A GUIDE TO GENERAL WARD AFTER-HOURS INTERN (PGY1) AND RESIDENT MEDICAL OFFICER (PGY2/3) SHIFTS AND HANDOVERS AT WESTMEAD HOSPITAL

Overview

This document presents information on the following:

- After-hours / relief roster
- Daily duty rosters
- After hours Shifts
- After hours pagers
- Shift Swaps
- After hours shift late attendance and illness
- Nonattendance of the PGY1/2/3 for an after-hours shift
- Completion of routine work
- Handover
- What to do at the start of a shift?
- Who does what when there is a team based PGY1/2 and an after-hours PGY1/2/3 covering the same ward/patients?
- The Morning Medical Report
- How to manage the deteriorating patient and the Clinical Emergency Response System (CERS)?
- What to do in the event of a cardiopulmonary arrest?
- What to do when asked to review a “sick” patient?
- Arterial Blood Gases in the Sleep Laboratory
- What to do when asked to review a patient in pain?
- When should I call the after-hours medical or surgical registrar?
- What should I do before calling the after-hours medical or surgical registrar?
- When should I call the consultant?
- Consultant Calling Criteria for Westmead Hospital
- ISBAR
- How to deal with patients who I am called to see but know nothing about?
- How to prioritise when receiving calls from multiple wards?
- What to do if someone dies on an ‘after hours’ shift?
- Cardiology Patients: what do the CR/CRN residents do?
- Management of Toxicology Patients
- Pharmacy matters
- Where and when can I get dinner when doing ‘after hours’ shifts?

There are also the following appendices:

- Appendix 1: Westmead After Hours PGY1/2/3 Shifts
- Appendix 2: Guidelines for After-Hours Medical Handover
- Appendix 3: Westmead Hospital Medical Morning Report: Terms of Reference
- Appendix 4: Role of after-hours PGY1/2/3 at a Rapid Response Call

After-hours / relief roster

This is published at least 2 weeks before each term. It details those rostered to after-hours shifts and those on relief who are allocated to cover leave and who are taking leave. It also includes those who are on-call to cover sick / unexpected leave relief.

Some PGY1s and/or 2s doing ward based terms are not rostered to after-hours shifts or to only a few shifts or only on weekend shifts because they have a service specific roster that does not allow for this. Every effort is made to equitably allocate afterhours shifts.

Please make sure that you are familiar with the dates that you are rostered for an overtime or an on call shift. If you are rostered for an on call shift, you must be contactable and be available to be called in to work a shift if contacted.

Daily duty rosters

Daily duty rosters are available at Switchboard and near the pigeon holes in the RMO Common Room every day from 4.30pm. This provides the names and/or contact details for all the medical staff who are on duty or on call after hours. These are:

- Medical registrars/advanced trainees/fellows: on duty and on call
- Surgical registrars/advanced trainees/fellows: on duty and on call
- PGY1s and 2/3s: on duty and on call
- Senior Intensive Care Registrar
- Cardiothoracic ICU registrar
- Obstetrics and gynaecology registrars
- Obstetrics and Gynaecology RMOs
- Radiology registrars
- Psychiatric registrars
- Senior Resident Medical Officer A3c
- Senior Resident Medical Officer B5b
- Senior Resident Acute Surgical Unit
- Resident C3c
- Anaesthetics Night Registrar
- Anaesthetics Pain/Obstetrics Registrar
- Acute Pain Service Anaesthetics Registrar
- Neonatal Intensive Care registrars

In addition the names of the on call medical and surgical registrars are included.

Switchboard has information on the after-hours on call consultants and fellows.

After Hours Shifts

Shift Definitions and times are detailed in Appendix 1. This shows the shift code and which wards are covered. It also shows which shifts can be done by PGY1s and 2/3s and those that can only be done by PGY2/3s.

On Monday – Friday you can be rostered to an after-hours shift either as overtime (i.e. in addition to your normal day job), or as a rostered normal time shift for those on a relief term.

Overtime shifts commence when the day shift finishes, namely 5.00 PM and continue until 10:00 PM.

A rostered normal time shift commences at 2.00 PM. Rostered normal time shifts may be allocated in a block such as Sunday -Thursday. The shift codes have a $ suffix to distinguish them from the equivalent overtime shift (eg MDI is an overtime shift which commences at 5:00 PM, MDI$ is the equivalent rostered normal time shift and commences at 2:00PM).

On weekends and public holidays, the shifts are from 8:00 AM – 10:00PM and may be allocated to PGY1s/2s/3s doing relief or ward based terms. There is the option to do a split shift if two people want to do this. The Resident Support Unit (RSU) must be advised of this and the required documentation completed.

Nights are only ever rostered as normal time shifts from the relief pool. Nights are rostered Thursday – Wednesday in a “week on – week off” roster pattern. The hours are 9:00 PM – 8:30AM, except on Saturdays, Sundays and public holidays when the finish time is a half an hour later to allow for a handover with the day staff.

After hours pagers

Pager 08404 is the arrest pager. This is held by a Cardiology Resident Medical Officer (RMO) and the RMOs on the CR and CRN shifts. It is to be handed from RMO to RMO at the beginning and end of shifts. Evening staff on other shifts are to pick up their pagers from the switchboard at the commencement of the shift. The MBI & HR doctors return the pager to switch on leaving. The remaining evening doctors hand their pager onto the night staff after the evening ward round. The overnight doctors return their pager to switch on weekdays, or hand it onto the day time ward cover on weekends and public holidays at the morning handover.

Shift Swaps

If you are rostered to an afterhours shift it is your responsibility to fulfil this commitment. Failure to do so is a significant patient safety issue and a breach of your professional code of conduct. If you are not able to work a shift for which you are rostered, it is your responsibility to arrange a swap or for another resident to 'pick up' your shift. Shift swaps and changes to whom is doing a shift must be notified to the Resident Support Unit (RSU) and the required documentation completed. Please note that shift swaps will not be permitted if this results in working unsafe hours, a total shift that is > 14 hours or < 10 hours between shifts.

After hours shift late attendance and Illness

If you are going to be late to commence a shift you must notify the RSU in hours or the in charge medical registrar after hours.

If you are sick you must let us know ***as soon as possible*** that you are not available to work. In normal hours contact the RSU (telephone 9845 8393). After hours, contact the in charge medical registrar through Switchboard. The sick relief on-call will be called in to work your shift.

It is particularly important to call as early as possible if you are rostered for night shift as the sick relief on-call RMO needs to obtain adequate sleep prior to commencing the shift.

Nonattendance of the PGY1/2/3 for an after-hours shift

If the person rostered to an after-hours shift has not arrived to relieve you at the nominated finishing time you must stay and discuss this with the in charge medical registrar. The medical registrar is responsible for organising cover from the on call roster and you will be required to stay until the medical registrar releases you in this instance. If this happens, you are able to claim for unrostered overtime.

Completion of routine work

It is important that those on day shifts during the week do not leave routine ward work to be completed by the after-hours resident. It is *not* the role of the after-hours resident to rewrite routine drug sheets, write routine blood requests or perform routine admissions or ward work (including discharge summaries) for teams. These should be anticipated and completed in advance by the team caring for a given patient.

If some individuals are repeatedly leaving routine tasks for after-hours personnel it is recommended that this is brought to the attention of the Deputy Director of Medical Services and/or Director of Prevocational Training. They can carefully look into the situation and provide assistance to the individual concerned.

Notwithstanding the above, it is recognised that routine tasks cannot be completed all of the time due to workload.

Handover

On weekdays those doing the after-hours shift should seek out the PGY1/2/3 on the wards and vice versa between 4:30 - 5 pm for handover.

Those on the day shifts should ensure that they advise the after-hours PGY1/2/3 of any particularly unwell patients who may need review, results that need to be checked and other matters to be attended to after-hours such as serial blood tests. In addition it is useful to handover issues such as patient or family concerns.

If routine tasks have not been able to be completed due to workload, it is recommended that these are handed over to the person on the after-hours shift.

All Evening and Night Interns and Residents need to attend the evening – night handover as per Appendix 2.

Handover for weekend shifts is detailed in the handover guide at Appendix 2.

Multi-Patient Task List

This is within the electronic medical record (Cerner). This is where nursing staff list jobs / tasks for the after-hours medical staff to do. There is a priority attached to each job giving the ability to attend to jobs / tasks based on clinical need and in the most efficient way. The list is not used for urgent jobs. These are communicated verbally in person or by paging. A document detailing the set-up for the task list across the hospital or for specific locations is provided separately.

What to do at the start of a shift?

Staff ***starting at 2.00pm*** on Monday – Friday are to report to the RSU. They will then be directed to the ward / team that is in most need of assistance due to workload or sick leave relief. At 5.00pm they will cover the wards as per their rostered shift.

At the start of the ***evening (5.00pm weekdays), night and weekend/public holiday shifts***

- Visit each ward you are covering and introduce yourself.
- Confirm each ward you are covering has your correct contact details.
- Review tasks to be performed; in most wards these are on the Cerner electronic task list.
- Review the notes for patients who have been handed over.
- Check in with the nursing team leader and ascertain if he / she has any concerns

Who does what when there is a team based PGY1/2 and an after-hours PGY1/2/3 covering the same ward/patients in the evening or weekends?

This occurs for some services such as cardiology, upper gastrointestinal surgery, respiratory, geriatrics and vascular and orthopaedic surgery. In general, the ward/team based resident will participate in after-hours ward rounds and attend to issues and tasks for existing patients such as discharge summaries that are predicted. The after-hours PGY1/2/3 attends to new patients admitted during the shift and new problems with existing patients.

It is recommended that the ward/team based PGY1/2 and the person on the after-hours shift talk with each other and nursing personnel to clarify what is expected.

The Morning Medical Report

This is held in the Executive Office in Block E from 7.30 – 8.00am on Mondays to Fridays. It is attended by the night ward and emergency department medical registrars, interns, consultants and a supporting administrator. This is to debrief with presentation of ALS and interesting clinical review calls and providing information on concerns, issues or system considerations that occurred overnight. Information on this is provided at Appendix 3.

How to manage the deteriorating patient and the Clinical Emergency Response System?

The Western Sydney Local Health District (WSLHD) CERS activations are:

- Clinical Review: This is a patient review undertaken by a designated responder, determined at a facility level, within 30 minutes.
- Rapid Response: This is an urgent review (<10 minutes) undertaken by designated responder(s), determined at a facility level, for patients who have Red Zone observations or Additional Criteria that are **not immediately life threatening**.
- Code Blue/ALS: This is an immediate review undertaken by designated responder(s), determined at a facility level, for patients who have Red Zone observations or Additional Criteria that are **immediately life threatening**.

After-hours PGY1s/2s/3s are the first responders for clinical reviews and in accordance with the CERS Policy and Procedure, the registrar must attend if requested.

What to do in the event of a cardiopulmonary arrest?

Under the CERS policy, the ALS Team can and should be activated before the patient arrests. When a patient suffers a cardiopulmonary arrest, the nursing, medical and other staff in attendance should immediately notify the Advanced Life Support (ALS) team. CPR resuscitation should begin immediately unless there is a prior documented not for resuscitation order. There are 2 ways of calling for assistance for a patient with an ALS:

- Pressing the Red 'E' Button on the Nurse Assist Phone: This puts you in direct contact with the Hospital Switchboard. State details of the location of the arrest.
- Dial 2222 on the phone. This is an emergency number that will be answered by the Hospital Switchboard. State details of the location of the arrest.

Each ward has an emergency trolley with resuscitation apparatus and medication. The ALS Team nurse brings a portable ECG monitor / defibrillator / transcutaneous pacemaker. **The Code Blue/ALS team comprises:**

1. Team Leader- Intensive Care Registrar.
2. Deputy Team Leader- Medical Registrar.
3. Anaesthetic Registrar.
4. Cardiology RMO in hours and CR / CRN RMO after hours.
5. CPR nurses.

What to do when asked to review a "sick" patient?

If the patient is ***extremely unwell or meets Rapid Response criteria*** ask the attending nurse to initiate a Rapid Response call. Whilst waiting for backup, perform a thorough assessment of the patient, ensure intravenous access is available, and initiate preliminary investigations and management.

If the patient is ***unwell*** but stable, undertake a **Clinical Review** by doing a thorough clinical assessment of the patient and initiate appropriate preliminary investigations and management. If in doubt about ***any*** elements of the case, consult the 'M' or 'Night' medical registrar or the surgical registrar.

If you are concerned that the patients life is immediately threatened or your registrar has indicated they cannot attend a **Rapid Response Call** please initiate an ALS call immediately.

Arterial Blood Gases in the Sleep Laboratory

The Sleep Laboratory is located on B5d (next to ward B5a). It is covered by those on the W.HDR and W.HDR$ shifts in the evening and the MNI shift overnight. (see Appendix 1). Specific patients having a sleep study require an Arterial Blood Gas (ABG) prior to the study (in the evening) and following the study (in the morning). ***The ABG results form a very important part of the overall study.***

You should enquire about patients requiring ABGs when you arrive on duty in the wards. The evening ABG should be collected at around 9.30pm and the morning ABG at around 6am. It is important that the morning ABG is collected prior to the patient completing the study. Please ensure that the sample reaches pathology promptly. ***If you are unable to perform this task, please delegate this to another RMO to take the blood on time.***

What to do when asked to review a patient in pain?

Uncontrolled pain is a medical emergency. Plan to successfully control pain in all patients. Uncontrolled pain is NOT an inevitable consequence of advanced cancer. Your assessment od pain should include the following:

1. What is the cause of the pain?
2. What is the current analgesia? There may be more than one pain medication.
3. What has the cumulative analgesic dose been in the past 24hrs?
4. Is the PRN dose adequate?
5. Is the route of administration appropriate (i.e. if patient vomiting or constipated use subcutaneous route)?
6. Has the correct dose conversion been used?

If a patient on an opioid develops confusion DON'T assume it is caused by the opioid, exclude other causes and ensure the patient is in a safe nursing environment with an appropriate medical plan. Review the patient to ensure urgent management has worked. Seek advice if pain does not respond to intervention within a reasonable timeframe (minutes to an hour or so), If you are considering altering management initiated by Palliative Medicine or Pain Team please contact them for guidance.

After-hours pain management advice can be sought from the following:

- Acute Pain Registrar (Anaesthetics): Pager 08596 24 hours a day, 7 days a week.
- Clinical Nurse Consultant Acute Pain: Pager 1555 contactable from 0800-2100hrs weekdays and 0800-1600hrs on weekends (not available on public holidays),
- Palliative Medicine Consultant on call (through switch).
- Information is available in RMO handbook on WestNET and CIAP sites under medical oncology and palliative care.

When should I call the after hours medical or surgical registrar?

Many simple questions can be answered by consulting the Westmead Medical Officers' Handbook available on the 'Intranet'.

You should consult a more senior member of the medical or surgical staff any time you are unsure regarding your assessment or management of a patient.

What should I do before calling the after hours medical or surgical registrar?

You should be clear about what you are asking the registrar before paging him/her and have the relevant information readily available (patient history, bedside notes/charts and laboratory results). If possible be near a computer to access information you might require during the course of the telephone conversation. In the interests of time make sure you state at the ***beginning*** of the conversation if you want registrar to review the patient in person and explain your primary concern. If the surgical registrar considers the patient is more appropriately seen by the medical registrar they should contact them unless scrubbed in theatre.

When should I call the consultant?

As a general rule always liaise with the associated registrar before contacting a consultant directly. Should the registrar be unavailable after several attempts or he/she asks you to contact the specialist directly, then do so with a clear understanding of why this is necessary and with all of the relevant information on hand.

Consultants should always be informed of ***unexpected*** events relating to their patients, especially relating to significant deterioration requiring HDU/ICU admission.

Consultant Calling Criteria for Westmead Hospital

The Consultant or their on call Fellow should be called promptly for:
1. Unplanned admission to hospital
2. Patient requires transfer to ICU or HDU
3. Urgent radiological or surgical procedure
4. Need for unplanned major medical procedure or intervention (IV antibiotics , anticoagulation)
5. Code Blue/ALS call or 2nd Rapid Response call or alteration of Rapid Response calling criteria
6. Unplanned Ventilatory Support
7. Development of major wound complications
8. Unplanned Blood transfusion or Medication or treatment errors requiring intervention

ISBAR

Clear concise communication is paramount when calling clinicians to relay information and/or to seek advice on clinical care. ISBAR is the tool to facilitate communication recommended by the New South Wales Health Clinical Excellence Commission to enable clear and focused clinical conversations that present relevant information. It has been adopted by the WSLHD. It is recommended that you follow the ISABR process when calling registrars and/or consultants. This comprises 5 elements as summarised below:

- **I**ntroduction: Identify yourself and give a reason for calling
- **S**ituation: Indicate the patient's age and gender and whether their clinical status is stable or unstable
- **B**ackground: Present the clinical details including the presenting problem and relevant history
- **A**ssessment: State the patient's current clinical condition, treatment, risks and needs.
- **R**ecommendation: Indicate your recommendation for the patient's clinical care such as maintaining current treatment, options to change treatment, transfer to a high dependency or intensive care unit, regular review or review by another specialty team.

How to deal with patients who I am called to see but know nothing about?

This is a routine part of night and weekend medical and surgical afterhours cover.

- When asked to review a clinical problem in a patient you have never seen before obtain as much information as possible from as many sources as possible i.e. ward nurses', patient, family and friends, progress notes and prior medical records. Combine this information with a thorough clinical assessment in reaching your management decisions.
- When asked to review a non-urgent problem in a patient you have never seen before you should reach an informed decision to establish whether the problem should be addressed immediately or left to the attending team to attend to the following day.
- You will frequently be asked to speak to patients and their families/significant others/carers after hours. In these circumstances it is usually appropriate to answer the questions to the best of your ability whilst stressing you are not a member of the attending team and that more precise information can be obtained from the team on the following day by asking to talk the team resident, registrar or patient's consultant during working hours. You should ***always*** speak with patients/families/significant others/carers when asked to do so and try to alleviate their fears as best you can.
- If there are queries from patients/families/significant others/carers that you are unable to answer, please discuss this with the registrar and/or the on call consultant and/or the patient's consultant.
- ***Where the patient's condition is serious and/or there has been a significant clinical change, the medical, surgical or Intensive Care registrar should discuss this with the family/significant others/carers and ensure that the consultant has been called.***

How to prioritise when receiving calls from multiple wards?

This can be challenging. There are no hard and fast rules however if informed over the telephone that a patient's vital signs are stable and within the normal range, the problem is less likely to need your immediate attention. The converse is usually true if you are informed that a patient who has been perfectly well for the preceding 12hours has suddenly deteriorates. You may need to ask the nursing staff for more information so that you can make an informed decision about the urgency of the call. For example: if asked to re-site a cannula ask why the patient needs to have a cannula. The reason will give an idea of the degree of urgency.

What to do if someone dies on an 'after hours' shift?

When called to see a patient who has died you must firstly confirm the death and document this in the patient notes. The consultant should be notified about the death of ANY patient under their care.

Contact the Consultant immediately about all unexpected deaths no matter what time of day or night. Expected deaths overnight should be notified in the morning.

You must then decide if the death is a Coroners' case. If the death is a Coroners' case a death certificate is not completed but a Report of a Death to the Coroner (Form A) is completed.

If the case is not a Coroners' case then a death certificate and cremation certificate should be completed. ***In Westmead Hospital, the after-hours PGY1/2/3 completes the death and cremation certificates****,* as if not done immediately delays in funeral arrangements may occur.

A medical officer can still complete a death certificate even if they have not seen the patient alive if they examine the body after death and are satisfied that the identity of the deceased is correct and that a death certificate can be issued (i.e. not a Coroners' case). The cause of death should be ascertained from the medical records and talking to the Registrar or Consultant. In some cases this may mean waiting until morning before talking to the Consultant and then completing the certificate.

Inform the patient's next-of-kin as early as possible

For more information about completion of death certificates see the document titled "End of Life Procedures Medical Officer Guide Jan 2017". All wards have a folder with the forms required for deceased patients. This is called the D-Cert folder.

Cardiology Patients: what do the CR/CRN residents do?

Some specific points include:

- Review as a matter of urgency all patients with chest pain: any patient with chest pain **MUST** be seen within 15 minutes of the doctor being informed.
- Ensure that patients in the Coronary Care Unit (A5B) and A5Z are given priority.
- Admit any patients that arrive after hours for procedures the next morning.
- Ensure patients who are first on the morning lists for procedures are cannulated.
- Complete any outstanding discharge summaries to facilitate early and easy discharge of patients so that beds can be made available for admissions.
- Work closely with nursing staff who are very experienced in managing cardiac problems.
- Inform the Medical Registrar early if there are any patients who are unstable.
- 'Hand over' all unstable patients.
- Be part of the Cardiac Arrest Team.
- On weekends attend ward rounds with Cardiologists/Cardiology Fellow-on-call and complete discharge summaries promptly for patients who have been discharged on the round.

In the event of dispute or differences of opinion with nursing staff regarding the management of patients in Cardiology, the senior nurses have been given permission to contact the Cardiologist on-call directly. However, they must first inform the RMO and have the RMO present when the call is made to ensure that any problems are resolved over the telephone with the Cardiologist and the two parties involved.

Management of Toxicology Patients

Westmead Hospital has one of 3 toxicology units in NSW. Patients presenting with acute overdose, chronic drug toxicity or envenomation are admitted under the Toxicology team. Patients are usually in B5b or one of the medical wards. All patients with deliberate self-poisoning require a mental health assessment prior to discharge. Unless this is urgently required, this assessment is arranged by the in hours team.

Potential after-hours duties are:
- assess patient status
- cannulas & bloods
- liaison with Psychiatry team
- scheduling of mentally disordered patients
- discharge summaries

If you have any concerns or questions with patients admitted under Toxicology, please contact Switchboard and speak to the on call Registrar or Consultant.

Pharmacy matters

On weekdays, pharmacy is open between 0800 and 1800hrs. On the weekends the Pharmacist is on site from 0830 to 1330hrs. If there are any questions about the medication charts etc the Pharmacist will page the relevant resident after hours about the matter. The after hours pharmacist can be contacted on 55305 or 57324

Where and when can I get dinner when doing 'after hours' shifts?

There are four sources of food at Westmead Hospital:
1. Bring your own - there is a fridge and microwave in the RMO Common Room.
2. Vending machines in the RMO Common Room
3. Takeout delivery.
4. Zoukis cafeteria is available from 06:30 – 20:00 daily on Level 2 with an outlet outside the main entrance open to 23:30 daily.

Access to RMO Common Room:

The RMO Common Room has a stand-alone security system, for access you will need to fill out an access form at Westmead RSU Reception. The RMO common room is located on Level 1, "AB" Block adjacent to the Resident Support Unit

FINALLY, REMEMBER:
When in doubt, seek someone out – if unsure always seek a more senior opinion!

Should you encounter difficulties contact:
- The Clinical Superintendents
  - Medicine Westmead: page 27554
  - Surgery Westmead: page 27604
  - Obstetrics and Gynaecology Westmead: page 27524
- The Director of Prevocational Education and Training
- RSU Personnel

Appendix 1

WESTMEAD AFTER HOURS PGY1/2/3 SHIFTS

Weekday evening and weekend/public holiday day/evening shifts

Shift Times

Weekday Evening Shifts:
Monday-Friday: 1700 – 2200 as Ward Overtime Shift
Monday-Friday: 1400 – 2200 if rostered to relievers (see notes below)

Weekend/Public Holidays Days/Evenings: 0800 – 2200

SHIFT NAME	SHIFT CODE	COVERS	PAGER	SENIORITY	NOTES
CR	**W.CR** **W.CR$**	A5a, A5b, A5c	**08404**	RMO 1	Includes doing after hours admissions for patients from Cath lab
HDR	**W.HDR** **W.HDR$**	A6a (excepting urology), A6b, B5a, B5c, B5d, A4c	**22686**	RMO1	Provides assistance to the B5b SRMO as required
HR	**W.HR** **W.HR$**	C5a, C5c (see notes), C4c	**08882**	RMO 1	
MDI	**W.MDI** **W.MDI$**	D4b, D4a, D5c, C4a, C4b, Cancer Care Day Ward, Radiology, Nuclear Medicine	**08888**	Intern or above	Cancer Care Day Ward open until 8pm
MBI	**W.MBI** **W.MBI$**	A4a, B4b, B4c, G block (medical and surgical outliers only: see notes)	**08883**	Intern or above	
SSI	**W.SSI** **W.SSI$**	B3a, B3c, A3a, Brain Injury Unit, Day Surgery Unit, Endoscopy, G block (medical & surgical) outliers	**08886**	Intern or above	Cover for SI whilst that JMO is in OT; includes reviews and admissions for Day Surgery Unit and Endoscopy patients
SI	**W.SI** **W.SI$**	A6a (urology patients only), B6a, B6c, Patient Discharge Unit	**08885**	Intern or above	First On Call for OT

Night Shifts

Shift times
Sunday-Thursday: 2100 – 0830
Friday-Saturday: 2100 – 0900

SHIFT NAME	SHIFT CODE	COVERS	PAGER	SENIORITY	NOTES
CRN	**W.CRN$**	A5a, A5b, A5c, B5a, B5c, B5d	**08404**	RMO 1	Excludes morning timed blood gases for sleep lab and respiratory patients
HDRN	**W.HDRN$**	A6a (except urology), A6b, A4c, C5a, C5c	**22686**	RMO 1	Provides assistance to the B5b SRMO as required
DNI	**W.DNI$**	A3a, B3a, B6a, D5c, Day Surgery Unit, Brain Injury Unit	**08886**	Intern or above	First on Call for OT. Includes performing admissions after hours on patients from Cath lab
MNI	**W.MNI$**	A6a (urology only), B3c, C4a/b, C4c, D4b, D4a, morning timed blood gases for sleep lab and respiratory patients	**08888**	Intern or above	
BNI	**W.BNI$**	B4b, B4c, B6c, A4a, G block (medical and surgical) outliers	**08885**	Intern or above	Cover for DNI when in OT.

Notes

1. Pagers to be handed from the day/evening shifts to night shifts at 2200.
2. Calls between 2100 and 2200 are to be answered by the day/evening shift
3. Day/Evening shifts shown with a $ sign are rostered to relievers
4. CRN resident must handover the 08404 pager to Switchboard at 0830 in the morning Monday to Friday. The cardiology team will pick up the pager at that time.

Appendix 2

GUIDELINES FOR AFTER-HOURS MEDICAL STAFF HANDOVER

An accurate and detailed handover of patients during the after-hours shifts, with input from the medical registrar is crucial for optimal patient care. Medical staff handover at Westmead Hospital occurs at the conclusion / commencement of each night shift and day shifts on weekends and public holidays.

Handover from the evening-night shift is between 9 – 9.30 pm (on weekdays/weekends/public holidays) and from the night-morning shift on weekends/public holidays between 8-8.30 am. These occur in the RMO Common Room and are conducted by the medical registrars completing and commencing the new shift with PGY1s/2s/3s completing and commencing the shift in attendance.

The benefits of a group handover:

- **A clear understanding of unwell patients** and the anticipated plan of management with input from the registrars as required.
- **Patient safety**. Poor management of patients has been the subject of many root cause analyses and departmental morbidity / mortality meetings at Westmead Hospital. An improvement in this process will result in improved patient management and outcomes.
- **Education** regarding specific medical issues raised during handover. RMOs performing relief terms may not be able to attend education sessions during this term and handover provides a good opportunity for this to occur.
- **Additional information regarding patients** is often obtained from RMOs or registrars present at handover who have not seen the patient during the shift, as the patient is normally under their care or because the RMO / Registrar has seen the same patient during a recent after-hours shift.

The handover process:

- Handover should start *on time* so that (a) staff are not away from the wards for longer than necessary and (b) the evening / night staff are not delayed in completing their shifts.
- **ALL** the night PGY1s/2s/3s (ie for all shifts, not just medical shifts) are required to attend the handover and are expect turn up to handover punctually at 9pm.
- It is expected that all **medical** evening interns/RMO attend the handover punctually at 9pm to allow for the commencement of the handover process at 9pm.
- Please do not forget to hand over any surgical and O&G patients reviewed on the evening shift who may require further review on the subsequent shift by a medical registrar
- The evening medical registrar should hand over the pager to the night medical registrar at the end of the handover. The evening registrar is in charge of covering the wards and Rapid Response and Code Blue/ALS calls till 9.30pm.
- A ward round of all wards will be performed after the handover at 9.30pm.

Handover following a **weekday night shift** should be given by paging the relevant registrar or RMO of the treating team between 8.30am and 9am. It is important that unstable patients are handed over so that teams can prioritise the order in which they review their patients.

EVENING TO NIGHT HANDOVER

The evening to night hand-overs starts at 9 PM at the RMO Common Room (Level 1)**,** with the Advanced Medical Trainee doing M (weekday evening and weekend/public holiday day/evening shift) and the Medical Registrars starting the night shift. It is important for everyone to be punctual so that the hand-over starts in time.

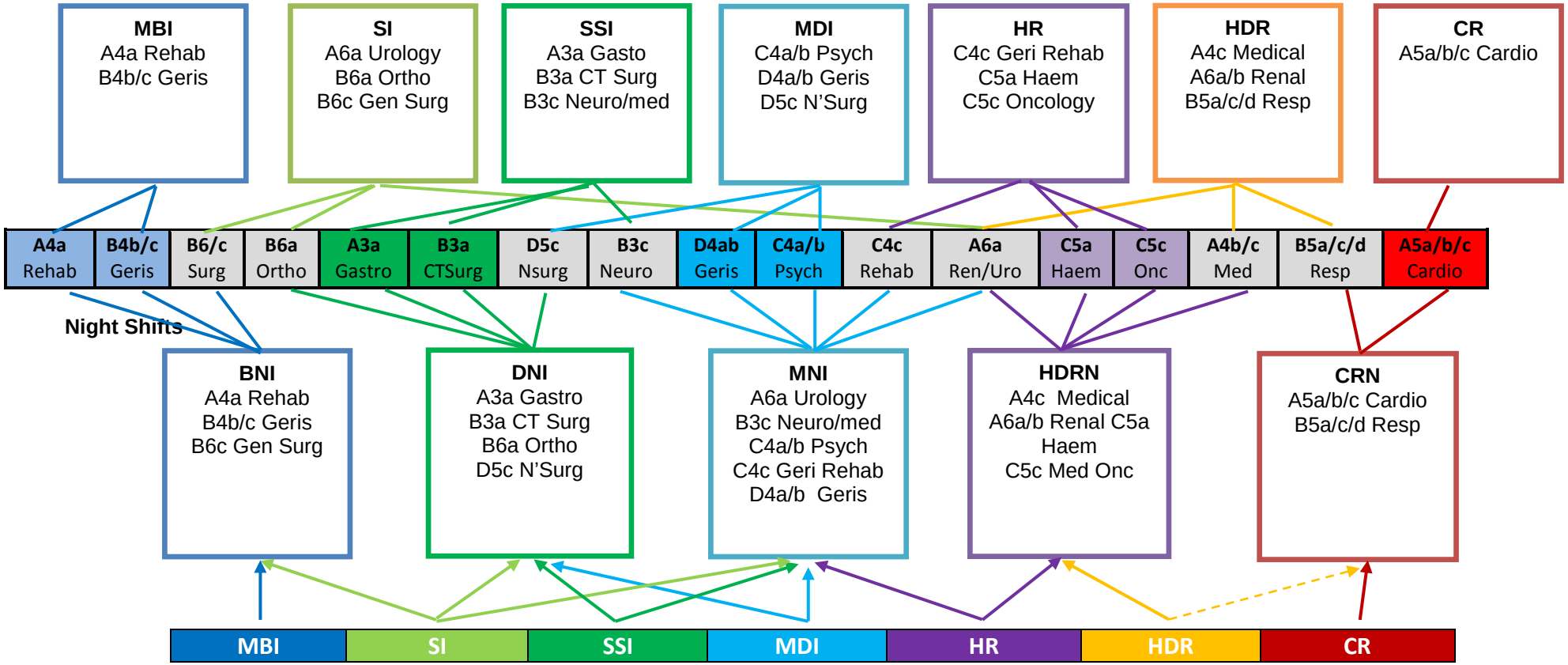
The hand-over should be formal with the Interns/RMOs presenting the problems in the wards and both the evening and night Medical Registrars providing input. The responsibility of the running of this handover lies with the evening Medical Registrar. The aim of this is not only to hand over sick patients, but also to serve as an education and teaching session for the Interns/RMOs, particularly on after hours and emergency issues.

At the end of handover, the interns and RMOs split into smaller teams based on the 5 night shift allocations and cover the wards allocated to the night staff between 9.30-10pm. All evening shift doctors are to stay until 10.00pm. It is important to keep checking the jobs on your wards as there are likely to be additions to the list after the nursing staff handover at 9.00pm. If jobs on your wards are completed it is expected that assistance is offered to RMOs/interns on other shifts which are busier and may have outstanding jobs. Night shift RMOs/interns are to facilitate a mini-handover with evening RMOs/interns before conclusion of the shift at 10pm to discuss any outstanding issues and/or reviews of patients that have occurred during that time. This is summarised in the table below with detail on how this translates into who covers which wards in the overlap period on the subsequent page.

<table>
<tr><th>Time</th><th>Event</th><th colspan="7">Shift breakdown and expectations</th></tr>
<tr><td>5pm</td><td>Evening doctors start after hours cover</td><td>SSI</td><td>MDI</td><td>MBI</td><td>SI</td><td>CR</td><td>HR</td><td>HDR</td></tr>
<tr><td>9pm</td><td>Formal Handover in RMO room</td><td colspan="7">• Led by night medical registrar
• Pagers handed over to night doctor
• Every Rapid Review and Code Blue / ALS during evening shift discussed as well as sick/unstable patients
• Minor jobs can be handed over to respective doctor directly</td></tr>
<tr><td rowspan="2">9:30pm</td><td rowspan="2">Overlap cover</td><td>DNI
+SSI</td><td>MNI
+MDI</td><td>BNI
+MBI
+SI</td><td colspan="2">CRN
+CR</td><td>HDRN
+HDR
++HR</td></tr>
<tr><td colspan="7">• Evening doctors cover the wards of the night doctor they are grouped with
• Night and evening doctors to negotiate completion of jobs to be undertaken
• All new clinical reviews, Rapid Response and ALS to be attended by night doctor
• All new pages to go to night doctor
• Nights and evening doctors to help out on other wards which are busier
• Medical registrar to monitor workload and redistribute JMO and RMOs to meet high demand if indicated</td></tr>
<tr><td>10pm</td><td>Evening RMOs/interns handover to Night shift RMOs/interns before leaving</td><td>DNI</td><td>MNI</td><td>BNI</td><td colspan="2">CRN</td><td>HDRN</td></tr>
</table>

Mapping of Wards to Evening and Night Shifts

Evening JMO General Ward Shifts



Pairing of JMOs after evening handover – between 21:30 and 22:00

- MBI pairs with BNI
- SSI pairs with DNI — *SI helps out with which ever night intern shift is busiest*
- MDI pairs with MNI
- HR pairs with HDRN — *HDR helps out with which ever night RMO shift is busiest*
- CR pairs with CRN

Appendix 3

Westmead Hospital Medical Morning Report
Terms of Reference

PURPOSE

Provide a supportive environment for our night medical staff to hand over events from the previous evening, debrief on issues, learn from clinical scenarios and escalate systems based issues for resolution prior to the next night shift (where able).

FUNCTIONS

The morning handover session will:

- Review outcomes of deteriorating patients overnight
- Provide an opportunity for Rapid Response and Code Blue/ALS call debriefing and learning
- Provide an opportunity for and escalation of specific/recurring issues to day teams
- Provide an opportunity to identify and escalate Patient Safety, Quality, Patient Flow or systems based issues
- Maintain a log of system / process related issues and actions
- Provide the above functions as best able in a timely manner (20-30 mins)

MEMBERSHIP

Role	Member	Tasks
Acute Care Lead	Acute Care Specialist (Anaesthetics/ICU)	• Leadership in Rapid Response and Code Blue/ALS debrief and dynamic teaching • Maintain meeting in accordance with purpose and functions
Physician Lead	Rotating Physician Lead	• Leadership in Clinical Handover • Leadership in dynamic teaching • Escalate any team based issues to relevant day teams
Supporting Administrator	Representative from the Office of the Chief Medical Advisor	• Escalate any systems based issues to relevant operations for review and resolution • Escalate any team based issues to relevant day teams
ICU representative	Outreach ICU representative	• Provide support for lead functions • Escalate any team based issues to relevant day teams
Nursing	**Executive** representative	• Address issues identified overnight
Nursing	After Hours Nurse Manager	• Contribute to presentation of overnight patient care and Issues
Emergency Response	**Code Blue/ALS Nurse**	• Follows up patients with Rapid Response / Code Blue/ALS over night
Emergency Response	Clinical Nurse Consultant	• Takes note of any CERS issues
JMO Members	Night Ward Medical Registrars Night Emergency Medical Registrar Medical Resident Night Cover staff	• Present summary of total Rapid Response and Code Blue/ALS calls from night shift • ED MR Report on number of ED patients awaiting admissions • Lead case discussion of scenarios • Discuss any systems / quality / patient flow based issues

MEETINGS

Venue: Westmead Hospital Executive Unit, Level 2, E Block, Large Meeting Room
Frequency: Daily, Monday-Friday
Time: 0730hrs
Duration: 20-30mins

Appendix 4

Role of afterhours PGY1/2/3 at RAPID RESPONSE Call

What Is a RAPID RESPONSE Call?

Rapid Response is a method of using physiological abnormalities to identify early deterioration of patients to enable institution of early management and hence prevent further deterioration. **You must familiarise yourself with ALL the Rapid Response criteria.**

Rapid Response cards with the criteria are available from RSU.

When Should a Rapid Response Call Be Escalated to a Code Blue/ALS Call?

A Rapid Response call should be escalated to an ALS call if
1) Patient's condition is immediately life-threatening or you are seriously concerned and require immediate help
2) Patient not reviewed 30 minutes after a Rapid Response call by a registrar
3) Patient deteriorates before Rapid Response review
4) After 1 hour of Rapid Response review, the calling criteria have not been reversed (note that increasing the FiO2 of the patient to improve the saturations to >90% does not treat the underlying abnormality that causes the Rapid Response call)

When Will an Intern/RMO Be Required to Attend a Rapid Response Call?

During working hours (8.30am-5pm from Monday to Friday), Rapid Response calls are put through to the medical/surgical/O&G registrar of the relevant team. However, if you are contacted by the nursing staff about a Rapid Response call, you must make it your priority to attend the call as it signifies that the patient is potentially unwell and your registrar may require further assistance in the management of the patient.

Afterhours, weekends and public holidays, the intern/RMO rostered on for **all overtime shifts** will have the Rapid Response call put through to them as well. **Attendance at the Rapid Response calls for a patient that is on the ward that you are covering is compulsory.**

What Is the Role of an Intern/RMO at a RAPID RESPONSE Call?

When you arrive on the scene of the Rapid Response call, your role will essentially be junior member of the medical emergency team. Remember that these patients have breached a physiological abnormality and can be quite unwell so should be made a priority of your overtime clinical duties.

If the medical/surgical/O&G registrar is already present, please ask the medical /surgical/O&G registrar for directions as to what you are required to do. In general, your duties will be to establish intravenous access, take venous blood sample, take arterial blood gases, arrange for radiology (eg mobile CXR), ensure an ECG has been done and/or insert an IDC if required. Please do not leave a Rapid Response call until you have asked for and given permission from the medical/surgical/O&G registrar. Prior to the completion of the Rapid Response call, please clarify with the medical/surgical/O&G registrar with regards to the management plan and the ongoing requirement for review of the patient as part of your afterhours ward duties.

If you are first on the scene of the Rapid Response call, please assess the patient as per your ALS training (ie with ABCs**). If the patient is critically unwell and require immediate attention (eg airway threatened, life threatening arrhythmia), please escalate the Rapid Response call to a Code Blue/ALS immediately**.

If the patient is stable, please commence assessing the patient and start taking bloods, establishing IV access and taking arterial blood gas as required. If the registrar is delayed and the patient is unwell, please contact the medical registrar (pg 08540) or surgical registrar (pg 8542) or O&G registrar (pg08867), pending the team the patient is under, to alert them to the patient being unwell, to allow the medical/surgical/O&G registrar to prioritise his or her patient reviews.