MonashHealth

Corporate Services
Monash Medical Centre
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Clayton Victoria 3168

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Clayton South Vic 3169

Tel (03) 9594 2742
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11 August 2018

Coroners Prevention Unit
Coroners Court of Victoria

By email: cpuresponses@coronerscourt.vic.gov.au

Dear Sir/Madam

Re: Inquest into the death of Lachlan Black
Your ref: COR 2014 4205

I refer to my letter to you dated 28 March 2018 in response to the recommendations arising from Coroner Carlin's findings into the death of Lachlan Black (a copy of which is attached for ease of reference).

One of Coroner Carlin's recommendations was that: *Monash Health introduce a formal policy governing the care of patients who present to the Emergency Department within 72 hours of a previous presentation requiring that such patients be personally reviewed by an Emergency Department consultant as soon as possible and that there be a concerted re-evaluation of the working diagnosis. In the event that an Emergency Department consultant is not available, the patient should be managed by a senior registrar and reviewed by a second senior registrar.*

In my letter of 28 March 2018, I indicated that, in order to implement Coroner Carlin's recommendation that a second senior registrar review patients representing within 72 hours where a consultant is not available, Monash Health was reviewing its staffing levels so that two senior registrars would be available in the Emergency Department at all Monash Health sites between 2400 and 0800 hours.

It has now become apparent that due to a lack of available applicants, Monash Health will not be able to recruit a sufficient number of senior registrars for its Emergency Departments to achieve those staffing levels in the immediate future. Accordingly, Monash Health has amended its processes so that between 2400 and 0800 hours patients representing within 72 hours will be managed by the senior registrar on duty in the Emergency Department and reviewed by the senior registrar on duty in the relevant inpatient ward (i.e. the paediatric ward). This approach continues to represent an implementation of Coroner Carlin's recommendations in full.

As indicated in my previous letter, patients representing within 72 hours between 0800 and 2400 will be reviewed by a consultant.

MonashHealth

A copy of the Hospital Emergency Medical Orientation Manual reflecting this process is attached.

Yours sincerely

A/Prof Andrew Block
Program Medical Director, Acute Medicine, Subacute & Community

Attach.

Monash Medical Centre Clayton
246 Clayton Road
Clayton
Tel: 9594 6666

Moorabbin Hospital
Centre Road
East Bentleigh
Tel: 9928 8111

Kingston Centre
Warrigal Road
Cheltenham
Tel: 9265 1000

Dandenong Hospital
David Street
Dandenong
Tel: 9554 1000

Casey Hospital
Kangan Drive
Berwick
Tel: 8768 1200

Community-based services across the South East

ABN 82 142 080 338

Monash Health

Emergency Department

Medical Staff

Orientation Manual

2018 Edition

Table of Contents

1. Welcome to our Emergency Department

You are now part of our enthusiastic, dynamic, professional multidisciplinary team.
You will see and learn a great deal and treat patients with a wide variety of presentations, acuity and complexity.
We encourage you to be proactive and see a variety of patients and to get a lot of hands-on experience.
This handbook has been developed as part of your orientation to our ED.
Please read through the manual before starting in ED to familiarise yourself with staff, logistics and operating procedures.
Please note that each ED will provide you with site-specific information. Please become familiar with this information prior to commencing work at each ED.

1.1 Monash Health has four Emergency Departments:

- Monash Medical Centre Emergency Department (adult patients only)
- Monash Children's Emergency Department (paediatric patients only)
- Dandenong Hospital Emergency Department (mixed adult and paediatric patients)
- Casey Hospital Emergency Department (mixed adult and paediatric patients)

Monash Medical Centre Adult Emergency Department and Monash Medical Centre Paediatric Emergency Department share a common triage/ reception area, ambulance entrance, staff room and staff toilets. Each has a separate roster, staff and patient cubicles.
All Emergency departments have ED consultants on clinical duties from 08:00AM - 24:00PM, 7 days a week. It is expected that you involve them in the care of the patients that you see.
An ED consultant is on-call from 24:00-08:00AM. (see section 5.7)

1.2 Our Teams

We are very proud of our multidisciplinary ED teams.

Our professional groups include:

Medical
Nursing
Clerical
ED Allied Health team
Patient Service Assistants (PSAs)
Physiotherapy & AMPs
Pharmacy
Child Life (play) Therapists

Our teams are supported by:

Mental health (ECATT) – on site 24 hours a day.
Allied Health
Drug & alcohol service
Interpreter services
SECASA (South Eastern Centre Against Sexual Assault)
Hospital in the Home (HITH)
INREACH service (residential care and nursing homes)

A few general words of advice:

Contact an ED consultant/ Team Leader early if:
You have any questions or concerns regarding any of your patients.
You feel your patient is unwell, deteriorating or you are unsure about management.

The emergency department has HMO and Intern supervisors who should be contacted if you have any questions or concerns during the rotation.
There are two DEMTs in each department to address any training needs for the ED registrars.
A Mentor Program is also available to ED trainees.

Welcome to the team. We hope you have a great experience working with us.

	Monash Medical Centre Adult Emergency Department	Monash Medical Centre Paediatric Emergency Department	Dandenong Hospital Emergency Department	Casey Emergency Department
Emergency Service Medical Director	Dr Neil Goldie			
Director of Emergency Medicine	Dr Rachel Rosler	Dr Adam West	(Interim) Dr Neil Goldie	A/Prof Alastair Meyer
Director of Emergency Medicine Research	Prof. Andis Graudins			
Director Education	Dr Sheila Bryan			
Directors of Emergency Medicine Training	Dr Danny Ben-Eli Dr Michael Coman Dr Lisa Vallender (acting)	Dr Bob Seith Dr Michael Coman (acting)	Dr Diane Flood & Dr Shemma Hasanovic	Dr Ali Asadpour & Dr Sarah Mikhail
HMO Supervisor	Dr Helen Psihogios	Dr Preeti Ramaswamy	Dr Alex Duong Dr Michelle Phillander (acting)	Dr Wei Ch'ng Chin Dr Parya Fadavi (acting)
Intern Supervisor	Dr Brad Dick	N/A	Dr Ken Hii & Dr Dimitri Giannios	Dr Wei Ch'ng Chin Dr Parya Fadavi (acting)
Emergency Physicians:	Dr Danny Ben-Eli Dr Michelle Bertolucci Dr Gabriel Blecher Dr Michael Coman Dr Brad Dick Dr Julia Dillon A/Prof Diana Egerton-Warburton Dr James Fordyce Dr Stephen Gildfind Dr Susan Hahnemann Dr Richard Haydon Dr Madeleine Howard Dr Jackie Herington Dr Tara Johansson Dr Ciaran Joyce Dr Maureen Koo Dr David Lightfoot Dr Andy Lim Dr Michaela Mee Dr Helen Psihogios Dr Varuna Ruggoo Dr Anastasia Sfakiotaki Dr Ananth Sundaralingam Dr Steve Troupakis Dr Lisa Vallender Dr Andre Vanzyl	Dr Celia Bagshaw Dr Gabriel Blecher Dr Deanne Chiu Dr Cathy Coates Dr Michael Coman Dr Mark Cordon A/Prof Simon Craig Dr Di Flood Dr Christina Fong Dr Natalie Hood Dr May Chang Dr Meg McKinnon Dr Erin Mills Dr Deb Morawetz Dr Julia Phillips Dr Preeti Ramaswamy Dr Stella Robinson Dr Robert Seith Dr Niki Talic Dr Bev Thompson Dr Martin Tuszynski Dr Lisa Vallender Dr Toby VanHest Dr Andre Vanzyl Dr Adam West	Dr Sheila Bryan Dr Daniel Crompton Dr Trudi Davis Dr Jennifer Kim Blackmore Dr Dino Druda Dr Alex Duong Dr Diane Flood Dr Suzan Fox Dr Dimitri Giannios Dr Andis Graudins Dr Steve Guastalegname Dr Julia Harrison Dr Semsudin Hasanovic Dr Joanne Henry Dr Ken Hii Dr Cherry Lau Dr Hwee Min Lee Dr Wendy Lim Dr Melanie McCann Dr Robert Meek Dr Jason Nebbs Dr Michelle Philander Dr Kirsty Povey Dr Like Robinson Dr Rachel Rosler Dr Frank Soden Dr Ananth Sundaralingam Dr Susan Tucker Dr Igor Tulchinsky Dr Malinda Weerasinghe	Dr Hani Aljamal Dr Ali Asadpour Dr Allan Au Dr Andrew Backay Dr Nathan Bushby Dr Lauren Dabarera Dr Andrew Dyall Dr Nicole Dyer Dr Wei Ch'ng Chin Dr Parya Fadavi Dr Bashir Gondal Dr Kishani Goonawardene Dr Lewis Goverwa Dr Mohan Govindarajah Dr Melody Hiew Dr Jonty Karro Dr Gabriel Kwok Dr Hwee Min Lee A / Prof Alastair Meyer Dr Sarah Mikhail Dr Pourya Pouryahya Dr Anastasia Sfakiotaki Dr Roger Tong Dr Garry Wilkes Dr Adeline Wu
Nurse Unit Manager	Allison Sexton		Kate Sandry Bridget Fernandez	Suzanne Kemp
Clinical Nurse Unit Manager				
Clerical Team Leader	Vicki Abilovska		Suzana Alimi	Nicole Huisman
Care Coordination Team Leader	Tanya Gilmore		Tanya Gilmore	Tanya Gilmore
Pharmacy Team Leader	Jaime Vallego (95549950)			
ED Secretary	Clea Schafer 9594 2707		Debra Worrall 9554 8475	Leah Williams 87681890
ED Administrative Assistant	Karen Riccioni (rosters) 9594 2875		Dale Ferguson 9554 9915/ 0488607365	Heather King 87681889

2. Getting Started

2.1 ID / proximity card access / car parking

Please see the ED secretary if you require forms or access configured for ED.

2.2 Lockers

Ask the ED secretary for access to lockers.

Please do not leave valuables outside of a locker and do not store personal belongings under the working stations.

2.3 Rosters

ED	Written by
Monash Medical Centre	Emergency Physician – SMS & JMS roster Paediatric Fellow – JMS roster
Dandenong	Emergency Physician
Casey	Emergency Secretary (HMO, Intern roster) Emergency Physician (Registrar, SMS roster)

2.4 Roster swaps

Shifts may be swapped only with a same level colleague (i.e. intern with intern).

A roster swap form must be filled out and given to the ED secretary (form in ED office) for approval.

Roster swaps must adhere to safe hours guidelines:

- A minimum 10-hour break between each worked shift.
- Swaps after night shift must have a minimum 48hrs break after a night shift if swapping to days or evenings.
- Long runs of days-on and long runs of days-off may not be approved as this can lead to fatigue, errors and poor workplace performance.

Submit your requests for roster swaps to:

MMC	DDH	Casey
Karen Riccioni	Dale Ferguson	Leah Williams

2.5 Leave: Annual Leave/Sick leave /other unscheduled absence

Leave forms are available in the ED secretary's office.

Annual leave is planned ahead for the year.

- Please advise any changes to leave plans to the roster coordinator well before the roster is published.
- Changes to leave will not be approved once the roster is published, except in extraordinary circumstances.

Sick Leave

MMC and Casey:

- Please call and speak to the Consultant in charge directly **as early as possible** and advise him/her of when you think you will be able to work again.
- Notification by e-mail, text, voice message or to a clerical/ junior staff is **not acceptable.**

Dandenong:

- Please notify Dale Ferguson during the hours of 07:00AM- 23:00PM. Outside these hours or if you are unable to contact Dale Ferguson please contact the Consultant In Charge Number.

ED	Consultant In Charge Number
Monash Medical Centre (adult)	95946700
Monash Medical Centre (paediatric)	95942814
Dandenong- Dale Ferguson	0488607365 or 95549961 or 95549962
Dandenong CIC	95949961
Casey	87681880

2.6 Time sheets - Kronos

Time sheets are done electronically on the Kronos program. You can view your time sheet online or via the Kronos App. Please do not make any changes to your time sheet. If you notice any errors, please discuss this with the ED secretary, who will make the necessary changes.

2.7 Staff room

The place to have a welcome break from the bustle of the ED. Make sure you have a meal break (not longer than 30 minutes) during every shift. We try to time the breaks so that not everybody goes at the same time. Let the Consultant in charge know about your patients before you leave the floor. There is a fridge to store your food (make sure you label and date it), and facilities for coffee & tea. Please eat your meal in the tearoom and not in the cafeteria, so that you are available should your patients deteriorate.

Pigeonholes for medical staff are located in the staff room.

2.8 Mobile phones

Please do not use mobile telephones during clinical shifts. This is out of courtesy and respect to patients and other staff. Please turn phones off or ensure they are on silent mode.

3. The Emergency Department

3.1 Model of Care: "Patient First"

The Emergency Department has a team-based multidisciplinary model of care that aims for:

- Excellence in emergency care.
- Best-evidence clinical practice, *e.g. "Think before you cannulate".*
- Improved patient safety.
- Reduced queue "at the front door."
- No waiting from arrival in the ED.
- Early senior multi-disciplinary decision-making.
- Identification of clinical priorities and initiation of management.

3.2 Work Routine

3.2.1 Work Ethic

Sick Leave/ other unscheduled leave – please notify as per section 2.5.
Conduct yourself in a way that reflects the ICARE values.

3.2.2 Punctuality

Please arrive on time. If you are running late please notify the Consultant In Charge.

3.2.3 Teamwork & Behavioural Standards

- Please conduct yourself in a professional manner at all times and adhere with the iCARE values.
- Keep your working environment neat and tidy.

3.3 Description of Medical Roles

It is expected that all staff exemplify the ICARE values central to working at Monash Health and display the following attributes:

- Professionalism: presentation, punctuality, time management.
- Excellence: providing the best quality care to every patient.
- Effective Communication: with patients, families, colleagues and other staff.
- Teamwork.
- Familiarity with hospital and department policies and procedures.
- Continuing Professional Development.

You are here to practice Emergency Medicine to the best of your ability. As you do so, you will be learning it and gaining more experience in it.

An ED rotation involves:

- Clinical work.
- Education (teaching or receiving) and
- Research (including “QA”).

You are expected to participate in all of these under the guidance of the Senior Medical Staff staff.

Clinical work is the major component of your duties.

Ensure that the Key Performance Indicators are met. (Section 3.5.2)

You are required to be familiar with the guidelines, policies and procedures of the Emergency Department. (Section 3.6)

3.4 Emergency Department Streams (Teams)

In each Emergency Department the doctors are allocated into teams and the patients get triaged to those teams.
Please note that each ED will provide you with site-specific information.
Please become familiar with this information prior to commencing work at each ED.

3.4.1 Monash Medical Centre Adult Emergency Department

Three Steams: Gold Team, Green Team and Fast Track and Short Stay (SSU)

- At the beginning of your shift you will be allocated to a team.
- Each team has a Team Leader (Consultant, Senior Registrar or Senior CMO)
- During night shift there is one medical team and all the patients are triaged to the Green team.

<table>
<tr><td>Streams</td><td>Gold
Team</td><td>Green
Team</td><td>Fast
Track
(Purple)</td></tr>
<tr><td>Resuscitation Cubicles</td><td colspan="2">R1-R4</td><td></td></tr>
<tr><td colspan="3">R2 – Negative Pressure Room and
access to the Decontamination Area</td><td></td></tr>
<tr><td>Intake Cubicles</td><td colspan="2">A1-A5, A6 (Mental Health), A7-A8
A9-A13, A20-A25</td><td></td></tr>
<tr><td>Triage</td><td colspan="3">A29</td></tr>
<tr><td>Fast Tack
Nursed Cubicles</td><td colspan="2"></td><td>A26, A27, A28
E1 (Eye & ENT room)
T1&T2(suturing, plastering)
Chairs</td></tr>
<tr><td rowspan="2">SSU
Cardiac monitored
Non-cardiac monitored</td><td colspan="3">A16-19
SSA 30-45</td></tr>
<tr><td colspan="3">“SSU General” where they remain under the care of the Team Leader of the originating team or the SSU consultant when one is rostered.
“PAPU”, where they are primarily under the care of the Mental Health team;
“SSU Etox”, where they are primarily under the care of the duty toxicologist.
When SSU criteria are done on Symphony, make sure the correct option is selected.
For “PAPU” and “etox”, the ED doctor originally involved will assist with medical care as required. These patients are then handed over as per the processes below, so that someone is always nominated to medically assist as needed</td></tr>
<tr><td colspan="3">Decontamination facilities are located in the ambulance bay and adjacent to R2</td><td></td></tr>
</table>

3.4.2 Monash Medical Centre Paediatric Emergency Department

Stream	**Pink**
Resuscitation Cubicles	P1-P3
General Cubicles	P4-P8 & P10-P13
P4: Reserved for febrile neutropenic/oncology patients *Please avoid using this room if non-oncology patient has suspected infectious disease* *Please check with Nurse in Charge before allocating a patient to this room.*	
P12- suited for Mental Health Patients	
P10-11 – Rapid Assessment and Planning Area	
Play/Waiting area	Play
Rapid review clinic room & **ED consult room**	PC:
Paediatric treatment cubicles	PT1 and PT2:
Paediatric play room/waiting area	Play
SSU	SSP1 – SSP10

3.4.3 Dandenong Hospital Emergency Department

Stream	**Gold**	**Green**	**Fast Track**
Resuscitation Cubicles	A1-3		
Main Stream	A13-A22 Iso 1 FT15-16	A4-A12 Iso 1 & Iso 2 FT15-16	
Fast Stream			F5 (Eye, ENT) F6 (Women's Health) F7-F11 FT15-16
Triage & Treat	T1-T3		
Behavioural Assessment Room	BA1		
Surge Capacity	F1-F4 (allocated by the NIC to facilitate ambulance off-load)		
Short Stay	S1-S14 and S17-S20		

3.4.4 Casey Hospital Emergency Department

<table>
<tr><th>Streams</th><th>Gold</th><th>Green</th><th>Fast Track - Pink</th></tr>
<tr><td>Resuscitation Cubicles</td><td>R1 & R2</td><td>R1 & R2</td><td rowspan="2"></td></tr>
<tr><td>Main Cubicles</td><td>A1- A20</td><td>A1 – A20</td></tr>
<tr><td></td><td colspan="3">A11- For Neutropeanic/ Oncology Patients
A18 - Negative Pressure Room and access to the Decontamination Area
A17- Mental Health Room</td></tr>
<tr><td>Flexible Cubicles</td><td>A17 (Mental Health)</td><td>A17 (Mental Health)</td><td></td></tr>
<tr><td rowspan="2">Fast Tack</td><td colspan="2"></td><td>FT1 –FT3
Procedure Room
Plaster Room
Eye Room</td></tr>
<tr><td colspan="3">FT3 is currently used on Monday, Wednesday and Friday mornings for review of first trimester bleeding patients by the O & G registrar.</td></tr>
<tr><td rowspan="2">SSU
Adult
Paediatric</td><td colspan="3">
SSU 1-12
SSU 13-16</td></tr>
<tr><td colspan="3">“SSU General” where they remain under the care of the Team Leader of the originating team;
“PAPU”, where they are primarily under the care of the Mental Health team;
“SSU Etox”, where they are primarily under the care of the duty toxicologist.
When SSU criteria are done on Symphony, make sure the correct option is selected.
For “PAPU” and “Etox”, the ED doctor originally involved will assist with medical care as required. These patients are then handed over as per the processes below, so that someone is always nominated to medically assist as needed</td></tr>
<tr><td colspan="4">Decontamination facilities are located in the ambulance bay and adjacent to A18</td></tr>
</table>

3.5 Seeing Patients

- Upon commencing work on a given shift ensure that the Medical Team Leader is aware of your arrival.
- Work within your allocated team or as you are instructed by the Medical Team Leader.
- If you are working at Monash ED Collect allocated DECT phone (MMC) and put the number next to your name on the board.
- If you are working at Dandenong or Casey ED collect an ASCOM phone and "tap on" to Durasuite to register your number.
- Accept delegated patients/tasks from the Medical Team Leader.
- Assess and treat patients, document history and examination.
- Discuss with senior clinician within 30 minutes of initially seeing patients to ensure appropriate investigation and disposition plans.
- Document management plans and complete Symphony requests for your patients including senior input.
- Regularly update Senior the Medical Team Leader on the patient's progress.

3.5.1 Australasian Triage Scale (ATS)

Our aim is to provide excellence in care in a time efficient manner, commencing with all patients being seen within the ATS benchmark time for their urgency category.

ATS	Patient to be seen within
1	0 min
2	10 min
3	30 min
4	60 min
5	120 min

Many variables affect patient throughput on any one shift, so there is no "correct" number of patients whom you should look after on any given shift.

The following is a guideline of the average number of patients a doctor should aim to see during a shift:

- Interns: six patients per shift (range 3 to 9)
- HMOs: nine patients per shift (range 5 to 13)
- Registrars: twelve patients per shift (range 6 to 18)

3.5.2 National Emergency Access Target and Emergency Department Key Performance Indicators

National Emergency Access Target:
The National Emergency Access Target (NEAT) stipulates that a pre-determined proportion of patients should be admitted, discharged or transferred from Australian Emergency Departments within 4 hours of presentation.

In order to achieve the NEAT Internal Emergency Department Key Performance Indicators have been developed which are as follows:

Emergency Department Key Performance Indicators:

- Triage to Doctor within Triage Timeframe especially Cat 2 (>81%)
- ED length of stay < 4 hours
- Doctor to Inpatient Unit referral for admission within 2 hrs> 80%
- Doctor to Short stay admission within 2 hrs> 80%
- Proportion of patients leaving without being seen < 5%
- Ambulance patient transfer time < 20 minutes

- Inpatient units have a *maximum* of 1 hour from time of initial page to accept the patient or cross-refer to another unit

You are an important part of ensuring we meet these targets.

The intranet has a good summary:

http://intranet/Blog/post/2012/01/13/What-is-NEAT.aspx

In order to continue meeting the above KPI's we need to be consistent with the following:

- Allocation of Cat 2 pager to registrar/ consultant or paging Cat2 arrivals through the ACSOM phones.

- RATC: a process by which a consultant or a Senior Registrar briefly assesses and commences investigations and/or treatment of the patient. This intervention needs to be documented on the notes and through the RATC icon on Symphony. Please note that this does not substitute a complete assessment and management of the patient.

- Discuss all patients within 30 min of seeing them to ensure correct investigations, management and disposition.

- Please document accurately the time you have commenced treatment and discharged a patient. Ensure that as soon as a patient has left they are put in "left department".

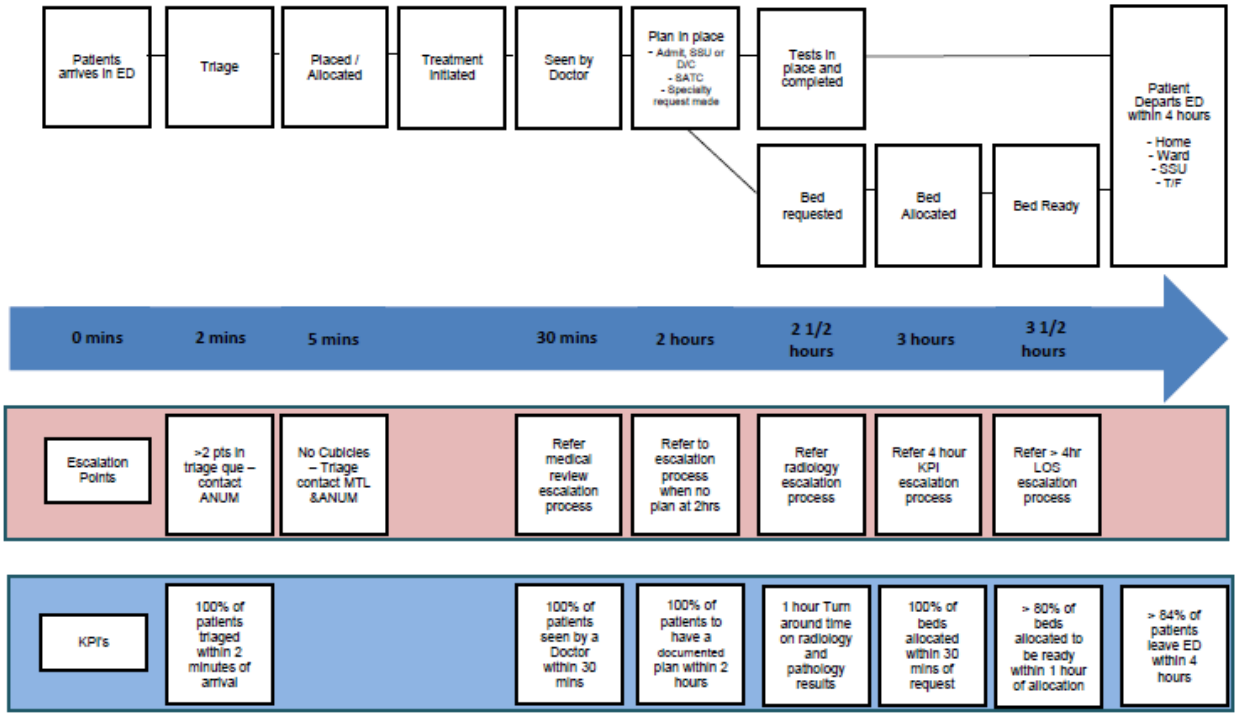
- Complete symphony documentation and complete the "clinician complete" as soon as possible and before discharge.

- Ensure that a "bed request" is requested on Symphony at the same time as the "specialty referral" is done and documented.

- Safe and Timely Care (STC) is performed and documented where appropriate. (Section 3.5.7)

3.5.3 Patient Journey

A set of flowcharts have been developed to visually depict the patient journey and time-stamps to ensure we consistently treat and manage patients within clinically appropriate timeframes and escalate when needed.
As an ED staff member you are responsible for ensuring these timestamps are achieved and for escalating when issues arise that are outside of your control.



3.5.4 Order of seeing patients

- Look at Symphony and see the next patient in order of arrival, unless otherwise directed by the area Team Leader.
- Enter your name under “ED Clinician” on Symphony.
- If the next Main Stream patient is not in a cubicle ask the team leader for advice
- *It is not acceptable to avoid seeing the next patient just because they are not in a cubicle at that time.*
- See the patient: History, Examination, Working Diagnosis, and Management Plan.
- Write your notes as you go.
- If the inpatient registrar cannot see and admit the patient within an hour, Safe and Timely Care should be done for appropriate patients. (Section 3.5.7)
- If you are not sure what to do next or how to complete a task ask the Team Leader.

Patient Identification

All patients must be correctly and appropriately identified upon **entry** to the Emergency Department and **prior to** providing any **treatment** or **procedure**. Patient identification must be checked against three identifiers.

Approved Identifiers

Patient's FULL Name (Family and Given Name)	
Date of Birth	
Unit Record Number	
Patient's address	The Patient/client's address can be used as the 3rd identifier, when date of birth or unit record number cannot be verified

3.5.5 Discussing patients with the Team Leader

- Discuss the patient with the Team leader *within 30 min* of your seeing the patient and continue to update the Team Leader for the duration of the patients stay in the department.
- If your patient has abnormal observations at any time you must inform your area team leader immediately. (Section 3.5.8)
- On consultation with the Team Leader plan for one of the following:
  - SSU admission: This should be decided within 2 hours.
  - Plan for discharge: Arrange follow up, outpatient appointments and investigations, script, letter, certificates.
  - Referral to an inpatient Unit
    - Interns, HMOs and CMOs must discuss inpatient unit consultation with their area team leader prior to making referrals.
    - Enter the referral time and enter the bed request at the same time.
- If you are experiencing any delays or difficulties in referring a patient to an inpatient team inform the team leader immediately.

3.5.5.1 ECG, VBG, ABG, IV cannulas

All ECGs, VBGs/ABGs must be reviewed and signed by the team leader within 10 minutes of being performed.

Monash Health PIVC insertion video and protocol available on intranet http://intranet.southernhealth.org.au/clinicians/index.html

AV cannulas should be removed within 4 hours of ED arrival

3.5.5.2 Important diagnoses not to miss in ED

The following conditions may be difficult to diagnose and may be associated with high morbidity and/or mortality.

Difficulty may be encountered because:

Clinical features may be non-specific or atypical initially.
No clear diagnostic test.
Diagnosis often dismissed or not considered.

Beware the following conditions:

Subarachnoid haemorrhage
Meningitis
Sepsis
Acute coronary syndromes
Pulmonary embolism

Aortic dissection – consider in all chest pain evaluation patients
Appendicitis
Abdominal aortic aneurysm rupture / leak
Ectopic pregnancy
Cervical spine injury
Cord compression / epidural abscess
Mesenteric ischemia
Neonatal sepsis
Fractures in children

All elderly patients (age > 65) presenting with abdominal pain are to be discussed with and assessed by a senior doctor within 30 minutes of your assessment.

3.5.6 Diagnostic Imaging

Portable X-ray (for patients in resuscitation cubicles only)

If you need a portable x-ray call the radiographer directly after requesting the XRAY on Symphony.

Radiology request slips

All Radiology requests are generated by Symphony. Junior Medical Staff are restricted to ordering plain radiology. If you cannot find the test that you need, discuss with the Team Leader.

Make sure that your imaging request is for the correct patient by verifying their three (3) points of, prior to printing the request.

Printing of Radiology Request slips:

At Dandenong and Casey:
All radiology requests print directly to the Radiographer workstation area.

At MMC:

Plain x-ray requests are printed automatically to the Radiographer workstation area.

Advanced radiology requests (CT, US, MRI, Nuclear medicine) print locally. Please take the request to the front desk of radiology/ultrasound/MRI/Nuclear medicine. If the desk is closed, take the request directly to the Radiographers area.

At all sites advanced imaging needs to be approved by the radiology registrar (unless 'Brown Dot' see below). If a test is urgent, discuss it with the Radiographers/Sonographer before dropping the form off.

In hours (Mon-Fri 08:00-24:00) 'Brown Dot' CT

CT Brain for CVA/ ICH (non-contrast), CT cervical spine in trauma, CTU.
The ED consultant is authorised to approve these tests in-hours, and discussion with the radiology registrar is not required.

After-hours imaging

CT and US requests need to be discussed with the radiology registrar.
The after hours radiology registrar can be contacted through switch.

After hours ultrasound: Please refer to ED guidelines for ordering after-hours ultrasound.

Cancelling an Imaging Request:

If you wish to cancel an imaging test the radiographer **must** be contacted (to cancel the printed slip)

3.5.7 Prioritising Patient Care (PPC)

The Prioritising Patient Care process is designed to facilitate ward admissions for certain conditions. ED medical staff allocate patients to the most appropriate unit as detailed in the Prioritising Patient Care process. Patients are transferred to the ward as soon as possible. Prior to departing the ED a time out will occur at the patient's bedside.

The time out will:

- Occur with the cubicle nurse and treating ED clinician and will involve review of the patient's vital signs to ensure they are within expected limits (not in MET-call range).
- Ensure that the appropriate bed type has been requested to meet the patient's care needs
- Ensure a drug chart is completed including all critical medicines http://prompt/Search/download.aspx?filename=1824295\1824296\29760576.pdf
- Ensure further investigations are requested as per the PPC guidelines.

In all such cases, the PPC action on Symphony must be completed and the plan written in the correct STC/Admision Interim Management Plan field in e-notes.

All PPC plans must be discussed with the consultant in charge

Investigations should be completed as per the "Prioritising patient care initial investigation pathways" guidelines.
http://prompt/Search/download.aspx?filename=27248204\27248212\34997967.pdf
Once a bed becomes available in the ward, patients should be admitted to the appropriate unit as per the "Prioritising patient care Emergency Department Admissions" guidelines
http://prompt/Search/download.aspx?filename=27248204\27248212\35139107.pdf

3.5.8 Mandatory Alert Criteria

If a patient has vital signs that are outside of the following limits, must be seen by a doctor within 10 minutes.
If your patient meets these criteria you must report this to the CIC and the NIC.

Adult Warning Signs

Airway	Respiratory distress Concern about airway
Breathing	Respiratory rate > 30 / min Respiratory rate < 6 / min Oxygen Sats < 90% on 02
Circulation	Systolic BP < 90 mmHg Heart rate > 130 bpm
Neurology	Decrease in conscious state Fitting
Other	Concern about patient

Paediatric Warning Signs

Airway		Respiratory distress Concern about airway		
Breathing		Cyanosis Oxygen Sats < 90% on 02 (< 60 % on any O2 in cyanotic heart disease)		
		Respiratory rate too fast	**Respiratory rate too slow**	
	Term – 12 months	> 70	< 20	
	1 – 4 years	> 56	< 16	
	5 – 12 years	> 46	< 13	
	> 12 years	> 34	< 10	
Circulation		**BP systolic too low**	**Heart rate too fast**	**Heart rate too slow**
	Term – 12 months	< 65 mmHg	> 180	< 95
	1 – 4 years	< 70 mmHg	> 165	< 75
	5 – 12 years	< 80 mmHg	> 150	< 60
	> 12 years	< 95 mmHg	> 135	< 50
Neurology		Decrease in conscious state Fitting		
Other		Concern about patient		

It may be that ward transfer is still appropriate (i.e. chronic AF, NFR patients) but the MET call criteria must be clearly altered in the notes in such cases.

3.5.9 Vulnerable Children

Medical and nursing staff are mandated by law to report concerns of child safety and wellbeing. Monash Health has a procedure outlining the clinician's responsibilities when concerns of non-accidental injury or sexual assault have been raised.
The procedure can be found at:
http://prompt/Search/download.aspx?filename=1824214\5110246\20024921.pdf

If uncertainty about whether a child has sustained a non-accidental injury exists, please discuss with the emergency physician in the department or on-call. The general paediatrician on call can also offer advice on further steps and must be contacted directly if the patient is to be admitted to the ward. The Victorian Forensic Paediatric Medical Service (VFPMS) is another resource if assistance is required for children who may have sustained non-accidental injury. VFPMS can be reached on 9594 6328 onsite at MMC during business hours or **1300 66 11 42 at other times.**

At all times, child safety is paramount. Ensure that any concerns about non-accidental injury are communicated during handover between shifts and to inpatient teams where appropriate. Please ensure your concerns are communicated directly to the emergency physician in charge of the department.

3.5.10 Representing Patients

Patients representing within 72 hours, must be reviewed and managed by a consultant. When the consultant is unavailable (0000hrs – 0800hrs) they are to be reviewed and managed by a senior emergency registrar and a second senior registrar from the most appropriate inpatient team. For example a paediatric patient would be reviewed by the paediatric inpatient team
Patients representing to the Emergency Department within 7 days should be discussed with the senior doctor

3.5.11 Section 351 Patients

Patients brought involuntarily to hospital by police may have problems, which are medical, psychiatric or both. In order to establish this and to initiate management rapidly, all Section 351 patients are triaged as ATS Category 2 and are seen rapidly by a team of: ED Nurse In Charge, a Medical Team leader and the duty ED Mental Health practitioner. Arrival of a Section 351 patient prompts a Code Grey call.

3.5.12 Private and Compensable Patents

Symphony will identify these patients with a

$ Private health cover
VA Veteran's Affairs entitlements (gold card)
WC WorkCover
TA TAC in some instances

Admission options for these patients include:
Admission as a public patient
Admission as a private-in-public patient
Admission to a Jessie McPherson Private Hospital (co- located on MMC site)
Admission to another private hospital

In all patients are managed as "public" patients, irrespective of insurance status. However, private patients placed in SSU, can have their private insurance billed directly for their stay, without any out-of-pocket expenses to them.
Please discuss all private patients admitted to the Short Stay Unit with the consultant in charge of your team.

Although all efforts are make to correctly identify private insurance status on Symphony, it is advised that you check or ask whether your patient has private or DVA insurance and if they wish to use it. These patients can often be admitted to a private hospital after discussion with their (or on-call) private physician.

Admitting TAC or WorkCover patients to private hospitals can be more complex. Please seek assistance from the ED consultant in charge.

3.5.13 Discharging patients

Discharge Guidelines (i) Transfer to non-Monash Health site

- Documented diagnosis or differential diagnosis.
- Management plan documented and explained to the patient and family.
- Results documented and follow-up of pending results arranged.
- Medical and nursing notes printed.
- Discharge letter generated from Symphony, including Provider number.
- Imaging copied to CD or emailed to receiving doctor.
- Confirm adequate insurance status for private hospitals.
- Confirm facility bed and accepting clinician as appropriate.

- Transfer arranged – confirm ambulance cover for patients going to private hospitals. Some private hospitals absorb that fee.
- Contact receiving facility at the time the patient is leaving ED.

Discharge Guidelines (ii) Discharge home

- Document diagnosis or differential diagnosis.
- Management plan documented and explained to patient and family.
- Results documented and follow-up of pending results arranged.
- Discharge medications / prescription issued and explained – ensure PBS / authority sections completed if required. Pharmacist contacted for dispensing.
- Follow-up arranged and documented in discharge letter, if required.
- Discharge letter generated from Symphony with instructions for LMO.
- Medical certificate (including TAC and WorkCover) completed.
- Discharge patient within agreed timeframes.

3.5.14 Medication Prescribing

Over 40% of ED incident reports involve medication errors. Medication errors are a large contributor to adverse events and patient harm.

The ED Pharmacist is available seven days a week:

- Monday–Friday 0800-1715.
- Saturday and Sunday and all public holidays 0900-1700.

The Australian Medicines Handbook as well as the Children's Dosing companion is available on all clinical computers and includes useful information on adjusting medication for renal impairment and in pregnancy.

Therapeutic Guidelines is also available (via the ED intranet) and contains evidence-based recommendations for antibiotic use, as well as for other medications.

When Prescribing Medications:

- Write clear, comprehensive, legally compliant prescriptions on every occasion.
- Before prescribing, explain the reason for prescribing the medication and its possible side effects with your patient. Check for allergies (in SMR and with the patient), adverse reactions, and potential medication interactions.
- The medication chart should be labelled with three points of identification on both sides of the chart.
- Weight should be measured and written on both sides for paediatric patients.
- Antibiotics must be charted in the regular medication section and the indication noted. As should be the practice, for all medications.
- The indication and times for all medications and doses must be marked on the medication chart by the prescriber
- Avoid using duplicate charts.
- The number of medication charts should be clearly identified. (i.e. 1 of 2, 2 of 2)
- Write up any regular medications the patient is due to take while under your care.

ALL Patients admitted to the SSU must have a full medication chart, including all regular medications.

Minimum documentation standard

- **Patients Name** on both sides of the medication chart
- **Date**
- **Time** (24hr clock) of prescription and time to be given if required.
- **Generic** medication name – Printed in capitals
- **Abbreviations** for dosing must be clear and appropriate as per Monash Health standards on Prompt

- **Route** of delivery
- **Signature** – should have your name clearly printed next to it at least once
- **Rate** of delivery in units per time.
- **Maximum doses** or physiological endpoints eg SBP >100 mmHg
- **Allergies** and reaction type- signed and dated on all sides of the drug chart.
- DO NOT cross out and alter doses / rates – rewrite the prescription.
- NB: Please see your pharmacist for all prescribing requirements.

After prescribing

- COMMUNICATE with the staff that will be giving the medication.
- **If timeliness is important, YOU ARE RESPONSIBLE to check that the prescribed medication has been given**.
- Address any concerns – remember that ED nurses may be more familiar with ED medications or may themselves be in training or operating outside their usual environment.

Outpatient / discharge scripts

MerlinMAP:

- All ED outpatient/discharge scripts are written on MerlinMAP, the electronic prescribing system.
- Your login will be your Windows ID and password.
- You will need to have a PBS Prescriber Number to use the system. When you first log in, you will receive an orientation tutorial that must be completed. (Please contact your pharmacist if you have any e-prescribing questions)
- Drugs of addiction (e.g. Oxycodone) and drugs of dependence (e.g. Diazepam) MUST have the quantity written in words next to the numerical value. The directions of the prescription must also then be hand written underneath the electronic prescription.
- Please LANpage your pharmacist to fill the script at Monash Health. Pharmacy keeps records of all patients' medications & allergies and will prioritise your prescription for dispensing, ensure appropriate patient education and refer to outreach pharmacy services if required.
- All medications dispensed at Monash Health contribute to the patient's safety net.

Dispensing of discharge medication after-hours

Pre-packed small quantities of common discharge medications are available in the after-hours medication cupboard located in the main pharmacy room. Some are also available in the DD cupboard (see next section).

Only medical staff or pharmacists may dispense discharge medications to patients.
You **must** do the following:

- Write the prescription using MerlinMAP, and place the signed prescription in the tray provided in the after-hours cupboard.
- Obtain item from after-hours drug cupboard. Complete label with patient's details.
- For items where there is no pre-packed item, you can dispense an emergency 24-hour supply of medications from the main ED supply (excluding Schedule 8 or 11 items).
- Empty boxes/containers and labels are available in the after-hours cupboard.
- You must put medications in a container, and label these with the patient details, as well as medication name and instructions.
- Please ensure patients are also given a script they need to obtain an ongoing supply of medications.

Restricted medications

We should supply patients with only enough controlled medications to cover the time it takes them to see their own primary doctor. Morphine or pethidine for outpatient use are **not** to be prescribed by ED staff. If these medications are necessary, the patient's primary doctor (e.g. pain specialist, palliative care) must prescribe them.

Oxycodone: "Take-home" packs of 6 tablets of Oxycodone are available in the medication room drugs of addiction (DD) cupboard for after-hours dispensing.

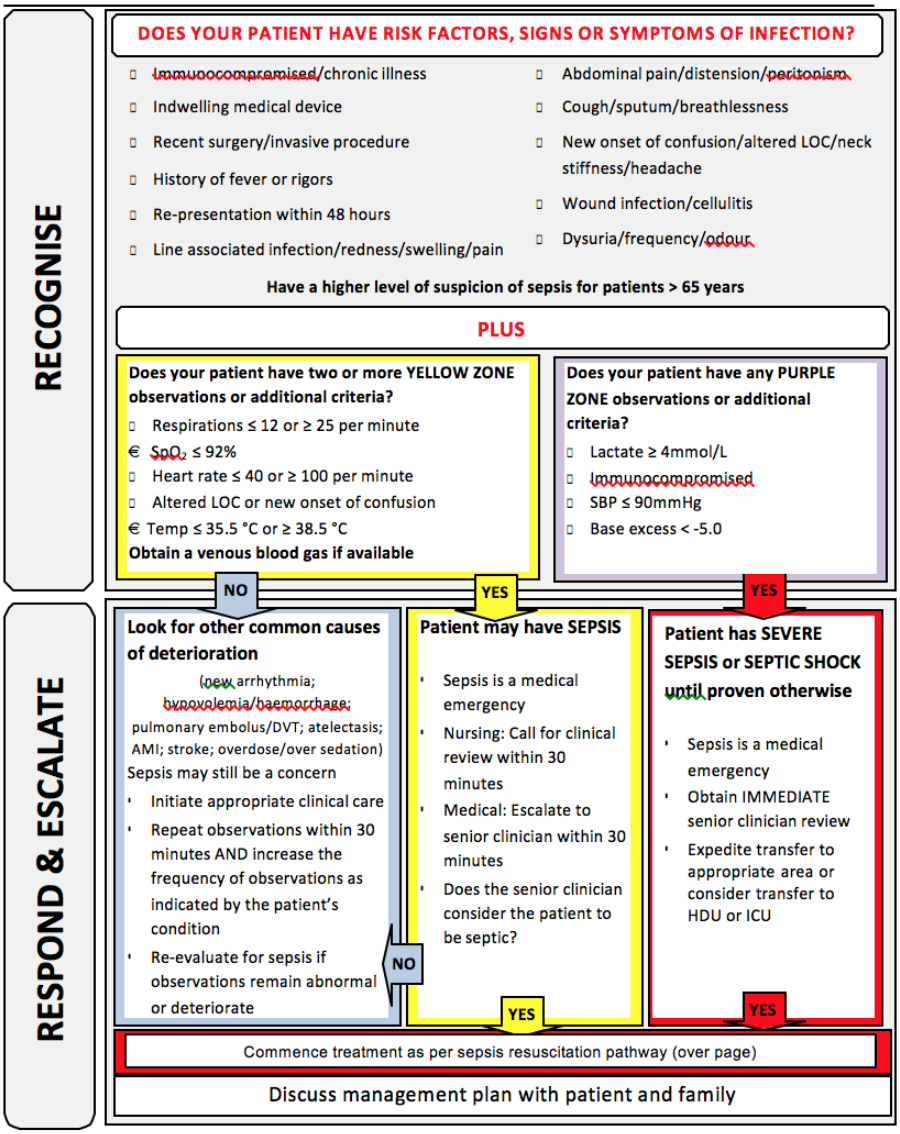
Diazepam and Temazepam: 'Take-home' packs of 4 tablets are also available in the DD cupboard for after-hours dispensing.
Prescriptions for these items **must** be written in MerlinMAP and placed in the after-hours cupboard for collection by the ED pharmacist the next day. They also **must** be signed out of the drugs of addiction register in the medication room and the prescriber is responsible for writing the patients name and directions on the take home pack.

3.6 Important Guidelines, Procedures and Policies

There are a number of network policies/guidelines, which have particular relevance to ED practice. Most clinical policies and procedures are available from the PROMPT policies and procedures portal.
The MMC ED intranet also contains links to other useful resources and memos.
PROMPT can also be accessed via the Internet and you smart phone. (Section 4.8)

Some of important clinical/administrative guidelines are:

- **Sepsis**



- **Safe and Timely Care- Emergency Department referral to inpatient staff Procedure (Safely & TimelMandatory alert Criteria**
- **Clinical Photography**
- **Chest Pain Assessment System – Emergency Department**
- **Vulnerable Children:**
- **Vulnerable Children and Unborn Babies:**
- **Emergency Department Febrile immunosuppressed patient Procedure Management**
- **Febrile Neutropenia Empirical Treatment (Adult)**
- **Fever and suspected or confirmed neutropenia (Paediatric)**
- **Emergency Department Clinical Guideline Calling the Emergency Consultant overnight**
- **Emergency Department - Abdominal pain Background management for patients > 65 years**
- **Trauma Response (Adult) Emergency Department and Flowchart**
- **Blunt chest trauma in the elderly: Assessment and Clinical Guideline Disposition**
- **Chest pain – evaluation of low risk patients in the ED**

- **Paediatric asthma**
- **Paediatric Gastroenteritis**
- **Croup**
- **Bronchiolitis**
- **DKA (Adult and paediatric)**
- **Atrial fibrillation**
- **STEMI**
- **CVA and TIA**
- **Stroke Code ST6 (Monash Medical Centre only)**
- **Code Stroke Emergency Department actions Procedure Casey, Dandenong Hospital**

4. Information Systems

4.1 TOTO

Most of the computers have touch-on, touch-off (TOTO) capabilities.
You will login once at the start of your shift and each time you touch on with your hospital ID card, your virtual desktop will open at the ED Website and you will automatically log in to many of the programs listed below.

4.2 Emergency Department Website

http://intranet/ED/
ED has a 'desktop' for staff that enables easy access to critical systems. There are 'quick links' to relevant clinical guidelines, pathology system, critical beds availability, pharmacy, PROMPT (etc.).
Please take some time to navigate through the website.

4.3 Symphony

Symphony is the patient management system that Monash Health ED's use. As a staff member of the ED you will need to utilise this system frequently.
Patient Triage, tracking, medical staff allocation and most clinical documentation and ordering of investigations for ED patients occur within Symphony.
You **must** complete the on-line Symphony training module prior to the commencement of your first shift in the emergency department.
This needs to be completed via a Monash Health computer.

SYMPHONY Online Training package

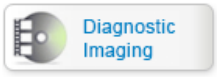
You can access Symphony on line training at http://intranet/mmced/Symphony/ The package should take no more than 30-40 minutes. If you have previously worked with Symphony at another site, it is not compulsory to complete this package.

You are responsible for keeping Symphony up to date regularly with any contact you have with a patient within the ED, and the patient's location must be accurate at all times.

4.4 Pathology

Login: Your employee number and password.

4.5 Diagnostic Imaging



Diagnostic Imaging is accessible from the Monash Home page or ED Desktop. Login is automatic.
A short cut is http://intranet/ris

4.6 Cardiobase

Cardiobase is an electronic medical record for Monash Heart investigations or correspondence.
Cardiobase is available on the desktop of the medical team leader computers
Login and password: EDSTAFF and EDRULES

4.7 Scanned Medical Records

Scanned Medical Record (SMR) refers to Monash Health's Patient Medical Record and can be viewed via any Monash Health computer by an authorised user. It includes admission notes, ECGs and correspondence related to a patients previous presentations.
Further hints and tips for using the SMR and its features can be found under our Training page. http://intranet/his/smr/training.htm
To log on you need: Your employee number and password.

4.8 PROMPT

Procedures and Guidelines can be found on PROMPT

4.8.1 PROMPT access

Prompt can be accessed by following these instructions

- **Monash Health PROMPT Icon on** computer desktop - login not required
- **Intranet** – login not required

  Internet

  Go to: **www.monashhealth.org**

  Go to Health Professionals tab

  Go to Policies and Procedures

  Login: Username: shprompt@snh

  Password: **SHPrompt1**

- **Smartphone**

  Google **www.prompt.org.au** website

  Go to top right hand corner log in

  Username: **shprompt@snh**

  Password: **SHPrompt1**

  Save to your screen or add to favourites

5.Communications

5.1 Phones

At MMC ED: DECT/ mobile phones are allocated at start of your shift. This needs to be returned at end of shift. A sign in and sign out sheet needs to be completed.

At Dandenong and Casey ED: All clinical staff have access to a Durasuite – ASCOM phone. Staff are identified thru an individual extension. Staff must tap on and tap off to record their name and number in the Durasuite system.

5.2 Handover

There are three handover times in 24 hours:

- Morning at 08:00AM
- Afternoon at Approx. 17:00PM
- Night at 23:00PM

Each Department differs in the way that handover takes place. This will be discussed with you during orientation.

Below are some important points regarding handover:

- The team consultant will allocate the receiving doctor for your patients.
- Case summary presented to receiving ED doctor using ISBAR format.
- The doctor handing over must ensure that receiving doctors name is allocated on Symphony.
- The receiving doctor is to note pending tasks in Symphony handover page.
- A diagnosis must be entered into Symphony.
- Results must be documented and follow-up of pending results arranged.
- Management plan and admitting unit documented in e-notes.
- Doctor handing over is to ensure a medication chart is written for ongoing emergency and regular medications.
- Doctor handing over is to refer to specialty unit if appropriate.
- In-patient resident / covering HMO is to be paged and patient handed over.
- Doctor handing over to ensure that 'Clinician Complete' details completed.

5.3 Communicating with Inpatient Units

Names and contact numbers are available via switch (dial 92).

Please inform switch which ED you are calling from.

Some of the inpatient registrars have a fixed number/ on-call pager. This number is displayed throughout the workstations.

In-hours: Contact relevant specialty registrar either via LAN page or switchboard. Communicate using the ISBAR framework.

After hours: Most registrars are contactable on their mobile via switch. Exemptions to this are the Medical, Surgical, O&G, radiology and paediatric registrars.

Document a "Specialty Consult" and a "Bed Request" on Symphony as soon as the unit is paged. Do not wait for the unit to respond before doing this.

If there are delays in response times, please notify your team consultant.

Refer any issues with contacting inpatient units to the Team Leader.

5.3.1 Medical Lead

The Night Medical Lead is a General Medicine Advanced Trainee who is based at Clayton site.

The Night Medical Lead takes specialty referrals that do not require urgent or immediate specialty registrar input between 2200-0600 from all EDs.
They provide overnight management of specialty referrals from ED.
Outside these hours the on call specialty medical registrar is responsible for the accepting the call or referral.

5.4 Interpreters

Relatives and friends are not recognised as a substitute for an interpreter.

- Interpreters are readily available and must be used when there is any doubt about either the information you are receiving from the patient or the patient's understanding of the information you need to give to him/her.
- To obtain an interpreter contact the office via Switch and an interpreter will be arranged either in person for more "common" languages or by phone.
- After-hours: contact service via Switch, give details and an interpreter will ring back.

5.5 E-mails

E-mails are one form of communication to keep up to date with the department news.
E-mail etiquette requires that staff are respectful in their correspondence.
E-mails are not a replacement for personal communication.

5.6 Social Media

Privacy is treated very carefully at Monash Health. Staff should be aware that any inappropriate use of social media is treated very seriously. There is a procedure regarding the use of social media, please ensure you have read this. Social media is monitored on a regular basis by computer services staff.

5.7 When to call and Emergency Physician

Emergency Physicians are contactable overnight (midnight – 08:00AM) via switchboard.

The Registrar/Doctor in Charge of the Emergency Department overnight must call the Emergency Consultant on-call overnight if any of the following circumstances apply:

- If clinical staff working overnight feel the Emergency Department is not safe for any reason.
- Urgent clinical advice is required regarding:
  - Patient management
  - Patient disposition and inpatient unit allocation
  - Difficulties in obtaining consultations or authorisation for investigations or procedures
- Urgent operational advice is required
- ED over capacity
- Advice regarding accepting patients from other hospitals
- Where Adult Retrieval Victoria mandates the ED accept defined transfer from another health service
- Transfers of critically ill patients out of the emergency department
- ICU patients requiring services not available at the current site
- Patients requiring medical escort to another hospital
- More than 1 patient requiring ICU level care
- Patient safety issues
  - Adverse event occurs resulting in patient harm

    - Any unexpected death
    - Violence or aggression incidents resulting in injury to staff or patients
- Medical staff workforce issues
    - Medical staff unable to continue working through the shift
    - Problems with performance of overnight medical staff
- Disasters
    - Internal emergency code impacting the ED (e.g. Code Yellow, Code Red, Code Orange)
    - External disaster where ED is expected to receive patients. Please also contact the Director of Emergency Medicine of your department.
- Any other concern
- The Nurse In Charge of the Shift is also authorised to call the Emergency Consultant on-call at any time if they have any concerns.

6. Documentation

All documentation, with the exception of medication and IV fluid charts, occurs within the 'e-notes' section of the Emergency Department patient tracking system, Symphony.

Some key documentation points:

- Please complete Symphony notes, diagnosis, procedures, short stay admission criteria and clinician complete actions "as you go". This will improve patient flow and reduce interruptions to your work.
- Notes should be relevant, concise and contemporaneous.
- Please write notes as you go. Do not batch until the end of the shift.
- Ensure that the electronic notes are written into the correct patients file.
- Allergies must be documented both in ED notes and on medication charts
- Document appropriate physical findings and relevant negatives.
- Always include a provisional diagnosis, management plan, and likely disposition.
- A provisional diagnosis must be recorded in the appropriate field in e-notes, as well as the diagnosis action in Symphony.
- Always document any referrals, the time the referral was made, and the name of the Registrar to whom you made the referral.
- Document all discussions with the ED consultant or senior registrar. This should include the name of the person you have consulted as well as the plan i.e. DW Neurosurgery reg (Dr Bloggs) – admit neurosurgery, nil orally
- If referring a patient to a specialty unit for admission, the outcome of the specialty referral needs to be documented.(i.e. DW Med Reg (Dr Bloggs) for admission.
- Bed request: please ensure correct bed type requested (i.e. not always 'Standard')
- If patient is seen and discharged by another specialty (including mental health), ED staff must be informed, & must document in e-notes. (i.e. seen by ECATT. Stable for home, CATT team follow-up.). We need to ensure that patients receive appropriate letters, appointments and certificates in such cases.
- Handover plans must be documented clearly in e-notes.eg. Review pain control, check lipase, and await surgical referral.
- Do NOT copy and paste pathology results into the e-notes – they lose the formatting and become unreadable, which can lead to clinical errors. Radiology results can be pasted into e-notes if relevant
- Document any adverse events clearly – e.g. medication error, falls. This needs to include steps taken to rectify, and whether patient/family informed & senior staff notified.

The full Monash Health guidelines on medical recording can be found on the intranet site at: http://webserver/his/what_isa_mr.htm

6.1 Death Certificates and Coroners Notification

1. Riskman Notification of Death form

The treating doctor completes this on Riskman **for all deaths in ED**.

RISKMAN LOGIN: ed clayton

PASSWORD: death

Enter the requested death audit information.

Please ensure you enter the patient's UR number and not your own employee number in the UR Number / Employee field.

You must select "Emergency Department" as the treating unit for the death notification to print correctly. Do this even if the patient is admitted under an inpatient team.

Once you have completed the entry make sure you submit the notification and print the Notification of Death.

Sign the completed notification and give this to the clerical team.

2. Electronic Cause of Death certificate

Do not complete for coroner's cases

Log off from Windows HAS and login again onto the computer with your own individual windows login (employee number/password)

Go to www.bdm.vic.gov.au

Login- Select the 'secure login' (top right

corner) Select Medical Practitioners Online

(external link) Choose appropriate form –

under Actions "eMCCD" Select "open form"

Ensure your details exactly match those on your AHPRA registration.

Complete the online certificate.

Please print *and sign* two copies of the certificate.

Give both copies to a clerical staff member, together with the Riskman death notification.

Submit form electronically.

Log out of windows once done and log back in using the ED "HAS"

login. Please remember to document confirmation of death in patient's

e-notes. Sign the completed notification and give this to the clerical

team.

3. Coroner's cases

These require an online medical deposition and a statement of identification, in addition to Riskman.

Do not complete a medical cause of death certificate for coroner's cases

a. Coroner's court online medical deposition

Access online form *here*

(www.coronerscourt.vic.gov.au/meddep). The link is also on the

Guidelines and Memos page of the ED intranet.

Or *http://intranet/mmced/mmc_desktop.htm*

Follow the instructions to complete the medical deposition.

Once you have completed the deposition online, print out two copies. Give these to the clerical staff.

Please ensure you submit the deposition electronically.

b. Coroner's court statement of identification

This is also found on the ED intranet guidelines & memos page or directly from the Coroner's Court website here

Once you complete the statement, please print and sign.

Please make a photo copy the statement of identification after you sign.

Please give all copies to the clerical staff member in the main desk, together with the Riskman notification.

Police are to given a copy of the online deposition and statement of identification.

All other notes will be provided directly to the coroner's office by medical records, after being scanned into Scanned Medical Record.

Under no circumstances are originals or copies of notes to be given to police.

Please note a medical certificate of cause of death *must not be* completed for deaths reported to the coroner.

For any questions please contact the coroner's office on 1300 309 519, or ask the consultant in charge for advice.

7. Housekeeping

Please clean up after yourself, especially after procedures with blood / sharps / plaster / bodily fluids. Also do so after plastering, suturing, IDC / line placement, ENT / eye / pelvic examinations.

ALL sharps must be disposed in designated (yellow) sharps bins.

Please return equipment back in their place (ultrasound machine, trolleys etc.).

Please use the Recycle Bins throughout department (read the lids carefully). We recycle PVC, uncontaminated IV fluid bags, paper/cardboard and more. Metal from used suture sets is now recycled: place in the CSSD tub in the Fast-track Pan Room.

Use the **yellow bag** bins **only for bloodstained material** (other waste is disposed of in normal bins).

Patients own medications are stored in a 'green bag' in the ED drug room. Please no not forget to return these medications to the patient on discharge from the ED.

ED ultrasound machine: To be used only by accredited physicians. Ensure it is cleaned after use.

Dirty / used equipment: Non-disposable instruments that require cleaning and sterilisation must be placed in a white plastic bag (in pan room), which is then placed in the white box in pan room. As per above, used 'disposable' suture sets are now recycled for their metal (place in CSSD tub in Fast-track pan room)

8.Teaching

Intern Tutorial Program:

Thursday at 12:30-13:30PM. Please contact Monash Doctors Education for information on the venue and timetable.

HMO Tutorial Program: "HMO Expert Series", "HMO Specific Series" & "HMO workshops"

Some Tuesdays at 12:30-13:30PM. Please contact Monash Doctors Education for information on the venue and timetable.

HMO & Intern Tutorial Program – ED specific:

MMC: Every Friday at 14:30- 15:15 PM in Seminar Room 1
Dandenong:
Casey:

Emergency Registrar Teaching

Every Wednesday at 10:00AM-15:00PM
Lecture Theatre 2. Clayton
This is protected teaching time and all staff that are not rostered for Night Shift on these days are expected to attend. You are required to sign the attendance sheet on arrival and your attendance is recorded by each campus.

9.Mentoring Program

A mentor's role is to guide the personal and professional development of their mentee. Confidentiality is a key component of the relationship, and the mentor is not involved in supervision or performance management. Mentoring is offered to all Emergency Program Trainees and CMOs, and is provided by the Emergency Physician group. Registrars are involved in the selection of your mentor.
To arrange a mentor, or to discuss further, please contact the program coordinator Dr Maddi Howard (madeleine.howard@monashhealth.org.au). More information can be found on the GCS16.com website under Trainee Welfare.

10. Preparing a statement for Police / Coroner

If you are asked to write a police or Coroners' statement for a patient that you have seen while working in the ED, please discuss this with the consultant in charge who will be able to direct you to a staff member to assist you in the preparation of this statement. You will be provided with a pre-formatted form to assist you in writing your statement.