

# Northern Health

**ROVER (Rolling handOVER) – I am a ‘living document’ that needs your care and attention**

**ROTATION: Hotham Street Clinic Community Psych Reg/HMO**

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**\*Please update me as required and send me to [fathimaijaza.lafeer@nh.org.au](mailto:fathimaijaza.lafeer@nh.org.au) in week 11 of this rotation\***

## CHECKLIST FOR NEW STARTERS

- ⊕ Apply for provider number for clinic – ask admin staff to assist with this if needed
  - Ideally, use your HPOS account to apply for & obtain a provider number before starting
- ⊕ Order prescription pads, normal and authority
  - Also through HPOS – free to order, will take a week or so to arrive
- ⊕ Order pathology slips – you will need your clinic provider number to do so
  - Alternatively, use one of the existing pads (limited supply) and cross out the previous doctor’s name & provider number and write your own
- ⊕ Optional but recommended – read up on clozapine use, indications and monitoring requirements, ask Amy (clozapine assistant coordinator) to provide you with a guide upon starting (can be found in HMO blue folder)
- ⊕ Read through orientation pack available in office on first day
  - You will have 2-3 days allocated to orientation when you start!

## STAFF

<b>Key contacts</b>
<b>Paul Sutherland – Team Leader</b>
<b>Janne-Maree Blackman – Manager (currently on leave)</b>
<b>Cara Livesey – Team Leader</b>
<b>Maria Kyvernitakis – ACIS Team Leader / <b>Acting Manager</b> during Janne-Maree’s absence</b>
<b>Janet Piper – Clozapine coordinator (currently on leave)</b>
<b>Amy McKenna – physical health nurse/clozapine assistant coordinator</b>
<b>Consultant psychiatrists – multiple</b>
<b>Key clinicians (KC) – multiple</b>
<b>Admin and reception - multiple</b>

## **WEEKLY TIMETABLE**

### **Monday to Friday schedule – official hours 8:30AM-5PM**

One half day per week, allocated to you (usually Tu/W/Th) – 8:30-1PM

Clinic huddle – 8:45AM every day, try to ensure you attend – will advise of who is duty worker, back-up and senior on call, as well as sick leave and expected difficult consumers for the day / any planned code greys or other issues to be aware of. If you are caught up in traffic etc and miss the huddle, check the whiteboard outside the intake officers' office for who is filling which role for the day.

No appointments are booked before 9AM or after 4PM – leaves you some time to write notes and/or prep for the following day.

Clinical review meeting once per week – e.g. Wednesday 10.30AM-12PM (rarely goes for the full duration).

Supervision for registrars – one hour per week, booked into your calendar & your consultant's. The HMO likely won't have a specific hour booked in, so feel free to approach your consultant to discuss a plan for the rotation – you may decide to organise an hour for supervision/case discussion & advice, or your consultant may have an open door policy where you can approach them or email them at any time for advice.

Paperwork time – 4-5PM

Public holidays – off

## **GEOGRAPHY**

Located at 83-85 Hotham Street, Preston, staff carpark on site – free parking, but limited and often fills up before 8.30am. There is street parking nearby – most of the close by streets are 2HR parking only, but if you drive down Hotham St past the school crossing it's all-day street parking. Tuesday morning everyone will have their bins out for collection so it may be difficult to find a place to park as close as you normally would.

## **First steps**

Arrive for your first day at 08:30, you will need to introduce yourself to reception through intercom as the doors do not open before 9AM and you will need a key to get in. This key will be organised for you during orientation. You will also need your outlook calendar set up as this is the calendar where your reviews will be booked into. The manager will let you know which calendar is yours & how to save it to your favourites (I also recommend saving your consultant's & co-registrar's calendars to your favourites for your reference).

Your first few days are allocated for orientation. You should have no reviews during this time except for clozapine consumers if no other doctor is available to review in your place, as these reviews need to occur every 28 days and cannot be shifted without prior planning.

You will meet most of your key contacts over this week, but perhaps may not meet all of your key clinicians due to time availability, you will come to know them all over your time at the clinic.

Your consultant may work full time or two days per week. Registrars will have an hour of supervision with them every week to discuss patients – HMOs should approach their consultants to work out a plan for the rotation, as per above.

There are other registrars and consultants around also. It is worth introducing yourself to all of them when able, as you can also ask them for advice if needed. They will not like to provide specific patient management advice (can do so in case of emergency), but are happy to provide general advice. You should aim to discuss any concerns with your consultant.

You may also review consumers of the other doctors due to availability. For the majority, this will be clozapine consumers. Potentially due to sick leave, you may have to see a non-clozapine review if no other doctor is able, but this is exceedingly rare. If you are off sick or unavailable, they may review some of your patients for you, again, likely to be clozapine patients. Non-clozapine reviews can generally be rescheduled for a later day or week.

## **JMO ROLE & RESPONSIBILITIES**

You are filling a psych reg/HMO role. HMO roles are the same as what's expected of a psych reg, but you do not do on-call shifts and should always aim to discuss any management changes with your consultant (particularly if there was no previously documented plan for the change e.g. increase quetiapine by 25mg every 4 weeks), before making the change if able.

Always try to discuss management plans with your consultant first, especially early on, but you will be expected to make management decisions regarding medications, particularly if side effects are present.

### **A few general safety rules:**

It is usually preferable to reduce a dose rather than stop a medication completely – always best to confirm this with consultant when able.

It is generally safe to increase doses slowly if a consumer has not had side effects with a medication before, but you should rediscuss the side effects if making a change and ideally confirm with consultant first.

Retain a healthy scepticism if a consumer says they are taking a medication but have very low medication levels on a blood test.

Some will be very honest (even about non-adherence) and some will never tell you the truth (either deliberately, or unintentionally due to intellectual disability), it is important to gauge who this might be by looking at previous notes and discuss with their KC. Collateral history is very important here.

### **Clozapine reviews**

Initially you will work very closely with the clozapine coordinator to help you with these in the first few days as you are finding your feet in the clinic.

You will need to be set up with ClopineCentral which will be facilitated by the clozapine coordinator. There is a form that will need to be filled in and signed, to be sent off to ClopineCentral for registration to be completed.

FBE results NEED to be entered on ClopineCentral before providing a full script and NEED to be in the

green zone (emergency short term 2-3 day scripts can be provided if results are still pending). Once results are available, you can fax through the rest of a script 25-26 day supply to their pharmacy, KCs can assist with this, but may not always be around.

Importantly – read through the clozapine guide provided in your orientation pack or provided by the clozapine coordinator. You will refer to this often early on until you are comfortable with managing clozapine patients.

Clozapine scripts are completed on a separate “Clozapine prescribing only” script pad (sample attached at bottom). When you run out, give the completed one back to the clozapine coordinator and you can get a new one – they are in the filling cabinet, 2<sup>nd</sup> draw from the bottom, in the clozapine coordinator office. Clozapine comes in tablets of varying doses 25mg, 50mg, 100mg and 200mg – all doses are made up of these tablets and you NEED to specify which strength you are prescribing (some people will prefer 3 X 100mg tablets rather than 1 X 100mg tablet and 1 X 200mg tablet). Be careful with prescribing and a good tip is to write in your plan exactly what you prescribe, quantity, and dose of tablets as well, so you can refer back to.

It is important to know what pathology service your consumer uses (Melbourne path, Austin path, Dorevitch, etc) so you know who to call for results. Path slips should always have the ‘urgent’ and ‘fax’ box ticked, with the Hotham street fax number 9480 4176 written below.

Optional, but recommended – make a Sonic DX account so you can see path results from Melbourne path (service most clients use), without needing to call people up. If you need a result urgently/ASAP, always call. There is also a clinic wide Sonic DX login if you need to review other doctors consumers, this can be gotten from Amy.

It is also important to screen for side effects – see the guide for full list. The most common are constipation and hypersalivation, the most dangerous is seizures. There are a myriad of things that need to be monitored and it is important you refer to the guidelines, there are multiple posters of the guidelines in the doctors’ office and the clozapine office as well.

### **Non-Clozapine reviews**

You will have a fair share of patients who are not on clozapine. The presentations can vary from simple unipolar depression to multi-morbid consumers with complicated physical health issues, on top of multiple psychiatric diagnoses.

It is always important to check previous notes and particularly useful are past TDS (transitional discharge summary) if available, to see how things have progressed and been managed in the past.

### **Reviews in general**

As this is a community setting you expect most of the patients to be stable. It is common however for one of your consumers to be admitted infrequently (rough ball park of maybe 1 admission a fortnight). Consumers not attending for depot medications is a soft yellow flag as well, as it represents an early warning sign they may be destabilising, unless it was a one off thing e.g. public holidays, holiday breaks, etc. You may also have “opportunistic reviews” such as when people who

are notoriously hard to get a hold of when they come in for depots. This reviews are mostly to quickly assess mental state e.g. are they psychotic or drug affected, as well as if they are tolerating the depot well without side effects. There are also outreach reviews but these are quite rare. You will never attend an outreach appointment alone and will go with the KC who will often drive. During your first few days you will be introduced to the car booking system, in case you need to book a car for one of these outreach reviews.

Risk assessment is an important point in all reviews. Some consumers can be quite confronting and/or aggressive. It is important to do a risk assessment each review and if you feel a situation is escalating, or you feel unsafe, to disengage ASAP. There are some consumers who are known to be quite difficult and there may be a planned code grey in place for all of their reviews as a precaution. There is no security on site and in the case of significant escalation, police and/or ambulance will be called, either to help them leave the premise, or to facilitate an admission/direct transfer to hospital.

People may also turn up at the clinic without appointments, depending on your diary, you may be able to review them, but it is important to discourage this behaviour and you can schedule them for an earlier review.

Notes are in the Mental Health tab on CPF, you need to use the NAMHS (MH-Adult) encounter which has a start date but no end date, this is the current encounter of care. Note type to use is Medical Review – Mental Health.

If you need Bradma labels, there is a bradma label request form which you can place in the pigeon hole office, in the bradma label request box. Alternatively you can ask any of the admin staff (office behind reception) to print you stickers when you need them. You have a large blue folder with all of your bradmas for your consumers. Please keep this up to date in case of sick leave, so others can find bradmas for your consumers and also for the next incoming doctor.

### **Monitoring:**

Patients on antipsychotics and mood stabilisers need regular organic screening. Here is an outline:

#### **Clozapine patients:**

- Monthly FBE to monitor WCC and neutrophils
- Consider taking a blood pressure, heart rate, temperature and look for signs of heart failure, auscultate chest – rarely done historically
- Annual ECG + troponin + CRP
- 6-monthly fasting glucose, fasting lipids, HbA1c, clozapine level (or as required if suspicious of non-compliance)
- Annual clozapine consent form – found on PROMPT
- **Echocardiogram** at 3 months from initiation of clozapine, at 1 year, at 2 years and then 5 yearly. For each new clozapine patient you review check when their last echo was. The clozapine coordinator has an Excel spreadsheet of when the last ECG/Echo/clozapine consent form was completed – this is useful to check if you can't find the information in the previous medical review notes

- To refer for an echo, check which clinic they had it in last and send them there for continuity. Most patients go to Northern Heart or North West cardiology in Epping. There are some referral forms in the doctors rooms or ask Amy (clozapine assistant co-ordinator). Fill in the form and fax it off, the clinic will contact the patient to make an appointment.

### **Other antipsychotics:**

Annual ECG

6-monthly fasting glucose, fasting lipids, HbA1c

### **Lithium:**

At the beginning – 3 monthly lithium level, UEC, TFT, CMP, ECG

Then annual Lithium level, UEC, TFT, CMP

### **Other:**

MRI brain – sometimes a consultant will want to get an MRI brain or an EEG- refer to the Austin as an outpatient for this

Neuropsychiatry – some patients need a neuropsychiatry assessment to see how best they can be supported in the community. To refer, do a MOCA or a NUCOG then refer to the RMH neuropsychiatry department. Write a letter with all their history and relevant examinations. The email address is: [Joanna.Neath@mh.org.au](mailto:Joanna.Neath@mh.org.au) (=> not updated since October 2022, please check before using this email)

It is important to liaise with the patient's GP if pathology results are abnormal.

### **Clinical documentation queries in Medtasker**

- Good documentation is critical to provide an accurate record of the patient's stay in hospital, decision making processes and rationale and handover between the multiple clinicians engaged in the patient's care. Remember - "if it is not documented, it didn't happen". Your documentation is also vital for 'clinical coding', which is necessary for Department of Health data reporting and hospital financial reimbursement.
- To ensure accurate and comprehensive documentation in real-time, the Clinical Documentation Specialist (CDS) will identify any deficiencies in documentation in the healthcare record and will query these via Medtasker. These will show up as "CDI Query". Please action these queries by documenting in the healthcare record. This can be done by documenting:
  - on the next progress note (paper format), or
  - on an electronic progress note in CPF by noting "CDI query response", and/or
  - on the discharge summary in CPF

## Scripts and path slips

You will need to get your own supply of these for your rotation. You can use the outgoing Reg/HMOs script pads and path slips, but **MUST** cross out the name and place your own and cross out their prescriber number and put your own. If you have registered with PRODA it is a very simple process and you should get your supply (of prescription pads specifically) within a week or two. If you use a hardcopy/paper form, it can take months. It is also not uncommon for others to run out of script pads and may request some from you and vice-versa. This is not ideal, but acceptable, as long as you cross out prescriber numbers and names and put in your own. You should also double check things with safe-script, as some consumers will get a script from you and an LMO. If at any point you are uncomfortable prescribing something, advise them to follow up with their GP.

The expectation is you will prescribe psychiatric medications and their GP will prescribe physical health medications, although this is not an absolute rule. You can prescribe things like regular medications such as PPIs or NRT, but it is advisable to leave this to the GP. If you are starting a medication, e.g. Coloxyl and senna for clozapine induced constipation, or atropine drops for clozapine induced hypersalivation, you should do the initial script and advise them they can then get this from their GP, but they may still ask you to do the script in subsequent reviews. If you want to institute a change to medications, **DO NOT** delegate this to the consumer to chase up themselves, as some can be quite disorganised and it will likely not be done.

Some consumers also do not have a regular GP. It is strongly recommended to encourage them to get a GP ASAP, the KCs know of the good GPs in the area who work well with the clinic so you can have them assist with this.

## Food

There is a toaster and sandwich press as well as a few microwaves in the kitchen, as well as tea, coffee, milk, sugar and hot water. There is also a stove and an oven if needed.

Remember to turn the sandwich press and stove off after use.

You can also walk down to the Preston Market, Bell street/High street shops, etc. if you want to pick something up. Keep in mind, you have a half hour lunch break allocated, so you will not always have the time for this if you have a full day of reviews and should bring something to eat.

## COMMON CONDITIONS SEEN BY HMO

Schizophrenia and Schizoaffective disorder – by far the most common

BPAD

Delusional disorder

MDD +/- psychotic features

Personality disorders +/- self harm

Substance misuse

\*\*this is certainly not an exhaustive list, just what is quite common

## General Tips

There is a lot of note writing/typing in this role.

Be very careful and comprehensive with documentation and remember these are key to avoiding any confusion or issues, legal or otherwise.

Make sure to read the orientation material (including the pdfs on the USB supplied to you), as this will explain how to document confidential information (usually from family members), alarm procedures, code grey management and a myriad of other important stuff.

It is not uncommon for consumers to not attend their appointments (DNA) – there is a flowchart in place for what to do but it essentially boils down to try to give them a call/get the KC to try and call them and decide

Half days can be moved as need, but try to plan this before reviews are scheduled for that day. If you are interested in psychiatry, or just want some experience stepping up to the level of a reg, this is a great role. This role is **not recommended** if you have not done psych as an intern or HMO, or have not done a reg job before, as there is a pretty steep learning curve.



