

Procedure

Boundless Love - Dedicated Care - In Partnership with the Community

Document ID OM_000101

Domain Care Delivery

Comprehensive Care Policy

Primary Policy CM_000359 Comprehensive Care Policy

Medical Practitioner Admission Procedure and Continuing Care Obligations 1. Purpose

This procedure describes the Initial and ongoing processes for medical practitioners seeking admission of clients to inpatient care at the Toowoomba Hospice.

Toowoomba Hospice is a community-based facility operating a standalone inpatient palliative care facility. A General Practitioner is usually the primary medical carer for individuals admitted to the Hospice. It is a requirement of Toowoomba Hospice Association Inc. that all visiting practitioners are credentialled and hold current professional indemnity.

This procedure provides medical practitioners, the Director of Nursing and Clinical Nurse with guidelines in relation to care obligations to ensure that a safe and quality palliative care service is available for all clients.

2. Scope

This procedure applies to the Director of Nursing, and Clinical Nurse. This procedure requires the Director of Nursing to ensure that admission procedures and continuing care obligations are adhered to in liaison with the Clinical Nurse and admitting medical practitioners.

3. Admission Procedure

3.1 Commencing episode of care by a Medical Practitioner at the Hospice

- The medical practitioner contacts the Director of Nursing or Clinical Nurse, to determine the suitability of Hospice admission for a proposed client
- If the referral is finalised by the Director of Nursing or Clinical Nurse, the medical practitioner is given an overview of the Hospice and the commitment expected from the medical practitioner during that episode of care
- An application for admitting rights will be forwarded to the prospective admitting medical practitioner. Full rights including checking registration, medical indemnity and referees must be granted before the client is admitted.
- Once privileges have been granted by the Credentials and Clinical Privileges Committee, a letter confirming rights will be sent on behalf of the facility, by the Director of Nursing to the Medical Practitioner
- Medical practitioners are requested to visit their clients on the day of admission, including any subsequent admissions and at a minimum of once a week thereafter
- Medical practitioners are required to be available for phone contact, or provide an alternative contact, who is also an admitting medical practitioner to the Hospice, for ongoing care.

3.2 Ongoing Treatment Concerns

If members of the Hospice clinical team are concerned with any medication or treatment orders from the client's treating practitioner, the following procedure is to be followed:

• The Registered Nurse discusses concerns with treating practitioner. If no satisfactory outcome from that discussion, then;

- The Registered Nurse discusses concerns with admitting Medical Practitioner or delegate. If no satisfactory outcome from that discussion, then;
- The Registered Nurse discusses concerns with the Director of Nursing who consults with the Medical Practitioner seeking clarification and resolution of concerns. If no satisfactory outcome from that discussion, then;
- The Director of Nursing calls a Medical Advisory Sub-Committee Meeting to discuss concerns and plan a resolution. The meeting can be a phone discussion with any member, or email communication or a face-to-face meeting with the committee.
- The Director of Nursing on behalf of the Medical Advisory Sub-Committee will report a summary of the events to the Management Committee.

4. Medical Support

The Toowoomba Hospice supports the model of Visiting Medical Practitioner's having access to consultancy advisory services for the care of their clients. Any consultant practitioner who visits a client needs to have current admitting rights before the time of visiting.

5. Case Conferencing

The Toowoomba Hospice encourages case conferencing utilising a multidisciplinary team approach. Visiting practitioners are encouraged to attend when able. The purpose of the case conference is to enhance client outcomes.

6. Palliative Care Funding Scheme

The Palliative Outreach Program (PCOP) at Toowoomba Hospital and Health Services provides equipment and consumables for clients at the Toowoomba Hospice who are referred to the program. The admitting Medical Practitioner is responsible for referring admitted clients to the program so that the Hospice can access equipment and consumables.

7. Compliance

Compliance will be monitored through the incident and complaints reporting system and nursing management. Concerns regarding admission and/or the continuing care obligations will be referred to the Medical Advisory Sub-Committee for resolution and advice.

In the case where an admitting medical practitioner does not formally complete an admission on the day of admission, or is consistently unavailable for contact, the Director of Nursing can decide to transfer an admitted client to another healthcare facility to ensure the safe continuation of care for that client.

Medical practitioners are required to apply for renewal admitting rights at a maximum of every five years.

8. Related policies and procedures

- CM_000200 Medication Management Policy
- OM 000047 Australian Charter of Healthcare Rights
- CC_000029a Admission checklist to transfer a patient to the Toowoomba Hospice
- OM_000102 Admission Criteria
- CM 000201 Medication Management Plan
- OM 000012 Reporting to the Management Committee
- OM 000015 Medical Advisory Credentials and Clinical Privileges Sub-Committee Terms of Reference

9. Supporting documents (internal)

- CC 000005 Admitting Medical and Nurse Practitioner Orders
- CC_000026 Progress Notes

CC_000031 RN Reminder for Doctors' Visit

10. Related standards

- OM_000047 V2 Australian Charter of Healthcare Rights (INTERNAL)
- Clinical Governance Standard 1.23: Credentialing and scope of clinical practice
- Medication Safety Standard 4.4: Medicines scope of clinical practice
- Medication Safety Standard 4.4: Medication review
- Comprehensive Care Standard 5.15: Comprehensive care at the end of life
- Responding to acute deterioration Standard 8.10: Responding to deterioration

11. Definitions

Term	Definition		
Compliance	Action following a desired wish or request		
Medical Indemnity	A contract of insurance that provides financial protection for Medical Practitioners		

12. Procedure revision and approval history

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Approval A	uthority	Medical Advisory Sub-Committee/Management Committee				
Accountab	le Officer	Director of Nursing				
Version	Approved	Effective	Authority	Comment	Review	
1	10/2004	10/2004	Management Committee	Policy Review	10/2014	
7	10/2014	10/2014	Management Committee	Policy Review	07/2021	
8	12/2022	12/2022	Management Committee	Policy Review	12/2026	

13. Appendices

■ Nil