

# Palliative Care After-Hours Telephone Support Service

## Procedure Manual

Last Updated: Tuesday, 13 September 2005

## ***Acknowledgements***

The Mid North Coast Division of General Practice would like to thank Dorrigo Multi-Purpose Service for their willingness to trial this innovation, the provision of an After-Hours Telephone Support Service for palliative care patients. This trial is quite unique in that it will be exploring the feasibility of Generalist Registered Nurses working within a Multi-Purpose Service environment, providing the after-hours telephone support service to registered palliative care patients from a remote site.

The Mid North Coast Rural Palliative Care Project Team would particularly like to thank:

- ❖ Mr Vince Carroll, Manager – Bellingen and Dorrigo Hospitals
- ❖ Ms Lyn Forsyth, Nursing Unit Manager Dorrigo – Multi-Purpose Service
- ❖ Palliative Care “Link Nurses” at Dorrigo MPS, Rachael Finnegan and Narelle Sawtell
- ❖ The Registered Nurses at Dorrigo for their preparedness to explore the provision of this service to palliative care patients and their families who reside in the Bellingen and Coffs Harbour Local Government Areas.

This trial provides an opportunity for a range of health care providers and services to work collaboratively to strengthening partnerships. It is anticipated that this partnership will do much to enhance the delivery of local palliative care services and ensure that patients have access to after-hours care that is provided in accordance with the best available evidence.

Dr David Ellis

**Chief Executive Officer  
Mid North Coast Division of General Practice**

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## ***Background***

Australian society values and expects a health care system that can provide high quality health care regardless of the nature of illness or time of day, and those with a life limiting illness have particular needs [1]. Access to palliative care is a fundamental tenet of the National Palliative Care Strategy. This policy document stipulates that best evidence based palliative care should be available 24 hours a day, 7 days per week to all Australian's [2]. Although this standard is also reflected in the NSW Palliative Care Framework (2002), less than 50% of rural services in NSW have been able to establish a twenty four hour palliative care service [3]. The Mid North Coast Palliative Care Service based at Coffs Harbour, is one such rural program that has never had the resources to provide an after-hours service [4].

No matter how much health care providers endeavours to anticipatory their patients needs, there will often be crises, many of which will occur outside of normal working hour[5]. Telephone support has been found to be an extremely useful resource for families caring for terminally ill family members as it increases their access to support and is thought to reduce unnecessary admissions to hospital[6, 7]. Having access to after hours palliative care telephone support service provides patients and their carers with information, assistance with decision making, communication and support[7].

## ***Introduction***

In an effort to address local service provision deficits, the Mid North Coast Rural Palliative Care Project (2004-2006)[8], plans to trial the establishment of an after-hours telephone support service (AHTSS) for people known to the palliative care team based at Coffs Harbour Health Campus and to Department of Veterans Affairs patients cared for in the community by Coffs Harbour Home Nursing Service from 31<sup>st</sup> March 2005 until 31<sup>st</sup> December 2006. This AHTSS will be provided by Registered Nurses on duty at Dorrigo Multi-Purpose Service. This trial has the potential of ensuring that palliative care patients and their families have access to quality, affordable, acceptable after-hours care and services.

This purpose of this policy manual is to outline how the Palliative Care After-Hours Telephone Support Service will operate for the duration of the trial.

## Definitions

TERM	ACRONYM	DEFINITION
<b>After-Hours Telephone Support Service</b>	<b>AHTSS</b>	The telephone support provided by Registered Nurses at Dorrigo Multi-Purpose Service
<b>After hours</b>		Is defined as occurring everyday between the hours of 1700 and 0800.
<b>Coffs Harbour Home Nursing Service</b>		Private home nursing service that is contracted to provide care to the Department of Veterans Affairs palliative care patients in the community.
<b>General Practitioner</b>	<b>GP</b>	The patient's usual provider of medical care in the community
<b>North Coast Area Health Service</b>	<b>NCAHS</b>	Local Area Health Service.
<b>Multi-purpose Service</b>	<b>MPS</b>	Encompasses Dorrigo Hospital and Residential Aged Care Facility
<b>Nominated Carer</b>		The term nominated care refers to the person(s) listed in the patient's carer details on PaICIS. It signifies the patient's main non-paid care giver and/or Next of Kin. This person will be the person with whom the patient has agreed is most likely to phone the AHTSS on the patient's behalf. This person name, relationship and contact number is to be listed in the patients Personal Contacts List in PaICIS
<b>1300 Number</b>	<b>1300734668.</b>	This 1300 number allows callers to ring the service for the cost of a local call. All 1300 calls will be directed to the Dorrigo MPS phone and charges for the calls will be billed to the MNCDGP telephone account.
<b>Palliative Care Clinical Information System</b>	<b>PaICIS</b>	Software program used by the palliative care team to manage patient notes and statistics. Available on the MNCAHS intranet site to approved users.
<b>Palliative Care Team</b>	<b>PC Team</b>	The team based at Coffs Harbour Health Campus
<b>Registered Nurse</b>	<b>RN</b>	A registered general nurse
<b>Service Users</b>		All palliative care patients registered with the: <ul style="list-style-type: none"> <li>✧ MNCAHS Palliative Care Team based at Coffs Harbour Health Campus; or</li> <li>✧ Coffs Harbour Home Nursing Service,(palliative care patients being cared for by DVA)</li> </ul> <p>All of these patients and their nominated carer(s) will be given the 1300 number on admission to either of the above mentioned nursing services.</p>

## **Aims**

This two year trial of the After Hours Telephone Support Service based at Dorrigo Multi-Purpose Service aims to:

1. Ensure that palliative care patients and their nominated carer(s) have access to after-hours telephone support that is confidential and provides a reliable source of nursing advice based on best evidence based palliative care standards and practice.
2. Provide an opportunity to evaluate the effectiveness of a generic service providing AHTSS to a defined palliative care patient population
3. Explore the application of a computer based Palliative Care Clinical Information System (PaCIS) to assist with the timely transfer of appropriate patient information between geographically distant health care providers.

## **Objectives**

The objectives of the AHTSS Trial are detailed below:

1. That the AHTSS will be made available to all palliative care patients registered with the Palliative Care Team based at Coffs Harbour Health Campus and Department of Veterans Affairs cared for by Coffs Harbour Home Nursing Service, by 31<sup>st</sup> March 2005 until December 31<sup>st</sup> 2006.
2. That the Registered Nurses at Dorrigo MPS will be provided with structured AHTSS education, Procedure Manual and relevant document templates.
3. That the Registered Nurses at Dorrigo MPS will at all times have access to accurate and timely patient information:
  - ❖ from the Palliative Care Team via Palliative Care Clinical Information System (PaCIS) via the MNCAHS intranet home page
  - ❖ from Coffs Harbour Home Nursing Service, via Fax.
4. That the MNC Rural Palliative Care Project will fund Dorrigo MPS to provide the AHTSS as per the Memorandum of Understanding (MOU). (Appendix 1).
5. That this initiative will be evaluated by the MNC Rural Palliative Care Project.

## ***Assumptions Made***

The assumptions that have been made in respect of this project are that the:

- That the Palliative Care Team will continue to anticipate their patients potential care needs and have a plan in place to deal with all anticipated problems. These plans will be documented in PaCIS, shared with the patient and/or carer and General Practitioner;
- It is estimated that the number of call to the AHTSS will not exceed 30 calls per month.
- It is anticipated that the majority of calls will take less than 20 minutes, in which time the patients problems will have been assessed, a mutually agreed nursing plan developed and documented.
- The AHTSS primarily role is that of the provision of basic palliative care information, support and reassurance. It is definitely not a *counselling service*.
- The AHTSS has the potential of reducing the number of unnecessary palliative care presentations to A&E through effective nursing assessment, support and development of a nursing plan over the phone.

## ***Provision of 1300 number***

- The allocated after-hours telephone support service phone number is **1300 734668**.
- All after-hours calls from the 1300 number will be directed to 02 66572066.
- All palliative care patients registered with the Palliative Care Team at Coffs Harbour, as well as Department of Veterans Affairs, patients cared for by Coffs Harbour Home Nursing Service will be given the AHTSS 1300 contact phone number. The service is only available to these patients and their nominated carer(s).
- The 1300 number will be on printed material, such as service pamphlets given to the patient and their family/carers and it will not be advertised in the broader community.

## ***Assessing the patient's needs***

Nursing telephone triage is a function of the nursing process,

*“...the standard of safe, effective and appropriate care applicable to nursing practice in general apply to telephone triage” [1 p.19]*

A telephone nursing support service involves assessment of the patient's needs and the formulation of a plan of nursing intervention, including:

- Nursing assessment
- Provision of appropriate home care advice
- Referral, information brokering and/or
- Crisis intervention[1].

## ***Access to palliative care patient information***

For patients visited by the palliative care team, their clinical information will be available from PalCIS;

For Department of Veterans Affairs (DVA) patients visited by Coffs Harbour Home Nursing Service:

- on admission the front sheet of the patients notes will be faxed to Dorrigo MPS, plus the communication sheet (Appendix 2) detailing that the patient is a new referral;
- This sheet will be kept in the AHTSS – DVA patient details file at Dorrigo MPS;
- When there is a change in the patient's clinical status or medication change this information will be added to the AHTSS communication sheet (Appendix 2) by Coffs Harbour Nursing Service and faxed to Dorrigo MPS.

## ***Process***

The Registered Nurse rostered on duty during the evening and on night duty at Dorrigo MPS will be responsible for handling all calls made to the AHTSS. This Registered Nurse will:

- Be responsible for providing the After-hours telephone support service
- ❖ Determining who the caller is and their relationship to the patient.
- ❖ The nurse will need to open the patient's PalCIS record or if they are a DVA patient their paper records, and determine that the caller is listed in the patients PalCIS, Personal Contacts List.
- ❖ Use the prompt questions, listed in the After-hours Decision Making Charts to assist with determining the patient's actual problems or carer concerns (Appendix 3)
- ❖ Refer to the Palliative Care Therapeutic Care Guidelines available in paper back or via the NSW Health CIAP site <http://www.clininfo.health.nsw.gov.au/> for confirmation of advice to be provided.

- ❖ Provide appropriate nursing support and/or advice, as outlined in the After Hours Clinical Decision Making Protocols.
- ❖ If listed as being available, please contact the patient's General Practitioner for the provision of medical advice, as required.
- ❖ If the GP is not available, direct all patients requiring immediate medical assessment to the their nearest Accident and Emergency Department (Refer Figure 1)
- ❖ Document content of call and advice given on the caller on the AHTSS Nurse Triage Record Sheet (Appendix 4).
- ❖ Fax a copy of the call sheet to the relevant care providers:
  - GP and Palliative Care Team;
  - GP and Coffs Harbour Home Nursing Service (DVA Patients)

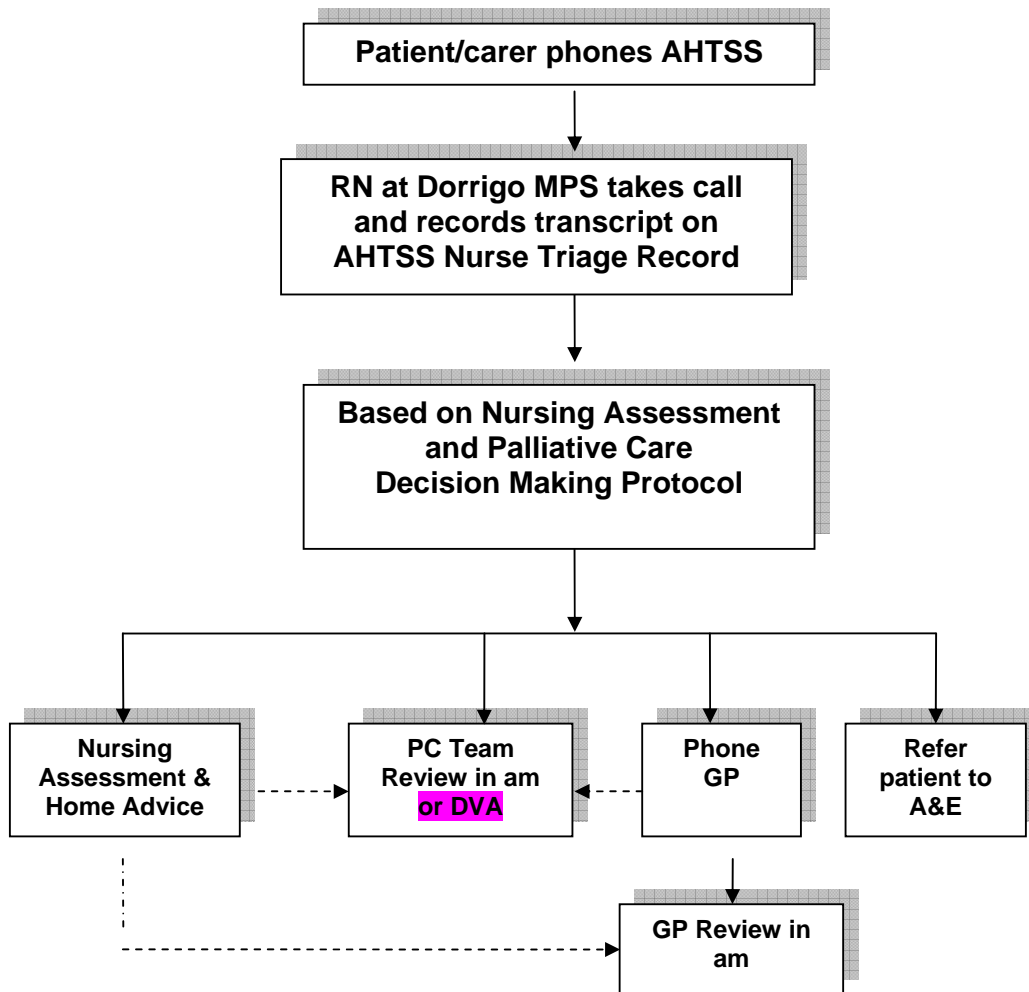
## ***Accessing medical advice and support***

### ***General Practitioner***

If the patient's General Practitioner is available, contact them if the nursing assessment indicates that the patient requires medical input. Discuss the nursing assessment findings with the GP and document the recommend action. Report the GPs recommendation to the patient and/or family member. The most likely options will be that the patient is:

- ❖ Able to manage at home, with the addition of:
  - reassurance and support;
  - use of appropriate p.r.n. medication orders;
  - home care advice
- ❖ Able to remain at home, but will need to be reviewed by Palliative Care Team or Coffs Harbour Home Nursing Service in am;
- ❖ Able to remain at home, but will need to be reviewed by their GP in am. Patient and family will need to make an appointment with the GP;
- ❖ Requires immediate medical assessment and will need to be referred to the nearest A&E.
  - ❖ Encourage the family to phone the ambulance, but if they are unable to do so, call the ambulance on their behalf;
  - ❖ Phone the relevant A&E Department and provide patient details, URN and rationale for their presentation.

**Figure 1: Overview of the decision making process for after-hours telephone support service**



## ***Accessing psycho-social support***

If the Registered Nurse assesses that the patients and/or the nominated carer needs relate to psychological or social support or advice, it is important to remember that this *AHTSS is not a counselling service*. In this scenario, the mostly likely options will be that the patient and carer will:

- ❖ Be able to manage at home, with addition of:
  - Reassurance and support
  - Home care advice
  - The use of appropriate p.r.n. medication orders; as previously ordered by a Medical Officer
  - A referral to Lifeline, Phone 131114, whose telephone counsellors can provide counselling for a range of issues; or
  - Referral to Cancer Helpline, if related to cancer, Phone 131120.
- ❖ Be able to remain at home, but will need to be reviewed by Palliative Care Team in am, and the Palliative Care Social Worker, at their earliest convenience.
- ❖ Be able to remain at home, but will need to be reviewed by GP in am. Patient and family will need to make an appointment;
- ❖ Need immediate assessment at the nearest A&E Department.

## ***Documentation***

All calls taken by the AHTSS are to be recorded on the AHTSS Nurse Triage Record (Appendix 4).

The original AHTSS Nurse Triage Record sheet will be kept at Dorrigo Multi-Purpose Service. This record is to be fax prior to the end of the shift to the appropriate health care providers, as detailed below:

- ❖ GP and Palliative Care Team; or
- ❖ GP and Coffs Harbour Home Nursing Service.

## ***Unable to respond immediately to the 1300 call***

All 1300 calls are required to be answered. In the event of unforeseen circumstances, such as inpatient medical emergencies, staffing shortages, high priority clinical presentations to the Emergency Department, the Registered Nurse can elect to postpone the provision of after-hours telephone support at this time, if the following process is followed:

- ❖ Inform the caller that you are unable to take the call at this time.
- ❖ Take their contact number and nominate the earliest time that you would be able to return the call.
- ❖ Document the time of the first call and the reason for the delay.
- ❖ Undertake to phone the caller back within 60 minutes.
- ❖ Failure to return the call within 60 minutes will be deemed to be an adverse event and investigated accordingly.

## Clinical Governance

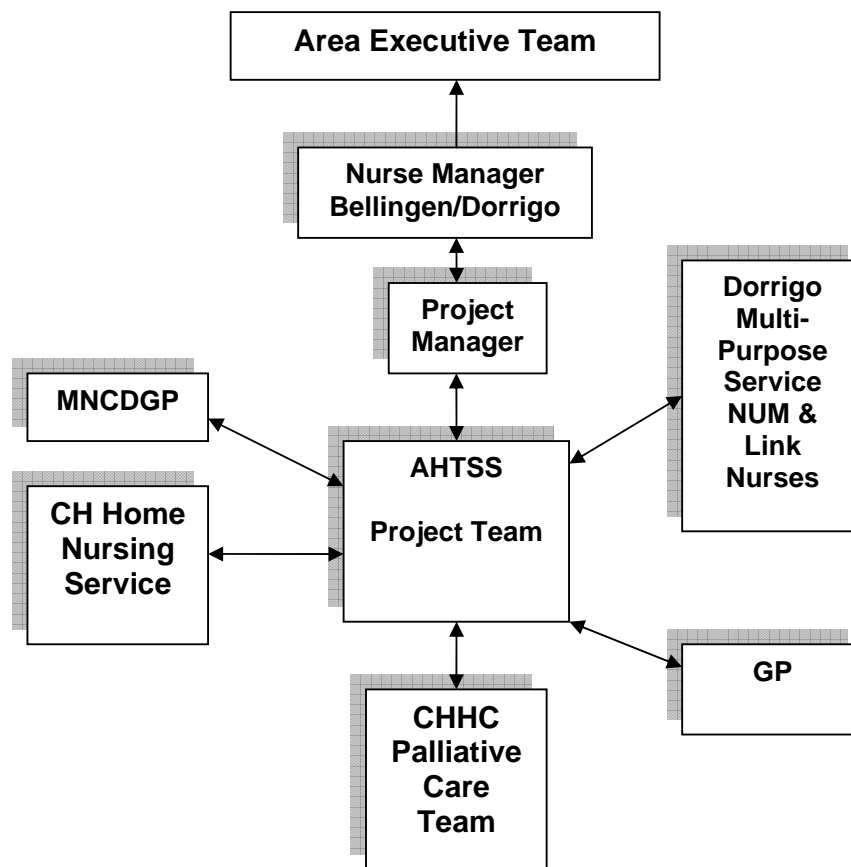
Clinical governance is a framework which assists all clinicians to continuously improve quality and safeguard standards of care and includes the following areas:

- Systems for accountability and responsibility
- Contractual agreements
- Quality improvement and assurance[1].

### ***Project Team Structure and communication: A system for accountability and responsibility.***

The Project Team structure and communication channels ensure that the AHTSS has a system and structure in place that outlines accountability and responsibility (Refer to Figure 2).

**Figure 2: MNC Rural Palliative Care AHTSS Team Structure & Communication**



The AHTSS Project Team will consist of:

- Project Manager – Palliative Care CNC
- MNC Rural Palliative Care Project Coordinator
- Nursing Unit Manager Dorrigo MPS
- Dorrigo Registered Nurse
- Manager Ambulatory Care

As required:

- ❖ General Practitioners
- ❖ Coffs Harbour Home Nursing Service
- ❖ Palliative Care Team
- ❖ Mid North Coast Division of General Practice

The AHTSS Project Team will meet on a monthly basis until June 2005 and thereafter on a four monthly basis. The Project Manager, Palliative Care CNC will be responsible for providing feedback to the Manager Bellingen and Dorrigo Health Campus, who in turn will report to the Area Executive Team.

It is likely that the Project Team requirements will vary over the life of the AHTSS, as the project moves from planning, into implementation and evaluation. It is therefore anticipated that the roles of the committee members will also evolve during the projects duration [1].

#### ***Contractual agreement between service providers***

The Memorandum of Understanding signed by the MNCAHS and MNCDGP, outlines the conditions that each party agrees to operate this trial, including;

- Dealing with any issues or problems as they arise, and provide necessary support and assistance[1]
- Co-ordinating problem solving and planning processes and functions[1];
- Determining if sub-committees and/or ad-hoc committees are needed, and establish them where necessary[1].
- Recording and/or documenting all relevant activities, events, developments and decisions etc. Report to the Project Manager who will report to the Area Executive Team[1].

#### ***Quality assurance and improvement***

Quality Assurance leads to improvements in service delivery in updating clinical and administrative protocols and policies[1]. Experts stress three procedures to help protect telephone triage nurses from legal liability:

- Use of protocols;
- Documentation of calls;
- Quality assurance checks (Wheeler, cited in [1] p. 19).

Quality assurance is thus a critical component of the AHTSS. The AHTSS Project Manager, Palliative Care CNC will undertake take a Quality Assurance role and report findings back to the AHTSS Project Team. This Quality Assurance role includes:

- Systematically reviewing approximately 25% of all AHTSS records every 3 months for QA processes (see Appendix 5) [1];
- Determine if appropriate protocols are being followed[1];
- Provide practical direction for implementing change protocols or tirage practices[1];
- Recommend additional protocol development or training as required[1];
- Training of new RNs in AHTSS for palliative care patients;
- Actively monitor, assess, and evaluate implementation processes and results, including customer surveys[1];
- Record and document all relevant activities, events, developments and decisions, etc [1].

## ***Evaluation***

The evaluation of the After-Hours Telephone Support Service will be an ongoing process. The evaluation process will include the following strategies:

- ❖ Call data, number of call per month, reason for call
- ❖ Three monthly quality assurance audits
- ❖ Analysis of adverse events

A more detailed evaluation will be conducted in conjunction with Prof Kate White, University of Sydney and will include the:

- ❖ Evaluation of AHTSS by families
- ❖ Health professionals evaluation of the AHTSS
- ❖ Nurse evaluation of AHTSS by nurses providing the service

## Reference List

1. Mc Grath, A., *Nurse telephone triage afterhours service delivery*. 2002, West Victorian Division of General Practice: Horsham. p. 54.
2. Commonwealth Department of Health & Family Services, *National Strategy for Palliative Care in Australia*. 1998, Australian Government Publishing Company: Canberra.
3. NSW Health Department, *NSW Palliative Care Framework: A guide for the provision of palliative care in NSW*. 2001.
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5. Thomas, K., *Out-of-hours palliative care - bridging the gap*. *European Journal of Palliative Care*, 2000. **7**(1): p. 22-25.
6. Sach, J., *Issues for palliative care in rural Australia*. *Collegian*, 1997. **4**(3): p. 22-27.
7. Wilkes, L., et al., *Evaluation of an afterhours telephone support service for rural palliative care patients and their families. A pilot study*. *Australian Journal of Rural Health*, 2004. **in press**.
8. Australian Divisions of General Practice, *Rural Palliative Care Program*. 2004, <http://www.adgp.com.au/site/index.cfm?display=683> (Accessed 22 April, 2004).

*Appendix 1:*

***Memorandum  
of  
Understanding***



## MEMORANDUM OF UNDERSTANDING [MoU]

(between the NCAHS, Dorrigo Multi-Purpose Service and the Mid North Coast Division of General Practice – Rural Palliative Care Project

Provision of a trial of providing the Palliative Care After-Hours Telephone Support Service (AHTSS)

### **1. Parties to the Memorandum of Understanding**

This Memorandum of Understanding is between the North Coast Area Health Service's Dorrigo Multi-Purpose Service (MPS) (henceforth called the 'NCAHS') and the Mid North Coast Division of General Practice – Rural Palliative Care Project (henceforth called the 'Funding Provider').

### **2. Term of the Memorandum of Understanding**

This Memorandum of Understanding (henceforth called the MoU) between the NCAHS and the Funding Provider shall be for the trial period commencing 1/03/05 and ending on 31/12/06.

### **3. Purpose**

- 3.1. For the purpose of this MoU, "after-hours" is defined as occurring everyday between the hours of 1700 and 0800.
- 3.2. This MoU between the NCAHS and the Funding Provider is for the two-year trial of provision of after-hours telephone support service (AHTSS) for all palliative care patients known to the NCAHS Palliative Care Team based at Coffs Harbour Health Campus.

### **4. Scope**

- 4.1. This MoU outlines the responsibilities to be applied between the NCAHS and the Funding Provider.
- 4.2. This MoU is to be interpreted as a written statement detailing the intention of the two parties with regard to how the purpose of the MoU will be achieved.

### **5. Responsibilities of the Mid North Coast Area Health Service**

- 5.1. To ensure that the Registered Nurse on duty is available each shift to provide the after-hour telephone support service to palliative care patients and/or their nominated next of kin, as documented in the Palliative Care Clinical Information System (PaCIS) between the hours of 1700 and 0800, every day of the year.
- 5.2. In the event of unforeseen circumstances such as inpatient medical emergencies, staffing shortages, high priority clinical presentations to the Emergency Department, the service may elect to postpone the provision of the telephone support service to a more suitable time that will be identified to the caller, as outlined in the AHTSS Procedure Manual.
- 5.3. To ensure that Registered Nurses providing AHTSS at Dorrigo MPS have access to timely and accurate palliative care patient information via:

- 5.3.1. The Palliative Care Clinical Information System (PaCIS) on the NCAHS intranet; or
- 5.3.2. Faxed patient information from Coffs Harbour Home Nursing Service, regarding Department of Veterans Affairs, palliative care patients being cared for in the community by this private nursing service.
- 5.3.3. Organisational support to facilitate staff attendance at PaCIS training and appropriate palliative care and telephone consultation skills education sessions.
- 5.3.4. A designated quiet area on the Ward at Dorrigo MPS for dealing with telephone enquires with access to a desktop computer and relevant resource material.

## **6. Responsibilities of the Funding Provider**

- 6.1. Provide an allocation of \$20,000 (GST exclusive) per annum for the calendar years 2005 and 2006 to fund the trial of the provision of an after-hours palliative care telephone support service at Dorrigo MPS. That this be paid on a six monthly basis commencing in March 2005.
- 6.2. To cover the connection fee and monthly line rental for the establishment and maintenance of the Telstra 1300 number and the cost of all calls.
- 6.3. Develop a structured ongoing evaluation process with regular feedback being provided to the NCAHS as outlined in the AHTSS Procedure Manual.
- 6.4. That an Palliative Care AHTSS manual be readily available in both paper and electronic format that addresses the following issues:
  - 6.4.1. The scope of the palliative care telephone nursing advice and support to be provided.
  - 6.4.2. The process for identifying when to refer a palliative care patient on for: immediate local medical assessment; a review on the following day or; a referral to the social worker.
  - 6.4.3. The process for documenting the advice and support provided.
  - 6.4.4. The process for communicating the encounter with the patient's regular nurse, palliative care team and General Practitioner.
  - 6.4.5. The process for dealing with unforeseen events or incidents, including the inability to immediately deal with a callers inquiry due to an clinical presentations in the Emergency Department.
- 6.5. To ensure that Registered Nurses have access to:
  - 6.5.1. The PaCIS software on a designated desktop computer.
  - 6.5.2. Appropriate palliative care education. The funding of staff time to attend these education sessions will be the responsibility of the NCAHS.
  - 6.5.3. Education on providing after-hours telephone support services

- 6.6. To monitor and evaluate the effectiveness of the after-hours telephone support service.
- 6.7. To facilitate monthly meetings to review the development and implementation of the after-hours telephone support service. To work collaboratively to deal with issues that arises as a result of this initiative in a timely and constructive manner.

### **7. Maintenance of Confidentiality, Integrity and Availability Principles**

- 7.1. At all times, all parties are bound by the Policies and Procedures of the NCAHS.
- 7.2. At all times, all parties are bound to the *NSW Health Records and Information Privacy Act 2002* and are required to maintain:
  - 7.2.1. Confidentiality – in the context of access or disclosure of the information without authority
  - 7.2.2. Integrity – in the context of completeness, accuracy and resistance to unauthorised modification or destruction
  - 7.2.3. Availability in the context of continuity and the business processes and for recoverability in the event of a disruption

### **8. Code of Conduct**

- 8.1. NCAHS employees are bound by the NCAHS Code of Conduct that requires probity in all dealings including those with MNCDGP. The NCAHS has adopted this Code to ensure that functions are undertaken efficiently, impartially and with integrity.
- 8.2. The MNCDGP conniving and/or inducing a breach of this Code may constitute grounds for termination of this MoU.

### **9. Information**

- 9.1. It is acknowledged that the NCAHS may be privy to sensitive information, both verbal and written. Such information is subject to the confidentiality policies and procedures of the MNCDGP and relevant funding agencies.
- 9.2. It is acknowledged that the MNCDGP may be privy to sensitive information, both verbal and written. Such information is subject to the confidentiality policies and procedures of the NCAHS.
- 9.3. It is acknowledged that these information obligations survive the expiry or termination of this MoU.

## 10. Dispute Resolution

- 10.1. In the event that the parties to the MoU cannot agree then in the first instance the matter is to be referred to the Nurse Manager of the Dorrigo Multi Purpose Service responsible for this initiative and the Executive Officer of the MNCDGP,
- 10.2. If an agreement cannot be achieved, then the matter is to be referred to the Executive Officer/ Director of Nursing for the Bellingen and Dorrigo Health Campuses and the Chief Executive Officer of the MNCDGP for resolution.
- 10.3. In the event that a compromise cannot be reached then the matter is to be referred to an arbitrator as appointed by the Institute of Arbitrators Australia with the costs of, and incidental to, the arbitration being awarded at the discretion of the arbitrator.

## 11. Signatories

### For the North Coast Area Health Service:

(being an authorised agent of the North Coast Area Health Service with delegated authority to enter into contractual arrangements)

<b>Signature</b>	<b>Name of Signatory</b>
<b>Position/Title Signatory</b>	<b>Date</b>

### For the Mid North Coast Division of General Practitioners

(Being an authorised representative(s) of the Mid North Coast Division of General Practitioners with the authority to enter into contractual arrangements)

<b>Signature</b>	<b>Name of Signatory</b>
<b>Position/Title Signatory</b>	<b>Date</b>

*Appendix 2:*

*AHTSS  
Communication  
sheet for  
DVA Patients*

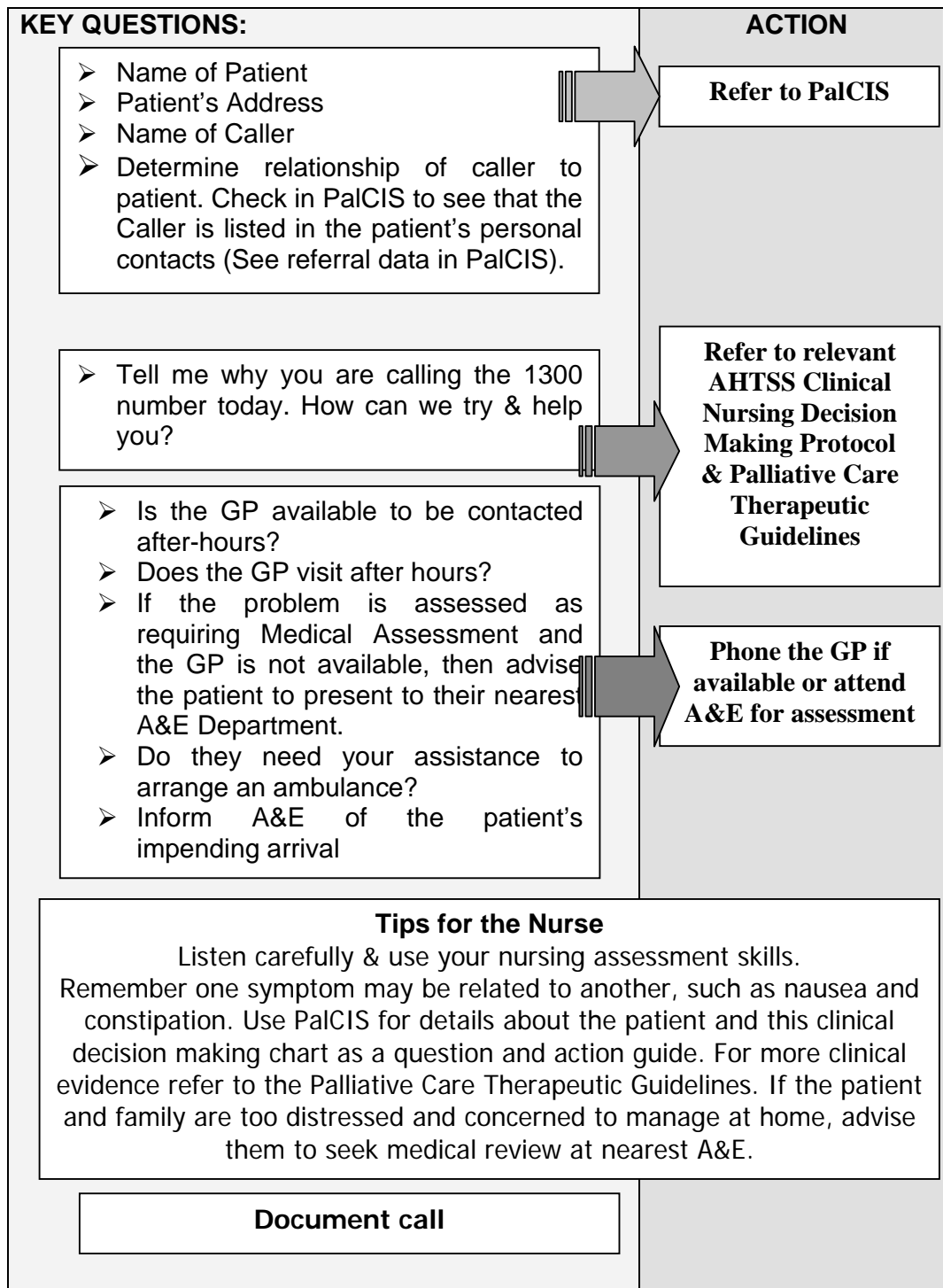


*Appendix 3:*

***AHTSS  
Clinical Nursing  
Decision Making  
Protocols***

## **AHTSS Clinical Nursing Decision Making Protocols**

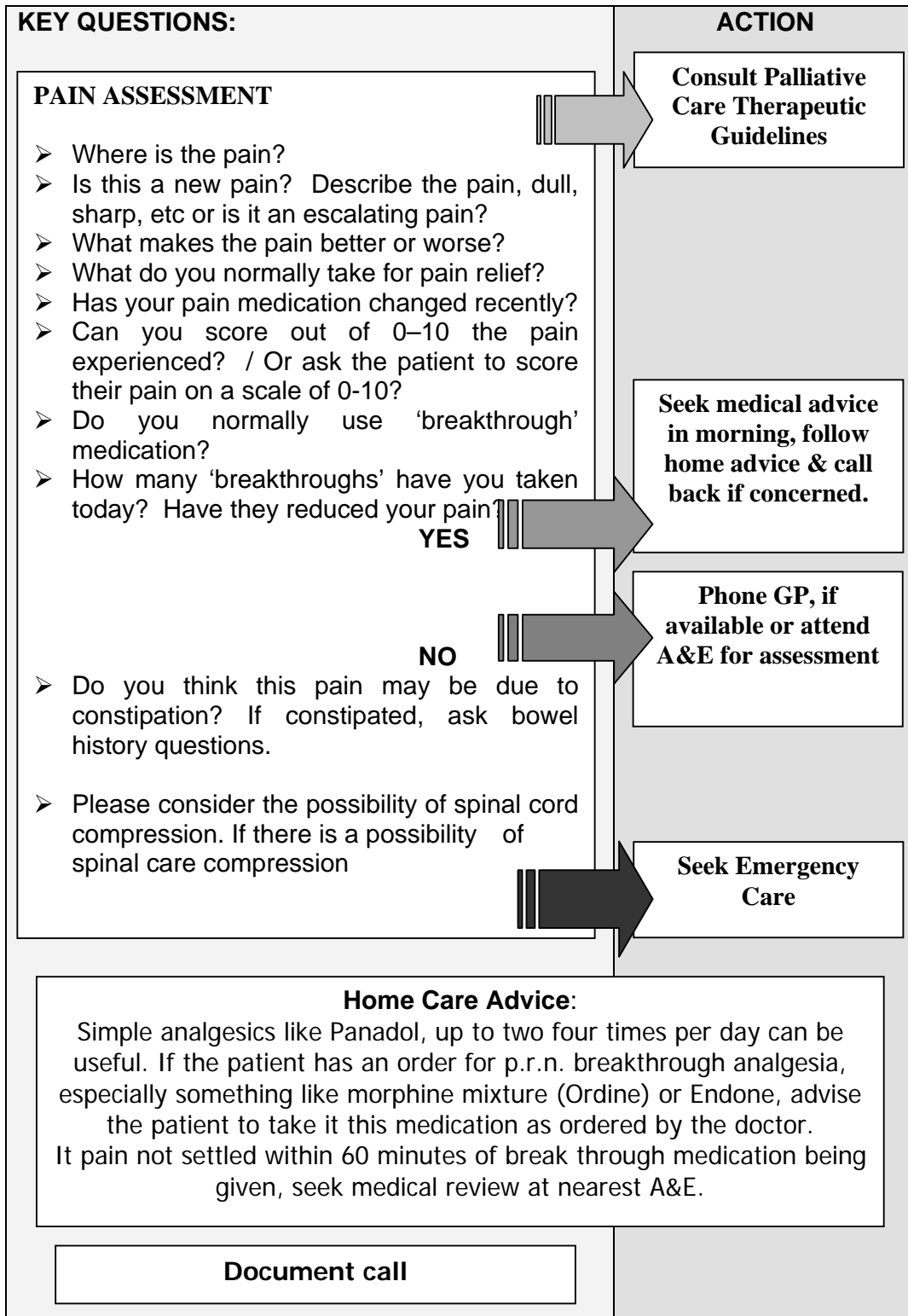
# **GENERAL INTRODUCTION**



*Protocols do not replace skilled clinical judgement*

# **GENERAL INTRODUCTION**

# PAIN



*Protocols do not replace skilled clinical judgement*

# PAIN

# NAUSEA AND VOMITING

KEY QUESTIONS:	ACTION
<p><b>Nausea and Vomiting Assessment</b></p> <ul style="list-style-type: none"> <li>➤ Check on patient medical history (? chemotherapy, radiotherapy cerebral secondaries; bowel obstruction, previous episodes of nausea or vomiting).</li> <li>➤ Does anything trigger the nausea &amp; vomiting, e.g. eating / smell of food, standing up, or change of posture?</li> <li>➤ Can you describe your vomit, including: Volume, Frequency, Colour &amp; Smell.</li> <li>➤ Do you have anti-nausea medication? <b>NO</b></li> <li>➤ Are you taking regular medication for your nausea?</li> <li>➤ How effective / is this medicine helping to relieve your nausea &amp; vomiting?</li> <li>➤ Do you think the medication is staying down?</li> <li>➤ How long has it been since you were able to keep fluids down?</li> <li>➤ When did they last pass urine?</li> <li>➤ Approximate amount and colour of urine.</li> <li>➤ Have your bowels been opening regularly? Are you able to pass flatus? <i>*May need to ask bowel history.</i> Does the patient have symptoms suggestive of a bowel obstruction?</li> </ul>	<div style="border: 1px solid black; padding: 5px; margin-bottom: 10px; text-align: center;"> <b>Review Patient details on PalCIS</b> </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 10px; text-align: center;"> <b>Consult Palliative Care Therapeutic Guidelines</b> </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 10px; text-align: center;"> <b>Phone GP if available or attend A&amp;E for assessment</b> </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 10px; text-align: center;"> <b>Seek medical advice in morning and follow home advice &amp; call back if concerned.</b> </div> <div style="border: 1px solid black; padding: 5px; text-align: center;"> <b>Attend A&amp;E for assessment</b> </div>
<p><b>Home Care Advice:</b></p> <p>Use the anti-emetic medication as ordered by doctor. Seek medical review at nearest A&amp;E if nausea and vomiting not settled within 60 minutes of using anti-nausea medication and/or if patient distressed.</p>	
<div style="border: 1px solid black; padding: 10px; width: fit-content; margin: 0 auto;"> <p><b>Document call</b></p> </div>	

*Protocols do not replace skilled clinical judgement*

# NAUSEA AND VOMITING

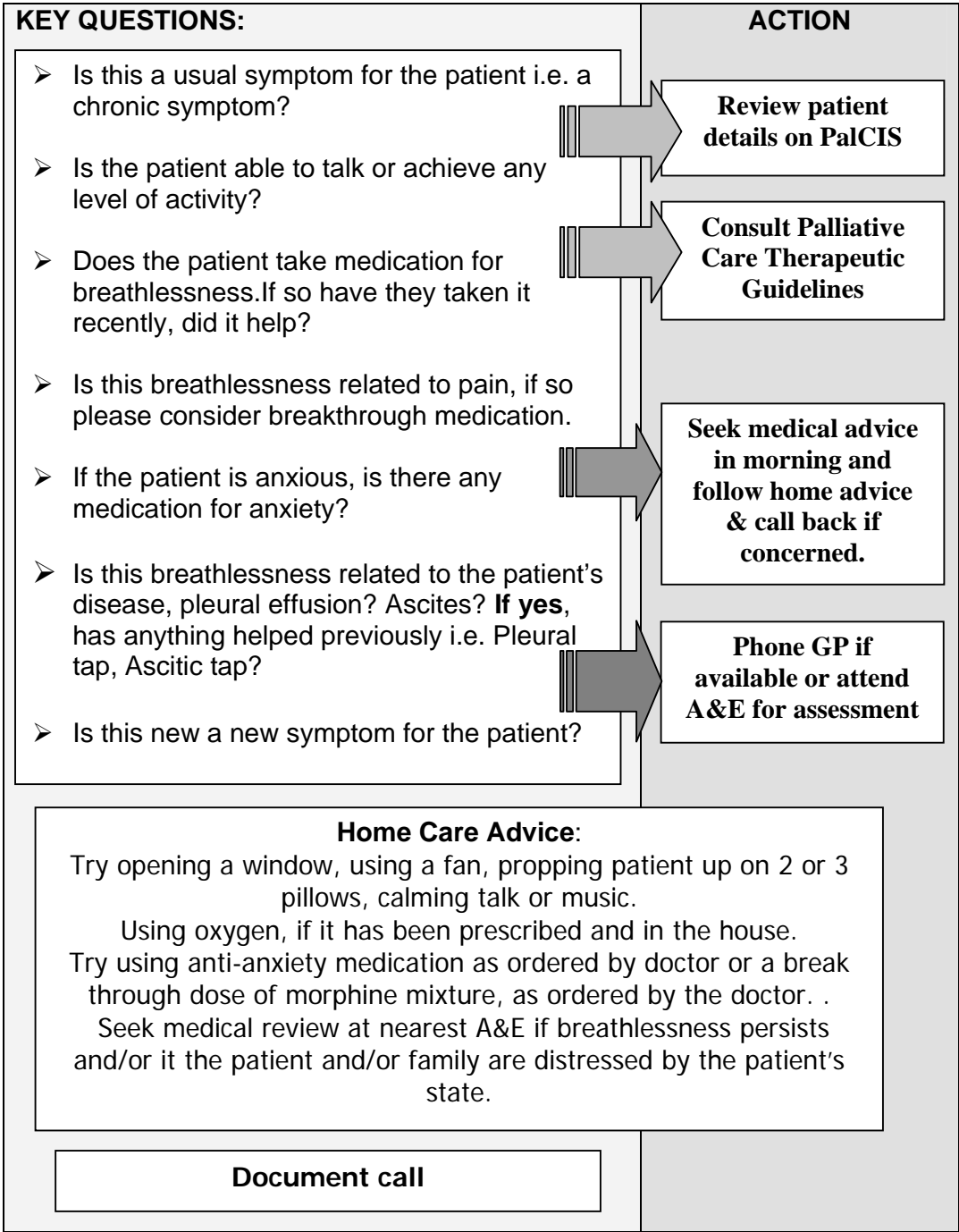
# AGITATION / CONFUSION

KEY QUESTIONS:	ACTION
<ul style="list-style-type: none"> <li>➤ Is this a new symptom or has it happened before, Ask the caller about history and/or possible reasons for agitation /confusion, consider:               <ul style="list-style-type: none"> <li>➤ Uncontrolled pain</li> <li>➤ Dehydration</li> <li>➤ Diagnosis i.e. brain metastases</li> <li>➤ Liver failure</li> <li>➤ Hypercalcemia (high calcium)</li> <li>➤ Ask about bladder and bowel history                   <ul style="list-style-type: none"> <li>❖ Urine retention</li> <li>❖ Constipation</li> <li>❖ UTI – are they febrile?</li> </ul> </li> </ul> </li> <li>➤ What medications is the patient on to help reduce/ settle this anxiety/ restlessness?</li> <li>➤ Have these medications helped today?</li> <li>➤ Is there anything that has helped in the past to help settle them; e.g. night-light, cup of tea, sitting upright, touch/ massage, and cold compress?</li> <li>➤ Are you and/or the patient distressed by the patient's level of agitation?</li> </ul>	<div style="border: 1px solid black; padding: 5px; margin-bottom: 10px; text-align: center;"> <b>Review Patient details on PalCIS</b> </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 10px; text-align: center;"> <b>Consult Palliative Care Therapeutic Guidelines</b> </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 10px; text-align: center;"> <b>Seek medical advice in morning and follow home advice &amp; call back if concerned.</b> </div> <div style="border: 1px solid black; padding: 5px; text-align: center;"> <b>Phone GP if available or attend A&amp;E for assessment</b> </div>
<p><b>Home Care Advice:</b></p> <p>Try getting the person to pass urine, use a night-light, cup of tea, sitting upright, touch/ massage, soft music, cold compress, use of rescue remedy, could all be considered            Us the anti-anxiety medication as ordered by doctor.            Seek medical review at nearest A&amp;E if agitation persists and the patient and/or family are distressed by the patient's state.</p>	
<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> <b>Document call</b> </div>	

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# AGITATION & CONFUSION

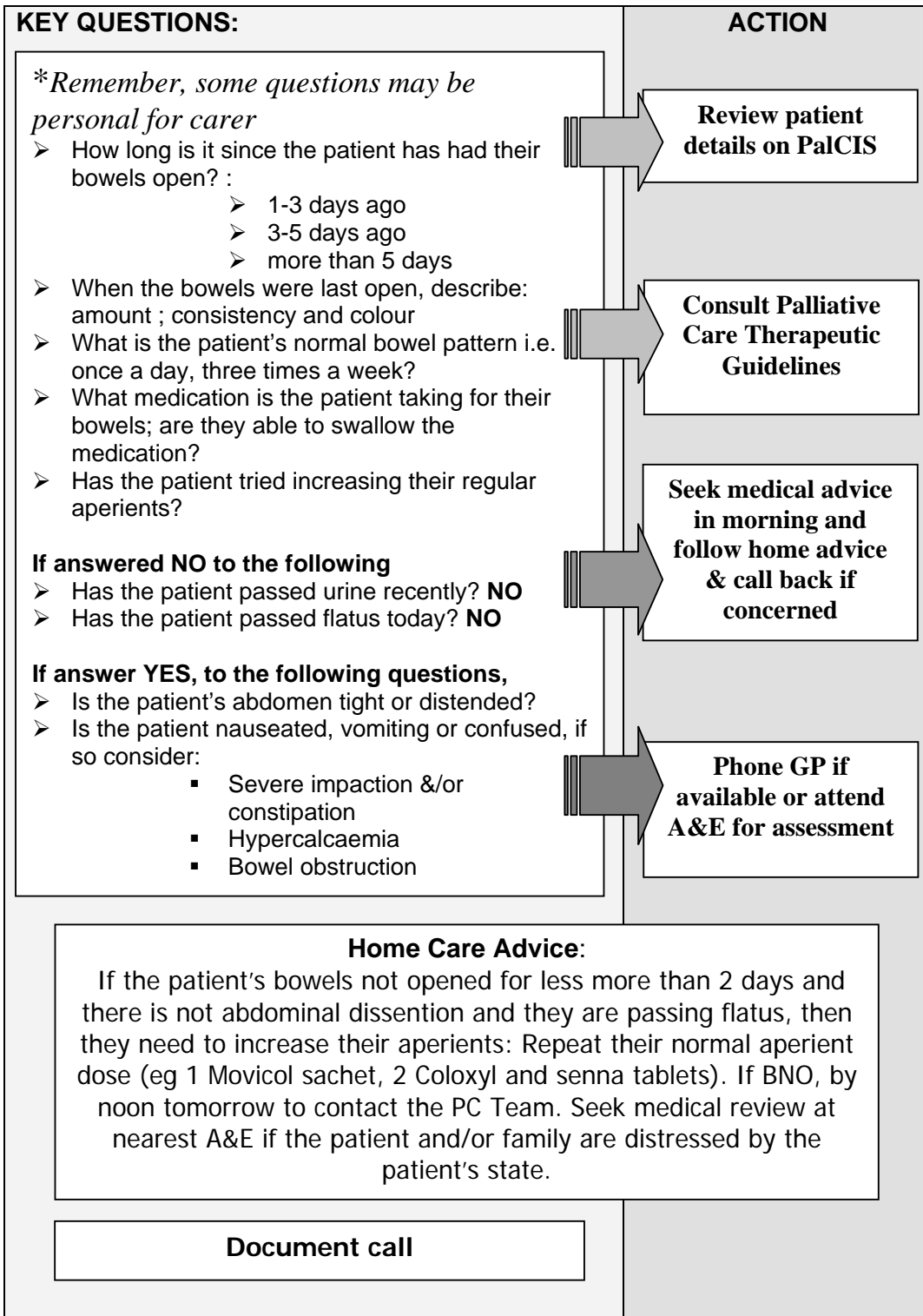
# BREATHLESSNESS



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# BREATHLESSNESS

# BOWEL HISTORY



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# BOWEL HISTORY

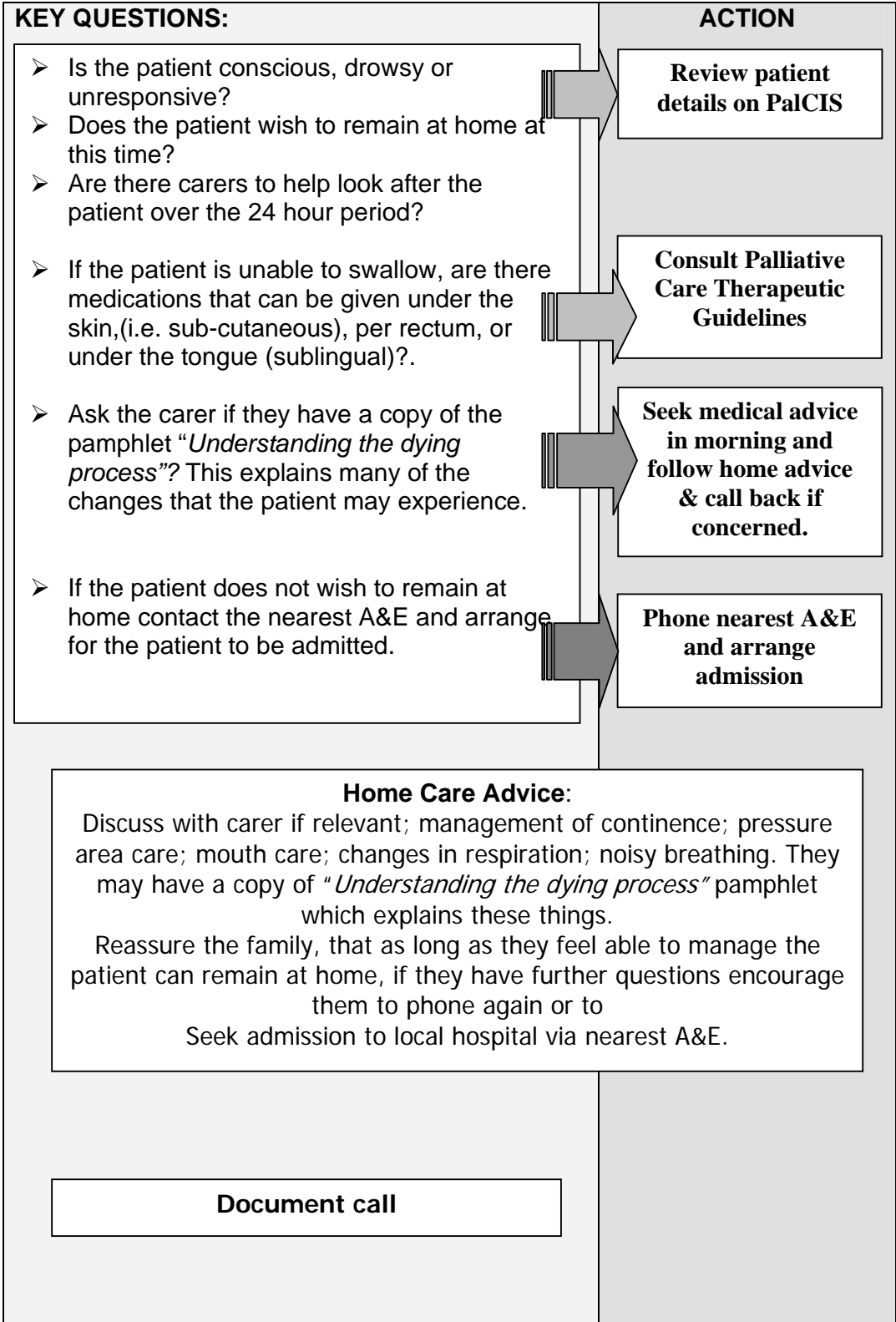
# PALLIATIVE CARE EMERGENCIES

KEY QUESTIONS:	ACTION
<p>Palliative care emergencies arise from events that occur in the course of the incurable illness and require a rapid response to avoid additional discomfort.</p> <ul style="list-style-type: none"> <li>➤ <b>NEUTROPENIA:</b> Having or recently had chemotherapy, plus temperature above 38 C.</li> <li>➤ <b>HYPERCALCAEMIA:</b> Please consider if the patient has advanced metastatic bone disease, develops confusion, considerable thirst, constipation and urinary frequency.</li> <li>➤ <b>ACUTE CONFUSION:</b></li> <li>➤ <b>SPINAL CORD COMPRESSION:</b> Please consider if the patient has advanced metastatic cancer, increased pain and sensory changes. Delays in diagnosis and management may result in permanent loss of function.</li> <li>➤ <b>SVC OBSTRUCTION:</b> Please consider if the person has an expanding tumour in the upper thorax, particularly a primary bronchial carcinoma or lymphoma.</li> <li>➤ <b>ACUTE AIRWAYS OBSTRUCTION</b></li> <li>➤ <b>PATHOLOGICAL BONE FRACTURES</b></li>   <li>➤ <b>ACUTE HAEMORRHAGE:</b></li> </ul>	<div data-bbox="992 380 1304 527" style="border: 1px solid black; padding: 5px; text-align: center;"> <b>Consult Palliative Care Therapeutic Guidelines</b> </div> <div data-bbox="992 537 1304 1234" style="border: 1px solid black; padding: 5px; text-align: center;"> <b>Arrange Ambulance transfer to A&amp;E for Urgent Medical Assessment</b> </div> <div data-bbox="992 1245 1304 1360" style="border: 1px solid black; padding: 5px; text-align: center;"> <b>Home Care Advice</b> </div>
<p><b>Home Care Advice:</b></p> <p>The palliative care team may have anticipated and discussed some of these potential emergencies with either the patient or their carer. If it was anticipated that the patient may have a catastrophic bleed, there may be a p.r.n. order for s/c morphine and/or midazolam. If there is a medication order, advise the carer to administer as per doctors orders. If there is no medication order, phone for an ambulance. The use of old dark towels to absorb the blood is helpful. These towels can then be readily discarded.</p>	
<div data-bbox="337 1772 943 1839" style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> <b>Document call</b> </div>	

*Protocols do not replace skilled clinical judgement*

# PALLIATIVE CARE EMERGENCIES

# TERMINAL CARE



Protocols do not replace skilled clinical judgement

# TERMINAL CARE

# DEATH AT HOME

KEY QUESTIONS:	ACTION
<ul style="list-style-type: none"> <li>➤ Are you ok? Do you have a support person to call?</li> <li>➤ Don't ring 000</li> <li>➤ Do you feel comfortable laying the patient flat?</li> <li>➤ Reassure the carer that equipment can stay with patient i.e. IDC, Sub-cutaneous line</li> <li>➤ Talk the carer through disconnecting the Syringe driver pump for the PC Nurses to collect in the am.</li> <li>➤ If there is no urgency for the body to leave the house, they can remain over-night if the family is comfortable with this. The family can wait until the am and phone the GP.</li> <li>➤ <b>Do not ring the funeral parlour until you have spoken to the GP.</b> The family need to confirm with the GP that they agreed to complete the death certificate before the body is moved.</li> <li>➤ If the family do not wish to keep the body in the house, and the GP is not available to confirm that they will complete the death certificate, then the caller needs to be informed that the only alternatives are               <ul style="list-style-type: none"> <li>❖ To ring the local police station and inform them death has occurred at home of a Registered Palliative Care patient (this was an expected death) if the GP is unavailable or</li> <li>❖ To ring 000, which will result in an ambulance and the police coming to the house and usually transferring the body to the local morgue</li> </ul> </li> </ul>	<div style="border: 1px solid black; padding: 5px; margin-bottom: 20px; text-align: center;"> <b>Review patient details on PalCIS</b> </div> <div style="border: 1px solid black; padding: 5px; text-align: center;"> <b>Consult Palliative Care Therapeutic Guidelines</b> </div>
<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> <b>Document call</b> </div>	

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# DEATH AT HOME

# MEDICATION ISSUES

KEY QUESTIONS:	ACTION
<ul style="list-style-type: none"> <li>❖ <i>Carer or patient unsure how to take medications?</i> Consult MIMS</li> </ul>	<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> <b>Review patient details on PalCIS</b> </div>
<ul style="list-style-type: none"> <li>❖ <i>Patient or carer unsure about taking p.r.n. medications for pain.</i></li> </ul> <p>If the patient has pain and has an order for break thru medication, assess the pain and if indicated encourage use of break through dose of analgesia. Encourage carer/patient to keep a record of date, take and effect of medication.</p> <p>If pain not settled within 30 minutes, repeat the break through dose. If pain persisting at 60 minutes, post break through doses, patient needs to seek medical review at A&amp;E.</p>	<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> <b>Consult Palliative Care Therapeutic Guidelines or MIMS</b> </div>
<ul style="list-style-type: none"> <li>❖ <i>New symptoms/side effects – what medications to use</i></li> </ul>	<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> <b>Attend A&amp;E for assessment</b> </div>
<ul style="list-style-type: none"> <li>❖ <i>Reluctant to take medications</i></li> <li>❖ <i>Run out of medications or no script</i></li> <li>❖ <i>Old and new meds confused</i></li> <li>❖ <i>Wants to change meds</i></li> <li>❖ <i>Vomiting meds</i></li> <li>❖ <i>Fentanyl Patch has fallen off.</i></li> </ul>	<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> <b>Consult Palliative Care Therapeutic Guidelines or MIMS</b> </div>
<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> <b>Seek medical advice in morning and follow home advice &amp; call back if concerned.</b> </div>	
<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> <b>Home Care Advice:</b>                      If patient has vomited pain medication, suggest patient use break through dose until am dose due and then recommences regular oral dose. If Fentanyl patch comes off, place another one on and change the replacement date to 72 hours time. Seek medical review at nearest A&amp;E if the patient and/or family are distressed by the patient's state.                 </div>	
<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> <b>Document call</b> </div>	

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# MEDICATION ISSUES

# CONTACT NUMBERS

<b>KEY CONTACTS:</b>	<b>ACTION</b>								
<div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> <p><b>PATIENT</b></p> <ul style="list-style-type: none"> <li>➤ Name of Patient</li> <li>➤ Patient's Address</li> <li>➤ Name of General Practitioner</li> <li>➤ Contact Number General Practitioner</li> <li>➤ Availability of General Practitioner</li> </ul> </div> <div style="text-align: center; margin: 0 20px;"> </div>	<div style="border: 1px solid black; padding: 5px; margin-bottom: 10px; width: 80%; margin-left: auto; margin-right: auto;"> <p><b>Refer to PalCIS</b></p> </div> <p style="text-align: center; margin-top: 20px;"><b>PHONE NUMBERS</b></p>								
<p><b>NORTH COAST HEALTH SERVICE</b></p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border-bottom: 1px solid black;">Emergency Department Coffs Harbour Health Campus</td> <td style="text-align: right; border-bottom: 1px solid black;">66567406</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Emergency Department Bellingen District Hospital</td> <td style="text-align: right; border-bottom: 1px solid black;">66551266</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Palliative Care Team</td> <td style="text-align: right; border-bottom: 1px solid black;">66567675</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Palliative Care Team</td> <td style="text-align: right; border-bottom: 1px solid black;">FAX 66567684</td> </tr> </table>		Emergency Department Coffs Harbour Health Campus	66567406	Emergency Department Bellingen District Hospital	66551266	Palliative Care Team	66567675	Palliative Care Team	FAX 66567684
Emergency Department Coffs Harbour Health Campus	66567406								
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Palliative Care Team	66567675								
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<p><b>PRIVATE HEALTH SERVICES</b></p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border-bottom: 1px solid black;">Baringa Private Hospital</td> <td style="text-align: right; border-bottom: 1px solid black;">66594444</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Coffs Harbour Home Nursing Service</td> <td style="text-align: right; border-bottom: 1px solid black;">FAX 66529166</td> </tr> </table> <p style="margin-top: 10px;">General Practitioner <span style="float: right;">Fax List (Appendix 5)</span></p>		Baringa Private Hospital	66594444	Coffs Harbour Home Nursing Service	FAX 66529166				
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Coffs Harbour Home Nursing Service	FAX 66529166								
<p><b>OTHER CONTACT NUMBERS</b></p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border-bottom: 1px solid black;">Ambulance</td> <td style="text-align: right; border-bottom: 1px solid black;">131233</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Cancer Helpline</td> <td style="text-align: right; border-bottom: 1px solid black;">131120</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Lifeline</td> <td style="text-align: right; border-bottom: 1px solid black;">131114</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Police</td> <td style="text-align: right; border-bottom: 1px solid black;">66520299</td> </tr> </table>		Ambulance	131233	Cancer Helpline	131120	Lifeline	131114	Police	66520299
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<p><b>PASTORAL CARE DIRECTORY</b> <span style="float: right;">(Appendix 6)</span></p>									

# CONTACT NUMBERS

*Appendix 4:*

*AHTSS  
Nurse Triage  
Record*

**ATER-HOURS TELEPHONE SUPPORT SERVICE  
NURSE TRIAGE RECORD**

Adaptation West Victorian Division of General Practice: 2002, Nurse Telephone Triage After-hours Service Delivery Protocols

**Date:** .... / .... / .... **Time call started:** .... / .... / .... **Time call ended:** .... / .... / ...

**Contact Person – Listed in Personal Contact Details PaCIS:** Yes  No

**Name of Contact Person** .....

**Contact Number of caller:**.....

**Patient's Name:**.....

**Address:** .....

**Postcode:** ..... **Phone No.**.....

**Current GP:** .....

**Reason for contacting AHTSS:**

.....  
 .....  
 .....  
 .....

**Nursing Advice Given:**

.....  
 .....  
 .....

**Document Decision Making Protocols followed:**

.....  
 .....

**Outcome:**

- |  |   |
|--|---|
| <input type="checkbox"/> Reassurance or information only | <input type="checkbox"/> Phoned GP                        |
| <input type="checkbox"/> Referred to A & E               | <input type="checkbox"/> Ambulance called                 |
| <input type="checkbox"/> Referred to GP in morning       | <input type="checkbox"/> Referred to Pall Care Team in am |
| <input type="checkbox"/> Other: .....                    |   |

**Callers response to advice given:** .....

.....  
 .....

**Additional Comments:** .....

.....  
 .....

**AHTSS Nurse Name:**

**AHTSS Nurse Signature:**

*(Remember you are not making a phone "diagnosis". Decisions are made on acuity of signs and symptoms).*

***ADVERSE  
PATIENT  
OCCURRENCE  
&  
APPROPRIATE  
TRIAGE  
ANALYSIS  
FORM***



**Appropriate use of AHTSS– Clinical Decision Making Protocols**

1. Please indicate if you believe the decision making clinical protocols have been followed in the problem identification triage process? YES ( ) NO ( )

2. If No, what was the level of risk of harm to the patient?

- 0 = Minor Risk
- 1 = Moderate Risk
- 2 = Significant Risk

**Score:**

3. Rate on a 6 point scale the evidence for preventability of the risk.

- 1 = Little or no evidence for preventability
- 2 = slight or modest evidence for preventability
- 3 = preventability not quite likely; less than 50/50 but close call
- 4 = preventability more likely than not; more than 50/50 but close call
- 5 = strong evidence for preventability
- 6 = virtually certain evidence for preventability

**Score:**

What further action would you recommend to reduce the risk?

.....

.....

.....

**Appropriate AHTSS – Administrative Protocols**

1. As far as you are aware were administrative protocols followed? YES ( ) NO ( )

2. If no, what was the level of risk of harm to the patient as a result?

- 0 = Minor risk
- 1 = Moderate risk
- 2 = Significant risk

**Score:**

3. What further action would you recommend to reduce the risk?

.....

.....

.....

Result of Review	What Action is recommended	Rationale for recommended Action:
<input type="checkbox"/> Under Triage	<input type="checkbox"/> None	.....
<input type="checkbox"/> Over Triage	<input type="checkbox"/> QA Nurse to QA/GP (copy form)	.....
<input type="checkbox"/> Satisfactory Triage	<input type="checkbox"/> Feedback to nurse via case report	.....
<input type="checkbox"/> No Protocol Available	<input type="checkbox"/> Feedback to GP via report	.....
<input type="checkbox"/> Available protocol not followed.	<input type="checkbox"/> Discussion/education at QA committee meeting.	.....
<input type="checkbox"/> Other: .....	<input type="checkbox"/> Develop clinical protocol.	.....
.....	<input type="checkbox"/> Develop administrative protocol.	.....
.....	<input type="checkbox"/> Other: .....	.....

Reviewers Name (Print): ..... Reviewers Signature: .....

Date: .....