



IPSWICH HOSPITAL EMERGENCY DEPARTMENT



REGISTRAR/PHO ORIENTATION

2013



ORIENTATION FOR REGISTRARS TO THE IPSWICH EMERGENCY DEPARTMENT

ABOUT IPSWICH HOSPITAL

Welcome to Ipswich Emergency Department!

Ipswich Hospital is situated 40km west of Brisbane. It has a 150 year history of providing medical care to the Ipswich Community and the surrounding West Moreton Health District.

It is classified as a medium outer metropolitan hospital, with 341 beds. It provides the specialty services of Medicine and Surgery, Orthopedics, Psychiatry, Anaesthetics, ICU, Paediatrics, Palliative Care and Rehabilitation. Ipswich Hospital also has close affiliation with the University of Queensland Medical School, Ipswich Campus to provide quality undergraduate education and training.

The Emergency Department sees up to 46 000 patients per year, admission rate of 24%. It is a mixed ED and approximately 25% cases are paediatric. As part of the West Moreton Health District, the catchment area includes Gatton, Esk, Laidley, Lowood and Boonah. There is an after-hours general practice on-site until 2100hr daily. Patients presenting with minor injuries and illnesses should be encouraged to attend their own general practitioner for follow-up and for future non-urgent care.

As a Training hospital, it is accredited with the ACEM for 6months of advanced training. It offers terms in Medicine, Paediatric, Anaesthetics, ICU, Medical Education and Psychiatry. A Paediatric logbook may be maintained for ACEM training. It is also recognised for training by the Royal Australian College of General Practitioners.

1. ORIENTATION CHECKLIST

Before you start work ensure you complete access forms for the EDIS information system. If you need assistance with EDIS, Auslab, Groupwise, please see the Departmental Support Officer (Gail McBean).

Ensure that you are shown the following:

Departmental Layout

Resuscitation Cubicles and Equipment
Disaster Room and Retrieval Packs
Acute Cubicles
Consulting Rooms
Relatives Room
Mental Health Areas
Handover room
Sub acute Area
Short Stay Ward and Clinical Decision Unit
Store Rooms
Triage and Ramping area
Procedure Suite
Toilets
Medical Imaging
Ultrasound Machine
Lamson system
Clean Utility Room
After-hours drug cupboard and keys

Office Suite

Director's Office
Seminar Room
Senior Medical Officer's Office
Registrar Room
Mail Boxes for ED Staff
Lockers
Tutorial Room

ALL STAFF MUST MAKE AN APPOINTMENT WITH THEIR CLINICAL SUPERVISOR WITHIN ONE WEEK OF COMMENCEMENT TO DISCUSS LEARNING OBJECTIVES.

2. STAFFING

Medical Staff in the Emergency Department consists of:

1. Director – Daniel Bitmead
2. Deputy Director – Kenny Tay
3. Full time Staff Specialists in Emergency Medicine
 - Kylie Baker - Director of Emergency Medicine Training
 - Bev Coyne
 - Shane Martin
 - Raelene Donovan
 - Christine Verdec
 - Augustus Kigotho
 - Andrew Churchman
4. Part-time Staff Specialist in Emergency Medicine
 - Stephen Brierley
5. Senior Medical Officers
 - Nick Milns
 - Quentin Shaw
 - Peter Ivermee,
 - Ian Brandon
 - Denis McCarthy
 - Dip Chand
 - Michael Janssens.

There is an SMO on-duty from 0800-2330hr 7 days a week. They are on-call at all other times. Please be familiar with the Mandatory SMO Call Criteria below.

3. SHIFTS

Registrars/PHOs and Junior staff work 9.5 hours shifts. These include an unpaid ½ hour for meals. This ½ should not be claimed for unless you genuinely cannot take a meal break. This will equate to a 76 hour fortnight.

Shift Starting times

1. Day shifts
 1. Day shifts commence at either 7am or 8am, and finish at 1700 or 1800 hours respectively.
2. Evening Shifts
 1. All evening shifts are from 1330 to 2330 hours.
3. Disco shifts
 1. It will commence at 1630 hours and be covered by Registrars/ED SHOs. This shift will then be remote on call till 8am the following day.
 2. These shifts will often be worked in the SAC.
4. Remote on Call
 1. Resident remote on call will be a resident/intern allocated to a day shift.
 1. The resident remote will cover on call from 1830 to 2230hours.
 2. Resident remote will be required to stay/return if there is sickness, high volume or high acuity patients within the department.
 3. The registrar remote on call will be the disco shift registrar.
 4. They will cover remote on call from 0200 to 0800hours.
 5. Registrar remote will be called back for patient transfers/ retrieval overnight, and be required to stay for high volume patient load.
5. Night Shifts
 1. Night shift is from 2200 to 0830 hours.
 2. Staffing will be 2 Registrars each night shift. One registrar should possess airway skills.
 3. Junior staff include one SHO/JHO and one intern. One of the junior doctors will cover ward call.

If you are unable to present for a shift because of illness or unforeseen circumstances, please notify the Senior Medical Officer

as soon as possible (preferably the day before) so roster adjustments can be made.

If you are stay back or are called back to work and there is less than 10 hours till your next shift, please assume you are entitled to fatigue leave. Leave a message with the night staff to pass on what time you will start work.

4. HANDOVER

Medical officers must ensure that patient care continues after they have completed a shift. Formal handover rounds are conducted at change of shift, ie 8am, 1700/1800 and 2330 hours. The 8am handover occurs in the Handover room in SAC.

Please ensure that all patients placed in the SSW are handed over at the end of shift to ensure ongoing care/follow up.

5. STRUCTURE OF DEPARTMENT

Currently staff during a day and evening shift are allocated to work within the Acute/Resus area and the Sub Acute Clinic (SAC). The Acute area/Resus area is further divided into 2 teams (Team A&B). You will be allocated into Team A, Team B or SAC at the start of a shift.

Each team is made up of a Team leader (often a Consultant/SMO), a Registrar and a Resident/Intern. The Team leader is responsible for patient flow within the department, and for supervision of junior doctors. The Team leader will also be seeing and working up their own patients.

The SAC team during the day is made up of the SSW SMO, a registrar and resident/intern. There is also a nurse practitioner assigned most shifts. The SSW SMO is responsible for SSW patients that have been in SSW overnight. They will supervise SAC once they have completed their work in SSW. The A and B team leaders are still available during the morning, and evening shifts for supervision/assistance.

6. MANDATORY CRITERIA FOR CALLING THE SMO OVERNIGHT

The SMO on-call must be informed of:

1. Any Cat 1 patient.
2. A call from QAS that Code 1 patient in transport
3. Any airway problems or impending airway problems
4. Transfers or retrievals requiring Medical Escort
5. Thrombolysis
6. Seriously ill children, infants, babies
7. Seriously ill or shocked patients, or any patient of concern
8. Any Trauma Call
9. Political / Medico-legal / Interdepartmental conflict and concerns
10. Ramping
11. Patient flow issues
12. Retrievals/transfers
13. Compromised safety for patients in Categories 1-3 due to excessive waits.

The call to the SMO can be initiated by the senior doctor or nurse on-duty.

7. RADIOLOGY OVERNIGHT

There is no radiology staff in the hospital overnight. Radiographers are in the hospital till 2300hours.

Radiographers are on call for plain films and CT. Sonographers are also on call for all urgent USS, after 7pm. There is call in criteria for plain films, with CT and USS requests to be discussed with the on call SMO prior to calling the radiographer/sonographer. Please consider all requests and how it will change management, as all call ins of radiology staff has an impact on fatigue and imaging the next day.

CT reports overnight requires the oncall radiologist to be contacted.

8. NURSING STAFF

The Emergency Department works as a team. It is important to communicate with nursing staff politely and effectively. The Department is fortunate in having a well-trained team of Emergency Nurses with a great deal of experience. Their opinion should be listened to and respected.

The Nurse Unit Manager is Melissa Heather.

Most registered nurses are able to cannulate and take blood from adults but will ask you to do it if they are overwhelmed with work or if the patient has difficult IV access. Sometimes it is easier to perform simple nursing duties yourself than to find a nurse busy in another area.

If you cannot find the Nurse who has been allocated to your patient, you can ask the Shift Coordinator to coordinate your care instructions.

The department also has 2 Nurse Practitioners. These NPs have significant experience and can be a wealth of knowledge. They work predominantly in SAC.

EMERGENCY DEPARTMENT LAY OUT

9. ACUTE AREA AND RESUS

During the construction of the new ED, the Acute area is housing both the Acute beds and Resus area. Currently there are 12 acute cubicles, and 3 resus bays.

The resus bays are temporary, with resus 1 being made up of 2 cubicles joined, while resus 2 and 3 are single cubicles. With this in mind, the resus bays have limited space and equipment. Intubations and procedural sedation is therefore preferentially performed in resus 1.

The acute cubicles are laid out in a similar fashion. Cubicles 4-9, & 15 are monitored, with the remaining cubicles having non cardiac

mobile monitors. Cubicle 8 has toys, and paediatric equipment, and Cubicle 15 has an ensuite and doors. This cubicle is often used for gynae procedures.

10. SUBACUTE CLINIC (SAC)

SAC consists of 5 beds and a seated waiting room. It also has a slit lamp, ENT trolley and dental equipment. It currently stores the plaster trolley, suture and dressing trolleys. It is staffed by a nurse and medical officer. It is designed to see patients from Categories 3 -5 who are ambulatory and who have more simple conditions that are likely to require a 2 -4 hour transit time through the Emergency Department.

11. SHORT STAY UNIT

The current Short Stay Ward (SSW) is combined with the Clinical Decision Unit in ward 4A.

The SSW consists of 6 beds. It can be flexed up during the day, but is limited to 6 overnight.

Patients for SSW must be discussed with a senior doctor. They also require a admission form to be completed, along with all medications, fluids and notes complete. A suitable 4 hour plan is required to be completed, and details of the doctor following up results/reviewing patients must be completed. It is also advantageous to have the discharge documentations commenced, as this will aid in the discharge process.

Please ensure that all patients are handed over at the end of the shift.

12. PROCEDURE SUITE

There is a Procedure room located behind the acute area. It is currently not being used. It does have the Blanket warmer, and various splints and crutches located there.

Once the final department is complete, it will be utilised for various procedures including potentially procedural sedation.

13. CONSULT ROOMS

There are 2 consult rooms located in the external corridor. They have chairs only. They are utilised by mental health for private interviews, with patients carefully selected to ensure patient and staff safety.

The rooms can also be used for relatives of patients in resus.

14. TRIAGE/RAMP AREA

This is a temporary triage area. It has the QAS ramping area, as well as a small area secluded off for secondary triage.

15. CLINICAL DECISION UNIT (CDU or WARD 4A)

Ward 4A consists of 6 beds for use by the Clinical Decision Unit. It previously was known as MAPU, but in the future it will also be used for work up of surgical and gynae patients.

The Medical Registrar is located in the CDU, and will admit stable medical patients here prior to their transfer to the ward. It can not take monitored patients or unstable patients. Suitable patients for the CDU must be discussed with the senior ED doctor. A short management proforma is completed before admission, which includes a 4 hour management plan as well as all medications, and fluids. The Medical Registrar must be notified of the admission to the CDU.

ADMITTING PATIENTS

1. MEDICAL

- a. There are medical registrars dedicated to admitting patients from ED. The numbers vary during the day, but there is one registrar responsible for taking all referrals. This registrar will then determine who will see the patient. The registrars for admissions are usually located in the CDU, but will see sick/monitored patients in the acute area or will see some patients directly on the ward.

- b. The admitting medical registrar will also see any patient requiring admission to CCU. All cardiology patients will be admitted under a general medical team, not cardiology.
- c. During business hours, the exception to the admitting registrar performing the admission is for STROKE, OPERA AND EDS patients.
- d. STROKE patients: If a patient is suspected as a CVA, then a CT head is arranged, and the stroke team is paged. The stroke team will then determine who sees the patient (medicine/ stroke) and will expedite movement of the patient through there investigations and arrange beds in the rehab ward. We do not currently have thrombolysis for strokes.
- e. OPERA: (older persons) These are elderly patients >70y. Any suitable patient can be discussed directly with the OPERA registrar. Depending on the patient or the units workload, they will accept and arrange admission of these patients. These patients can be transferred to CDU awaiting admission.
- f. EDS:(Early discharge service). The EDS covers Hospital in the Home, Hospital in the Nursing Home. They commonly look after DVT, cellulits and some PEs. They can also attend wound reviews, IDCs. They are happy to discuss patients to determine if suitable. There is a booklet on G drive that outlines criteria, how to contact, and how to refer.

2. PAEDIATRIC

- g. The paediatric registrar for admissions carries a DECT phone. Stable children can often go directly to the ward after discussing the patient with the Paeds registrar, for review by them on the ward. These patients should be discussed with a senior doctor.
- h. The paediatric team is also happy to provide assistance when the department is busy and there are children needing to be seen. They also like to provide assistance with any sick child.

3. O&G

- i. The O&G registrar can be contacted via DECT phone.

4. SURGERY

- j. Surgical patients that are for admission, and are deemed stable can be directly admitted to the ward after discussion with the registrar. This applies to General Surgery, Orthopedics, and Urology and the Surgical Specialties.
- k. ENT may request the patient to be reviewed in clinic.
- l. Maxillofacial is not present every day. If patients require admission the request is often for transfer to the PAH.

5. ICU

- m. The decision regarding admission to the ICU is at the discretion of the ICU consultant. All referral must be discussed with the SMO/consultant.
- n. The ICU team is very happy to provide assistance with any sick patient and prefers to be involved early in the process.

AFTER HOUR ADMISSIONS TO SURGERY/ORTHOPEDIC/SURGICAL SPECIALTIES

There is a Surgical Registrar on site overnight while the other specialties are on call, but not on site. On call Maxillofacial is the exception as the on call is covered by the PAH.

As a courtesy to our surgical, orthopedic and urology colleagues, we have agreed that wherever possible we will directly admit to the ward after 11pm. We will contact them with details in the morning of all direct admissions.

All patients for direct admission must be stable clinically. They require a plan to be documented for overnight, with all medications and fluids to be charted.

Any patients that require immediate review by the surgical registrar, the appropriate registrar should be contacted.

MENTAL HEALTH

There is 24 hour coverage by the Mental Health team within the ED. The Mental Health Clinical Nurse is available on pager or can be found in the SAC area. They will often see patients directly from triage, but may require input for medical clearance prior to discharge or admission to the ward. Notify them of any EEOs that are brought in by police/QAS, and provide them of any plan surrounding these patients ie will be medically clear once drug levels are back.

In the current structure of the department, there is no secure room for MH patients. There are 2 consult rooms, but patient selection is crucial to ensure patient and staff safety. Violent, aggressive patients and those on EEO may best be managed in a visible acute cubicle with security in attendance.

No patients on EEOs can be placed in SSW. Suitable MH patients (voluntary, low risk) patients can go to SSW awaiting MH input.

DISCHARGING PATIENTS

1. COMMUNICATION TO PATIENTS AND GP

- o. Before discharging a patient, ensure you have communicated all the necessary details to those that as assuming ongoing care (GPs, Specialists, community nursing services, nursing homes etc)
- p. Also ensure all documentation, including workers compensation, medical certificates, and scripts are complete.
- q. Discharge letters can be handed directly to the patient, or can be arranged with the admin officer to send/fax to the GP.

2. PATIENT FOLLOW UP/SPECIALIST OUTPATIENTS

- r. We are not able to directly refer to outpatients unless seen or discussed with the inpatient registrars/consultants. GPs can directly refer to the specialist outpatients.

- s. Trial of void clinic: this can be arranged by completing a day surgery form.

3. FRACTURE CLINIC

We can directly refer to the fracture clinic without discussion with the orthopedic team. Complete the blue outpatient referrals form and place it in the chart.

4. EARLY PREGNANCY SERVICE

Ipswich Hospital has a very good Early Pregnancy Service that will see women up to 20 weeks. During hours, the triage nurse will contact the EPS and often patients will not even be entered onto EDIS. If EPS is unable to accommodate due to patient load or staffing issues, they will request the patient be seen in ED.

If the patient is seen in ED during hours, or after hours, EPS will provide follow up. They require a Blue referral slip be completed and the chart to be placed in the EPS box at triage.

OTHER SERVICES

1. MEDICAL IMAGING

The Medical Imaging Department offers a wide variety of services including plain xrays, ultrasound, computerised tomography, and fluoroscopy. Plain xrays are available from 0600-2330hr seven days a week. An on-call service is available at other times. The decision to call the radiographer in should be made by the most senior medical staff member on-duty, using the available guidelines in the Protocol Manual.

After-hours CT and ultrasound are available as a call-in service after discussion with the senior medical staff member on-duty. After-hours requests for non-urgent investigations can be placed in the Request Box provided and the patient instructed to phone for an appointment the following working day.

The radiology department is located next to ED. All imaging requests during hours are walked around to the radiology department. Plain film requests in hours are left at the reception desk. After hours (till 2330hours) are taken around to the radiographer in the xray room. Patients in the waiting room can be placed in the chairs opposite the reception and the form left with the reception/radiographers.

All CT requests are discussed with the radiologist during hours, and the radiographer after hours. ALL CT requests must be discussed and signed off by a SMO. After hours you will be required to attend the CT if contrast is required. Please ensure you place your pager details to allow the radiographer to contact you.

All USS requests must be taken and discussed with the sonographer. USS is available till 7pm during the week, and also available for most the day on the weekend. Requests after hours requires the on call sonographer to be contacted. All USS requests must be signed off by a SMO.

2. PATHOLOGY

Pathology is located on level 5 and is available 24 hours. There is no blood gas machine in the ED, so all must be sent to pathology. They require a phone call to notify them that a blood gas is on the way.

3. ALLIED HEALTH

Allied health available/present in the department includes Physio, OT, Social work, and Hand 2 Home (H2H). All can be paged, but desk spaces are located in SAC.

4. PHARMACY

The Department has an after-hours drug cupboard for dispensing most acutely needed medications required by patients. There are local pharmacies open until 9pm daily and doctors are encouraged to issue scripts. During office hours, scripts can be filled at the Hospital Pharmacy if the patient prefers this.

The ED has a designated pharmacist available during hours. She is located between CDU and SAC. She is readily available to help with

locating medications, and for assisting with patients unknown medications.

SPECIFIC ISSUES

1. ACUTE TRAUMA

While Ipswich is not a major trauma hospital, it still does see multi trauma, single trauma patients. There is a Trauma Response Protocol for management of acute multi injured patients. Please become familiar with this protocol.

2. RETRIEVAL/TRANSFERS

Many patients require transfer to the tertiary centres, and many patients from the district hospital require retrieval. During your time in the department, there will be many opportunities to partake in these opportunities. Transfer/Retrieval packs are located within the resus area. It is worthwhile to be familiar with equipment is in them.

Transfers/retrieval that occur after hours will require the SMO on call to be notified as they will need to cover staffing deficits.

ROSTER AND LEAVE REQUESTS & ROSTER SWAPS

1. Annual leave

1. A minimum 6 weeks prior notice to be given for all leave requests.
2. With the introduction of a 3 month roster, a date 6 weeks prior to the commencement of the roster will be provided as a deadline for all requests during that 3 month period.
3. Quarantine times will exist. These will be blocked off from all requests until the entire group is notified to place requests. This is to allow fair access to the leave. These times include:
 1. Christmas, New Year, Easter
 2. Exams: Primary and Fellowship
 3. ACEM ASM Conference

4. ACEM Autumn Symposium
4. To place a request:
 1. Gail McBean (Office Manager) will be guardian of the year planner
 2. If no leave has been requested at the time you are interested, Gail will block the requested period out on the calendar & the individual must complete and submit a leave form. An email that the request has been confirmed on the leave calendar should be sent to the IGH roster email address.
 3. If the period of time has >2 people off, discussion should occur with Department Director/Deputy Director.
2. Exam Leave
 1. A minimum 6 weeks prior notice to be given for all leave requests.
 2. Allocation will aim to provide equitable distribution of leave available at this time to those sitting exams.
 3. All individuals sitting exams will be provided with the day prior, the days of the exam off.
 4. Preferential allocation of leave around this time will be to those sitting the exam.
 5. Those requiring leave during this time, that are not sitting the exams, will be considered based on individual cases.
3. Registrar Leave
 5. Registrars have 6 weeks leave allocated in a 12 month period.
 6. If working the full year, no more then 6 weeks per year may be taken unless prior arrangement/notification is made with the Department Director.
 7. If working a half year, no more then 3 weeks leave may be taken unless prior arrangement/notification is made with the Department Director.
 5. Last minute leave requests

1. Any last minute leave requirements will be the responsibility of an individual. It will require the individual to arrange a roster swap.
2. This will occur within a similar skill mix ie registrar with registrar.
3. In special circumstances where no swap is able to be arranged, please discuss with the appropriate roster people.
4. All roster swaps will require notification to both Gail Mc Bean and the IGH roster email adress.

4. Sick leave

1. Please notify Office Manager (Gail McBean) and the “C” doctor phone.
2. Please provide as much notice as possible.
3. “C” doctor to liaise with medical admin/roster to arrange cover wherever possible.

EDUCATION

1. TEACHING

There is a weekly teaching program for registrars. It is on Thursdays for 10am to 1300hours. Those rostered to a day shift will be required to assist in SSW till 10am. From 10am their time off the floor will be protected by senior staff. If you are rostered for an evening or days off there is an expectation to attend (where reasonable). Attendance over the term should be 75% to meet College requirements. Once every 4-6 weeks there will be a 4 hour session on USS or simulation.

The department also has a structured Primary teaching program that runs weekly on Friday afternoons. If you wish to be involved, please see Andrew Churchman.

2. AUDITS , M &M

The Department audits all deaths and cardiopulmonary resuscitation, as well as any high morbidity patients, and interesting cases. There is

a box in the doctors write up area for people to place interesting/complex patients they would like reviewed.

From time to time there will be audits of various practices in the department. There is also a safety audit of procedural sedation. Please assist by completing the relevant forms.

INFORMATION SYSTEMS

1. Clinical Guidelines and Protocols

Can be found on g:/ed clinical info

Website

A Departmental website at www.ipswiched.org.au is currently being developed. It will provide education details, rostering information, journals, clinical protocols etc.

MEAL BREAKS

Please take time-out for meal breaks at morning tea, lunch, afternoon tea, dinner and supper. You will probably work much more efficiently on return after a break. This includes night-duty.

Meals, snacks and drinks should not be consumed in the work area. It looks unprofessional to patients who believe they are waiting because you are taking a break.

WORKPLACE HEALTH & SAFETY

It is the responsibility of all staff to maintain a safe workplace. Doctors have a duty to maintain a tidy clutter-free environment.

Medical officers are responsible for clearing away all “sharps” used during any procedure.

Queensland Health has a “Zero Tolerance” of violent behaviour. Medical officers should practise aggression minimisation skills, but should be prepared to call security or the police if patient, carers or visitors display unacceptable behaviour.

CONCLUSION

Your term in the Emergency Department will be a time of solid learning and skill acquisition. It is a stressful term because of time constraints, long shifts, and difficult patients. Doctors must look after their own health and take time-out for meal and tea breaks. Please do not hesitate to talk to the Director or Senior Medical Officers if you are having personal difficulties or problems coping with the workload.

We hope your term will be a valuable and enjoyable experience.