- Patient clinical alerts must be reviewed each time a patient presents for an episode of care, at the earliest possible opportunity.
- Discharge Summaries completed within 48 hours of discharge should communicate ongoing clinical risks, e.g., Allergies/ADRs, risk of falls, pressure injuries, medications, infection and malnutrition
- Handover
  - Must use ISBAR
  - Must be performed with mutual respect and kindness
  - Must occur when patients move from one clinical area to another and when the responsibility of care (or an aspect of care of treatment) is transferred from one clinician to another or one team to another
  - Must be relevant to the intended audience clinicians/teams as well as patient, carers and families

Blood Management

- When considering blood products use the National Blood Authority Patient Blood Management Guidelines:
  - Ensure the benefit outweighs the risk
  - Treat the cause of the anaemia
  - Use one single unit and reassess for haemodynamically stable, non-bleeding patients
- You are aware of the **MH Blood Transfusion intranet site** for information about blood transfusions and patient information in multiple languages
- Obtain and document informed consent prior to ordering any blood / blood products unless it is an emergency
- You know how to prescribe and request blood products
- ED, ICU, OT and emergency response teams know how to activate the **Massive Transfusion Protocol**
- You know how to manage and report transfusion reactions

Recognising & Responding to Acute Deterioration

- Clinicians should aim to recognize and respond early to acute deterioration in a patient's physical, mental or cognitive condition
- You know how to respond when a patient's deterioration is escalated to you. You know how to further escalate concerns.
- You are aware of the Goals of Care process and how to initiate an Advanced Care Plan
- Review Goals of Care following any change/deterioration in a patient's condition and discuss with the patient, family and carer's
- The Code Blue and Medical Emergency Team (MET) are always available - phone 999
- Utilise the Adult Sepsis Pathway
- Patients/family and carer's can access the **"If You're Worried Talk to us"** service
- Track and trigger charts assist in the recognition of clinical deterioration mandating a response by the clinician once the patient's observations transgress into designated coloured zone.
- You are aware of MH Adult MET and Code Blue procedure on **PROMPT**

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Quality Manager Standards, Audits, PROMPT

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