

Welcome to being part of the Monash Doctors' family!

The Monash Doctors Workforce (MDW) Unit is comprised of 2 teams:

- Monash Doctors Operations, and
- Monash Doctors Recruitment and Credentialing

Our goal is to facilitate all administrative matters relating to your employment at Monash Health, but more importantly, we want to support your career progression at Monash Health, and for you to feel proud to call yourself a Monash Doctor. There is no shortage of research, teaching and career progression opportunities here at Monash Health, please reach out to me or my team should you wish to find out more.

Below you will find more detail regarding various administrative matters such as term allocations, rosters and timesheets, paging systems, leave requests, mandatory training and much more: link

Contact details:

Director Medical Services Dr Jason Goh (Workforce): 0455 259 607

Director Medical Services Dr Anand Ponniraivan (Patient Experience and Strategy): 03 9594 3652

Rosemary McKemmish (Wellbeing Officer): 0427 409 310

Chief Registrars – contact detail can be found here (www.monashdoctors.org)

HR Advice: 03 9265 2724, COVID hotline: 03 8572 5610,

EAP: 1300 687 327,

Monash Doctors Workforce (MDW): 03 9594 2547

Kind Regards,
Dr Jason Goh
Director, Monash Doctors Workforce

Orientation Resources for this week:



Employment and Wellbeing Key Contacts

Monash health functions on the iCARE values (Integrity, Compassion, Accountability, Respect, Excellence). To learn about our values, complete the iBelong module on <u>Latte</u>

Health and Wellbeing supports are available for all Monash Health employee, including Employee Assist Program (EAP). You can access the many resource links here

MDE and MDW have a key role in supporting Junior Medical Staff. Rosemary McKemmish is the MDW wellbeing officer who you can contact if you need support. Rosemary can be contacted via 0427409310 - click on this link to see Rosemary and understand her role.

MDW also have a HMO coordinator (Ms Emma Nyhof) who can also be contacted for HMO matters - Emma.Nyhof@monashhealth.org

Donna Fisher is the key contact person for Surgical pre-vocational doctors:

Donna.Fisher@monashhealth.org

MDE also provides support for JMS via the Medical Education Officer's, Shayne Magee (0419152948) and Karen Yates (0418529045). To listen to a short video from Shayne Magee click here and for Karen Yates, click here.

Consultant Lead Clinical Care

Consultants retain overall responsibility for the clinical care provided to all patients at Monash Health. Consultant lead clinical care implies key clinical decisions about a patient's care are **overseen** by a specialist and a specialist is accessible, available, approachable and accountable to review or attend to a patient in person or remotely **as per clinical need**. The Consultant will not necessarily be physically present for each decision but takes clinical responsibility for the outcomes of each patient under their care.

The <u>Consultant Lead Clinical Care: A Framework for Consultant presence and Senior decision making</u> outlines the principles of consultant led care, medical leadership accountability for consultant led care and the systems and processes expected at a unit level to enable consultant oversight and decision making for safe and high-quality care.

Principles of consultant lead care

- The consultant on ward service/on call is responsible for all decisions about the care of the patient during the service period
- The operating proceduralist (surgeon, physician, radiologist) is responsible for the pre and post-operative care of the patients operated on their lists
- Junior Medical Staff are supervised by a consultant and work within the scope of practice appropriate for their level of experience and competence
- Junior Medical Staff have access to a consultant at all hours of the day to discuss clinical concerns
- Junior Medical Staff are aware of criteria for escalation to a consultant and encouraged, supported and rewarded for escalating concerns

The framework aims to capture the level of senior decision making at the five touch points during a patient's inpatient stay:

- Admission: All patients are reviewed by a consultant within 24 hours or earlier as clinically needed.
- Ward Rounds: All patients are reviewed each day by a Consultant, with a management plan and estimated discharge date documented in the patient notes. Subacute may be reviewed 1-2 times a week.
- **Escalation of Care**: All patients who experience any lack of progression of care, clinical deterioration, serious adverse events, family or interdisciplinary conflict are discussed and/or reviewed with a Consultant.
- **Transfers**: All patients have input/review by a Consultant prior to transfer to another unit, site or external health service.
- **Discharge**: All patients have input/review by a Consultant prior to discharge.

Emergency Department right to admit

The ED consultant (or most senior ED registrar) has the responsibility and authority to determine:-

- 1. If a patient in ED requires inpatient admission to an inpatient bed
- 2. The most appropriate unit to admit the patient to, using the information available at that point in time

For patients with a clearly defined clinical syndrome, and for whom the ED Physician or most senior registrar is <u>reasonably certain</u> as to the most appropriate inpatient unit, <u>only one referral</u> to an inpatient unit is to be made by ED requesting acceptance, and the inpatient unit is obliged to accept the referral and to refer on to another unit if needed after assessing the patient.

When there is <u>uncertainty</u> as to the most appropriate inpatient unit, discussion should occur between the ED consultant or most senior registrar and the inpatient unit/s consultant or registrar with the intent of mutually agreeing on the appropriate inpatient unit for admission. If, after discussion, agreement cannot be reached, the ED consultant has the authority to determine which inpatient the unit will be admitted under. No patient will be sent to the ward in these circumstances without discussion with the inpatient unit consultant on call.

Patients should be admitted to a surgical unit if the provisional diagnosis is surgical with general surgery selected in cases of undifferentiated abdominal pain except in the case of acute on chronic abdominal pain where the patient is known to another unit. Patients admitted with post-operative complications should be admitted to the operating unit.

Please read the following key policies regarding admission.

Prioritising patient care Emergency Department Admissions

Prioritising patient care initial investigation pathways

Victorian Heart Hospital

Monash Health will begin to see patients at the Victorian Heart Hospital from the 23rd of February.

As the first dedicated cardiac facility in Australia, the VHH will deliver a connected cardiac care system that will significantly improve the health outcomes for all Victorians with, or at risk of heart disease.

There are tailored orientation packages to prepare new starters and those moving into the facility for some of the features of the VHH. These include a unique model of care, some new EMR functionality, and patient-facing technology not found at other Monash Health sites.

To find out more please visit the Victorian Heart Hospital SharePoint Site.



Communication Essentials

Email

Key information for all staff is communicated via the CEO updates that are typically emailed out on Fridays.

Key information for all doctors is published in the weekly CMO newsletter.

Teams

Microsoft Teams is the platform of choice for all Monash Health meetings, file sharing, and instant messaging needs. Make sure you download teams to you smart phone and log in with your credentials

Learn more about setting up Microsoft Teams here

Baret: Role-Based Communication

Baret is an app in Microsoft Teams; and it facilitates some of the communication for doctors, pathology and radiology instead of paging at Monash Health. In 2023, it will be rolled out to all other hospital areas.

Baret allows you to:

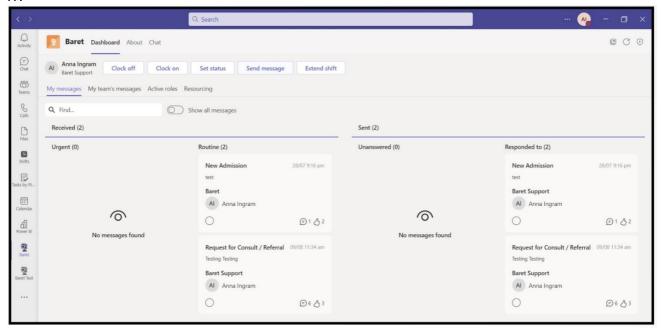
- See an active directory of doctors in what roles available not tied to rosters or personal ph numbers
- Clock on and off roles at the times when you actually work
- Send messages two way; send images securely.
- Call or convert a message to a call easily

Registrars, HMOs and Interns clock on to Baret at the start of their shift - to the appropriate 'Inpatient Team' Role (when covering inpatients) and/or Admission/Consult Role (if receiving referrals). Please Remember:

- Baret is **not** for emergency communication/medical record documentation
- Messaging in Baret should not replace required phone calls. Eg: if a registrar is only available via phone call (after hours, on call)then they remain contactable via contact centre.
- Yes- you still need to carry your pager to receive comms from other disciplines and emergency communication (ie Met call and Code Blue) but not for much longer!

We strongly recommend you review the <u>Baret Knowledge Hub</u> or by searching 'Baret' in Latte to learn more before using Baret.

Any issues using or with the Baret set up, please email baret@monashhealth.org or log a ticket with IT.



Smart Page:

Smartpage is an electronic communication platform that has replaced LANPage for non-emergency clinical task allocation at night. It aims to address inherent communication issues caused by a poorly utilised, unidirectional paging system.

Smartpage is used each night for **non-emergency** clinical communication.

Ward/Emergency Department/Theatre/Pathology/Radiology staff are able to:

- See which doctors are working and their availability status
- Easily identify which doctor to contact based on a patient's treating team (speciality)
- See when a doctor has acknowledged a task and has sent a reply/ETA

Medical staff are able to:

- Collect a Smartpage mobile device from a convenient location (or use their own phone)
- Prioritise and sort task requests based on their priority, ward location and time received
- Redistribute tasks between team members
- Send private messages and images (incl patient consent) to team members for consultation

Management staff are able to:

- Oversee staff workload
- Reallocate tasks in the event of unexpected sick leave
- Access reliable data to inform future service improvement initiatives

NOTE: Medical staff are still required to hold a pager in order to receive code emergency notifications.

If you require installation of the BYOD Smartpage app on your personal device, please arrange this one week prior to commencement of your first night shift. Noting the following:

- This application is only required for Night Shift
- This application is required for JMS working across the inpatient wards, not Emergency Departments
- Android is self service, user must be connected to MH WIFI onsite. Click <u>here</u> for Android instructions
- iPhone users will require assistance to install the app (preference is for booking Mon-Fri 9am-5pm). Click here for iPhone instructions/booking form
- Click here to view a Smartpage training video

Please note: this App is not available on the App Store or Google Play.





National Standards Training

You must complete training as part of your orientation. All training is undertaken via <u>Latte/Monash</u> <u>eLearning</u> with both online and in person training. You need to complete all required training at Monash Health within 1 month of starting. When you log into your Latte account, you will see a list of the modules that you need to complete.

For any Questions please email: mededucation@monashhealth.org

A full summary of all resources contained in these eOrientation emails can be found at:

https://monashdoctors.org/all-doctors-orientation/

To access our website, visit Monash Doctors website.

Monash Doctors website password: MonashDoctors (case sensitive)

Any feedback about this eOrientation would be welcome - this is a new initiative: mededucation@monashhealth.org