

NSW Prevocational Training Term Description

ACCREDITED PREVOCATIONAL TRAINING PROVIDER NAME	Westmead Hospital
Training Term Based at	Westmead Hospital
Offsite Term <i>Includes affiliated private hospitals, general practices, community based medical services</i>	No

TERM NAME	Hospital in the Home
Term Duration (Weeks)	10 - 12 Weeks
Term Number	050003
Accreditation Status	Provisional
Date of Accreditation	14 Dec 2020
Last Approved by PAC	14 Dec 2020

TERM CATEGORY	Other
Is the term a PGY1 or a PGY2 term?	PGY1 and PGY2 <i>Please note that a PGY2 ONLY accredited term MUST not be staffed by a PGY1. Specific accreditation must be sought for a PGY1 term</i>

TERM CAPACITY	
Maximum number of PGY1s and PGY2 trainees	PGY1 - 1, PGY2 - 0, Total Capacity - 1 <i>Note: Number of PGY1s + Number of PGY2s = Total Capacity</i>

SIGN OFF	
Revision date and by who	4 December 2020; Ms Lauren Mcgroder
Reviewed by	Disclaimer: <i>I acknowledge that the term has been reviewed by Lauren Mcgroder</i>
Endorsed by	Dr Andrew Baker

OVERVIEW

Overview of Unit or Service

Please outline the role of the unit and range of clinical services provided

The Western Sydney Local Health District (WSLHD) Hospital in the Home (HITH) service was first established in 1997. HITH is an inpatient service incorporating an innovative model of care for Westmead Hospital, integrating primary and tertiary services for patients. HITH services now exist throughout most of NSW, with over 65 units delivering a variety of models of care.

Patients are transferred or admitted to the HITH ward but the service is delivered at home, which may be in their own home or a residential aged care facility. Though HITH does not have a physical hospital ward, its patients are considered inpatients of WSLHD.

Nurses visit the patient in the community either once or twice a day, so it is important to ensure that patients are safe to be at home. This service runs at high capacity with virtual bed capacity the equivalent of two inpatient wards and involves both nursing and medical staff working closely together both in a clinic setting and on the road.

Patients are referred to the HITH service from a number of sources, including the Emergency Department, Medical and Surgical teams, Outpatient Departments and Specialist Rooms, Allied Health and Nursing teams, General Practitioners and Paramedics. The PGY1/2 HITH Medical Officer will have the opportunity to assist with the assessment and management of patients with a range of clinical issues including cellulitis, community acquired pneumonia, pyelonephritis, chronic infections (including septic arthritis, osteomyelitis, endocarditis), cardiac failure, complex wound care and management of bridging anticoagulation. The HITH service also provides a degree of ambulatory care services for the hospital, including iron infusions and ongoing complex wound follow-up for certain patients.

The PGY1/2 will have the opportunity to assess and manage various comorbidities of these patients and liaise with services within the hospital and community settings in order to maximise patient health outcomes. Most HITH patients have at least two acute care teams involved in their care, e.g. Infectious Diseases, Plastics and Orthopaedics, and PGY1/2s will be expected to learn how to ensure patient follow-up occurs smoothly

	<p>through involvement of carers and close liaison with General Practitioners. Use of the electronic medical record for all HITH clinical records, management of discharge summaries, consults and appointment scheduling are required in the role.</p> <p>The PGY1/2 is an important member of the HITH team, working with direct supervision from Staff Specialists. The HITH service has 2.75 FTE of HITH consultant working in the service. The PYG1/2 will assist with assessment of new referrals, ward consults and reviewing existing HITH patients, working collaboratively with hospital inpatient teams, the HITH Nursing team and allied health staff. Pursuit of residential aged care facility and home visits with HITH CMOs will be valuable learning opportunities to gain knowledge of the practicalities of medication handling, dressing care and recognition of deteriorating patients at home.</p> <p>The daily morning virtual ward rounds with the HITH team (Staff Specialist and nursing staff) will be part of the HITH PGY1/2 working day to discuss management plans and identify issues for HITH patients.</p> <p>Please outline the patient case mix, turnover and how acutely ill the patients generally are</p> <p>60 – 80 admitted virtual ward patients at any time (virtual ward = patient's own bed at home). These patients are admitted to the WSLH HITH service. Of these, around 30 -50 are admitted to the Westmead HITH service.</p> <ul style="list-style-type: none"> • 5-10 clinic reviews per day (these reviews can be performed by Telehealth) • 1-10 new referrals per day <p>All patients sufficiently clinically stable for management in community setting.</p> <p>The JMO will always be working under the direct supervision of either the Consultant, CMO, or Registrar, including on home or nursing home visits, which will NOT be undertaken by themselves.</p>
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TERM SUPERVISION

<p>Name, Position and Contact Details of Term Supervisor <i>Responsible for trainee term orientation and assessment</i></p>	<p>Dr Geoff Mifsud Senior Staff Specialist</p>
<p>Term Supervisor Contact with Trainee <i>Term Supervisor to provide a plan for contact with the prevocational trainee/s during the training term</i></p>	<p>General Contact</p> <p>Dr Geoff Mifsud -Senior Staff Specialist</p> <p>Tel: 02 8838 6333</p> <p>Fax: 02 8838 6350</p> <p>HITH Mobile: 0418 547 045</p> <p>Email: geoff.mifsud@health.nsw.gov.au</p> <p>Board round at 8am daily; Email/Page</p> <p>Clinical discussion regarding patient reviews</p> <p>Orientation</p> <p>Junior staff will receive a description of medical duties at the beginning of the rotation.</p> <p>Mid Term</p> <p>Term supervisor will provide formal assessment and feedback in the consultation with other members of the team (senior medical officer, nurses and other professional staff).</p> <p>End of Term</p> <p>Term supervisor will provide formal assessment and feedback in the consultation with other members of the team (senior medical officer, nurses and other professional staff).</p>
<p>Primary Clinical Supervisor (if not Term Supervisor)</p>	<p>As above.</p>

<p><i>Consultant or senior medical practitioner with experience in managing patients in the relevant discipline (PGY3+)</i></p>	
<p>Immediate Supervisor with direct responsibility for day to day supervision (PGY3+)</p>	<p>Daily consultant led board round.</p> <p>Immediate clinical supervision from Hospital in the Home Staff Specialists, including Dr Geoff Mifsud and Dr Rajni Lal.</p> <p>HITH CMO's HITH Registrar to also provide daily support (1 CMO and 1 Registrar on duty daily)</p> <p>Contact via switch. Offices co-located in Hospital in the Home unit.</p>
<p>Clinical Team Structure <i>Provide positions of all members of the clinical team who provide supervision and bedside teaching to prevocational trainees including AMO's and Registrars. Please also identify and describe how PGY1 &2s will be distributed amongst the team/s</i></p>	<p>HITH Director – Dr Geoff Mifsud</p> <p>HITH Consultant – Dr Rajn Lal</p> <p>HITH CMO – Dr Michele Tridgell</p> <p>HITH CMO – Dr Francsico Valencia</p> <p>HITH Registrar – seconded from Westmead ED</p> <p>HITH SRMO – from Westmead SRMO pool</p> <p>All the above work for the one HITH team</p>

<p>SPECIFIC REQUIREMENTS TO PRACTICE SAFELY DURING THE TERM</p>	
<p>This section may include</p>	<ul style="list-style-type: none"> • Good communication skills

<ul style="list-style-type: none"> • Courses (e.g. life support, resuscitation) • Procedural skills • e-Learning requirements <p><i>If there are any specific requirements please provide details of how the trainee will receive this training/will be assessed.</i></p>	<ul style="list-style-type: none"> • Proficiency in use of CERNER and EMeds system - attendance at appropriate training sessions provided • Cannulation skills <p>All of the above will be assessed by observation during the term.</p>
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TERM LEARNING OPPORTUNITIES

<p>Please list top 5 learning opportunities/objectives</p>	<p>1</p> <p>Develop knowledge and abilities in assessment and management of health conditions commonly managed by HiTH service.</p> <p>2</p> <p>Learn about: conditions that could be treated, the inclusion/exclusion criteria in HiTH, long term antibiotic infusor technology, use and maintenance of PICC lines etc.</p> <p>3</p> <p>Assessment and management of patients with common infective conditions and/or complex wounds.</p> <p>4</p> <p>Management of bridging anticoagulation in the community.</p> <p>5</p> <p>Understanding of how health care is delivered at home and understanding of public and private community care services & referral process to link patients to.</p>
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EXPECTATIONS OF THE PREVOCATIONAL TRAINEE

<p>Please list expectations</p>	<ul style="list-style-type: none"> • Complete admissions in the electronic medical record for all new patients • Assessment and formulation of management plan through
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	<p>discussion with senior medical staff</p> <ul style="list-style-type: none"> • Careful documentation in the electronic medical record of clinical progress including results of investigations, follow-up appointments and their outcomes as well as phone conversations with HITH / Community Nursing, GPs and other services • Communication with senior medical staff and nursing staff about any relevant change in patients' condition • RACF/Home visits with HITH CMO / registrar, with documentation of patient progress and management plan following review • Ordering and reviewing results of all appropriate investigations (either self-initiated or senior doctor initiated) • Discharge planning, together with patient, carers, GPs and district nursing • Completion of discharge summaries in consultation with senior doctor • Attend weekly HITH Case Conference meeting and Monthly team meeting - Hours are from from 8.30am to 5pm • JMO is welcome to attend afternoon paper round between CMO and Consultants, though presense is not manadatory • HITH JMO roster will be flexible enough to encompass majority of Hospital based JMO education opportunities
<p>Patient Load <i>(average per shift)</i></p>	<p>Patient Load per trainee 15 Patient load for team 15</p>
<p>After hours Roster <i>Does this term include participation in a hospital-wide afterhours roster and if so please advise frequency and the onsite supervision available after hours</i></p>	<p>Participation in General wards after hours roster for evenings, weekend and on call Medical registrar provides on-site supervision on these shifts.</p>

TERM/UNIT TIMETABLE AND INDICATIVE DUTY ROSTER						POSITION TYPE: Default
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
: 08:30 - HITH Medical Round : Patient Home Visits : HITH Clinic/Consults 4:00 PM to 4:30 PM: HITH Afternoon Round	: 08:30 - HITH Medical Round : Patient Home Visits : HITH Clinic/Consults 4:00 PM to 4:30 PM: HITH Afternoon Round	: 08:30 - HITH Medical Round : 10:00 - 12:00 - HITH Weekly Case Conference : 13:00 - 14:00 - Medical Grand Rounds : HITH Clinic/Consults 4:00 PM to 4:30 PM: HITH Afternoon Round	: 08:30 - HITH Medical Round : Patient Home Visits : 13:00 - 14:00 - Formal JMO Teaching : 15:00 - 16:00 - Monthly HITH Meeting 4:00 PM to 4:30 PM: HITH Afternoon Round	: 08:30 - HITH Medical Round : Patient Home Visits : HITH Clinic/Consults 4:00 PM to 4:30 PM: HITH Afternoon Round		