Duty RMP On-Call Telephone Consultations PHC Remote TEHS Guideline

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<th>Target Audience</th>
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<td>Primary Health Care Remote TEHS</td>
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<td>Jurisdiction Exclusions</td>
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<td>Document Owner</td>
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<td>Chair</td>
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<td></td>
<td>NT Quality and Safety Manager Primary Health Care</td>
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<tr>
<td>Author</td>
<td>PHC Quality and Safety Team</td>
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Purpose

To provide Primary Health Care Remote TEHS staff with a guideline on the management and process for telephone consultations with the Duty Rural Medical Practitioner On-Call from a remote health centre.

Guideline

1. General Information

The provision of primary health care services in remote areas of the NT are provided by Northern Territory Department of Health (DoH) services, non-governmental health services and medical kit holders primarily located on pastoral properties. Across the Territory, Registered Nurses, Aboriginal and Torres Strait Islander Health Practitioners (ATSIHPs), and medical kit holders provide a substantial proportion of primary health care services in remote areas. A smaller number of Medical Practitioners who may reside either in the community or provide a visiting service complement this coverage.

Regardless of the primary health care service delivery model available, it is recognised that all remote health services in the NT are reliant to some extent on the DoH Rural Medical Practitioner (RMP) service. RMPs are responsible for three key areas in relation to primary health care service provision, namely:

- GP services to remote communities, including pastoral stations
- provision of a 24-hour, seven days a week telephone consultation service by the Duty RMP Service (also available in those remote areas where only non-departmental GP arrangements exist)
- medical retrieval tasking and/or recovery services

The guidelines in this document relate to Duty RMP telephone consultations.

This document should be read in conjunction with related document Emergency Transport of Clients, which describes the considerations and requirements that apply in the event of needing to provide emergency transport of clients.

Note: Healthdirect Australia provides a 24-hour, seven days a week telephone health advice and information line which can be used by Territorians and tourists. The service is staffed by experienced registered nurses. It is a distinct service separate to the DoH Duty RMP consultation service.
2. Definitions

Duty Rural Medical Practitioner (RMP): a medical practitioner employed by the DoH to provide a medical telephone consultation service to remote communities in the Northern Territory in the 24-hour duty roster.

Community-based GP: medical practitioners employed by DoH or non-government organisations visiting or residing in a remote community providing health services for the local community and/or surrounding environs.

CareFlight Logistics and Coordination Unit: coordinates CareFlight assets for retrieval of clients (24hours x 7days/week) from remote locations in the TE.

Scheduled Substance Treatment Protocol (SSTP): is a protocol for possessing, supplying or administering a scheduled substance as approved by the Chief Health Officer under Section 254 of the Northern Territory Medicines, Poisons and Therapeutic Goods Act.

3. Responsibilities

3.1 Health Centre Clinical Staff

- Be adequately prepared, prior to the consultation whenever possible, with relevant client information including consideration of a provisional management plan
- Request a Duty RMP consultation, indicating degree of urgency / priority for the consultation
- Undertake further assessment during, or subsequent to the consultation as required
- Discuss the proposed management plan and any concerns with the Duty RMP
- Provide management per Duty RMP consultation and within own scope of practice
- Document the consultation in the client’s Electronic Health Record (EHR)

3.2 Primary Health Care Manager (PHCM)

- Ensure Duty RMP roster and contact number is available for staff to access
- Ensure consultation problems / issues are addressed with relevant personnel

3.3 CareFlight Logistics and Coordination Unit

- Liaise with health centre staff and Duty RMP in coordination of CareFlight assets for retrieval of clients from remote locations in the TE

3.4 Royal Darwin Hospital (RDH) Switchboard

- Provide a 24 hour answering service for Duty RMP telephone consultations

3.5 Duty Rural Medical Practitioners (RMP)

- Provide telephone consultation service per Duty RMP roster
- Provide clinical leadership to support health centre clinical staff in managing the client as required
- Utilise and promote endorsed protocols wherever applicable
- Document the consultation in the client’s EHR
- Facilitate further management as required eg specialist consultation, organise retrieval
- Maintain Duty RMP Statistics Sheet

3.6 Primary Health Care Director of Medical Services (PHC DMS)

- Provide the Duty RMP Roster
- Provide clinical and administrative leadership to the Duty RMP as required, to ensure problems / issues are addressed and managed appropriately
- Ensure significant events for Duty RMPs and health centre staff are managed appropriately
Facilitate quality assurance processes regarding telephone consultations

3.7 Rural Medical Practitioner Administration Officer

- Maintain Duty RMP Statistics Sheet database

4. Procedure

4.1 Requesting a Duty RMP Telephone Consultation

The contact details for the Duty RMP telephone consultation service should be readily available and displayed prominently in each health centre. The PHCM should ensure contact details are correct and health centre staff are aware of the location of the information and the process for contacting the Duty RMP.

<table>
<thead>
<tr>
<th>Location</th>
<th>Contact Phone Number</th>
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<tr>
<td>Top End: Royal Darwin Hospital</td>
<td>08 8922 8888</td>
</tr>
<tr>
<td>Health Centres with Alternate Arrangements</td>
<td>See local health centre arrangements &amp; contact information</td>
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Following notification of a request for a telephone consultation, Duty RMPs are often obliged to prioritise calls and while they will respond to all requests, they may not be able to respond immediately. The Duty RMP always has at least two channels of reliable communication available, such as a pager and telephone, or two telephones (mobile and/or landline). In the case of a request for an urgent consultation, it must be possible for the Duty RMP to be contacted even while they are on another call. For example if the Duty RMP is consulting on a landline, the regional hospital switchboard must be able to contact the Duty RMP via the second channel of communication, eg pager or mobile phone.

4.2 Undertaking a Duty RMP Consultation

Health centre clinical staff provide management according to an approved SSTP and their scope of practice. A Duty RMP telephone consultation should be requested for (but not limited to):

- when a clinical protocol recommends contacting a Medical Practitioner
- when management is not covered by a clinical protocol
- when clinical management is outside the clinician’s scope of practice
- where the diagnosis is not conclusive
- where the client has presented for the same illness / problem episode more than twice (Note: This does not include repeat presentations for routine follow-up)
- where a client’s condition is worsening, or not resolving
- notifying the Duty RMP prior to attending an emergency call out of the community
- in the event of any unusual situation, e.g. a multiple casualty situation.

A request for a Duty RMP consultation should be placed with the relevant contact number (see above). The request will be referred to the Duty RMP who will prioritise calls and respond to the request for a consultation as soon as possible according to priority order.

For the majority of telephone consultations clinical staff should fully assess the client and have all relevant information available prior to the consultation; however there may be some emergency situations where the assessment will occur concurrently with the consultation. When this occurs, a speaker phone in the consulting room best facilitates Duty RMP consultation while the health centre clinician provides the necessary emergency care. Regardless of the circumstance it is important to provide comprehensive information in a clear, structured format to the Duty RMP to facilitate RMP assessment and resultant management plan.

When undertaking a telephone consultation and developing a management plan for the client, the Duty RMP must use a strong risk management approach and take into account:
- the potential diversity of persons requesting a consultation including a health centre clinician, medical kit holder, lay person, client, or community GP
- the callers scope of practice and request assessment or management accordingly
- health centre circumstances such as reduced staffing levels or recent excessive workload
- identifying the usual Medical Practitioner for the health centre and whether the Medical Practitioner is resident in community and willing/able to be called.

Alternately, health centre clinical staff should inform the Duty RMP of any concerns or potential difficulties with recommended assessment and/or interventions that he/she is not aware of.

Clinical staff should document the management plan in the clients’ EHR and repeat the order/s back to the Duty RMP to ensure correct information was heard and recorded. When possible, best practice dictates that the Duty RMP documents management and orders directly onto the EHR. See Prescriptions for information related to management of telephone orders for medicines.

4.3 Clinical Oversight and Review Process

Generally there will be an interactive consultation between the Duty RMP and the clinical staff and any concerns regarding the management of the client are discussed thoroughly and negotiated at the time of the telephone consultation resulting in most instances in an agreed management plan.

When issues regarding the management plan of a client cannot be resolved during the telephone consultation the PHC Director of Medical Services should be contacted by the Duty RMP and/or health centre clinician to resolve the issue/s. The decision will rest with the PHC DMS due to their clinical governance role. To contact the PHC DMS, health centre staff should contact the Manager On-Call who will then contact the PHC DMS. It may also be necessary to notify the Manager On-Call per usual management requirements.

4.4 Consultations in Health Centres with a Community-based General Practitioner

Some health centres have one or more Community-based General Practitioners (GPs) and these Medical Practitioners are not expected, nor authorised, to participate in rostered after-hours service provision.

For after-hours emergency Medical Practitioner consultations, health centre RANs and ATSIHPs must contact the rostered Duty RMP. A Community-based GP may be contacted to review the client by exception in situations when the condition of the client will benefit from immediate onsite Medical Practitioner skills able to be provided by a Community-based GP.

4.5 Retrieval Tasking / Recovery Services – Managing the Client

The Duty RMP initiates the retrieval and remains responsible for the clinical management of the client until the client is transferred into the care of another Medical Practitioner, either during the retrieval or on arrival at the regional hospital.

The Duty RMP must utilise the appropriate retrieval referral document generated by the EHR.

For further information also see Managing Retrievals, Emergency Transport of Clients.

4.6 Clinical Handover

Clinical handover may need to occur to a range of other health professionals, including but not limited to, a retrieval team, receiving Emergency Department Medical Practitioner and between Duty RMPs. The principle underpinning clinical handover is based on client care and safety.

It is a requirement that for all high acuity retrievals that the Duty RMP follows up documentation with a telephone call to the CareFlight MRC.

It is important that Duty RMPs handover clients requiring follow-up and/or pending retrieval to the incoming Duty RMP.
For information regarding clinical handover clients with potential cardiac conditions, see [Chest Pain / Suspected Cardiac Event in Remote Health Centres](#) and the [Top End](#) Flowchart for Chest Pain / Suspected Cardiac Event in remote health centres.

For further information on clinical handover, see the Australian Commission on Safety and Quality in Health Care (ACSQHC) [Standard 6: Clinical Handover](#) (scroll down the page to standard 6).

### 4.7 Documentation

#### 4.7.1 Electronic Health Records (EHR)

Health centre clinicians should document the Duty RMP telephone consultation and management plan provided in the client's EHR. Information should include:

- name of the consulting Duty RMP
- time and date of the consultation
- management plan for the client

#### 4.7.2 Telephone Consultation Record

The Duty RMP will record their consultation directly in the EHR. Where an electronic client record is available to them, the Duty RMP reviews appropriate clinical information. This facilitates comprehensive assessment of the client.

If an electronic record is not available, a hard copy RMP Telephone Consultation Record should be utilised. This maintains a record of the consultation and documentation should be clear, accurate and legible. Duty RMPs should have a supply of these forms available in the event that the EHR is not available.

The hard copy Telephone Consultation Record, appropriately named, signed and dated must be scanned into the client's EHR. This process may be supported by RMP Administration staff in regional offices. For technical details on the Scanning and Importing process see [Basic Steps](#) (PCIS - scroll down to Scanning and Importing table) / EACS and for details such as naming conventions and privacy issues see [Electronic Health Records - Overview](#).

#### 4.7.3 Duty Statistics Sheet

The Duty RMP Statistics Sheet provides a summary of daily activity including the number of consultations and retrievals.

### 4.8 Duty Rural Medical Practitioner Roster

The Duty RMP roster is collated by the RMP Logistics Support Officer in collaboration with RMPs. The current Duty RMP roster is distributed to health centres and other relevant stakeholders.

The PHCM should ensure health centre staff are aware of the location of the Duty RMP roster and have the roster readily available.

### 4.9 Duty Rural Medical Practitioner Procedural Information

The Duty RMP is provided with procedural information to perform their duties. This information is supplied to all Medical Practitioners providing this service in either hard copy or electronic form.

### 4.10 Quality Improvement Processes

The PHC DMS is responsible for monitoring the activities of the regional Duty RMP roster group.
### Document Quality Assurance

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### Key Associated Documents

#### Forms
- NT PHC: RMP Telehealth Consultation / Evacuation Form, available via the EHR
- RMP Hard Copy Consultation Form
- Duty RMP Statistics Sheet, available from TE RMP Logistics Coordinator

#### Key Legislation, By-Laws, Standards, Delegations, Aligned & Supporting Documents
- Emergency Transport of Clients
- On-Call Expectations
- Prescriptions
- Section 250 NT MPTGA
- Security Incident Management PHC Remote Guideline
- Staff Safety: Attending a Call Out and Home, Community or Outstation Visit PHC Remote Policy
- Staff Safety: Attending a Call Out and Home, Community or Outstation Visit PHC Remote Procedure
- Staff Safety: Risk Assessment PHC Remote Procedure

Information Sheets:
- SOAP PHC Remote TEHS Information Sheet
- Primary Care Information System website (intranet)
- East Arnhem Communicare System (intranet)
- Healthdirect Australia
- Northern Territory Medicines, Poisons and Therapeutic Goods Act

#### References
- As Above

### Evidence Table

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