Emergency Medical Support for the Unwell Patient for Remote Area Nursing Posts Procedure

Effective: 19 April 2018

1. Guiding Principles

This procedure outlines the process for clinical escalation for a patient from the Bremer Bay Health Centre and Jerramungup Nursing Post, who requires medical advice or evacuation where care needed is greater than the available resources, or is outside the scope of practice of the registered nurse (RN) or nurse practitioner (NP).
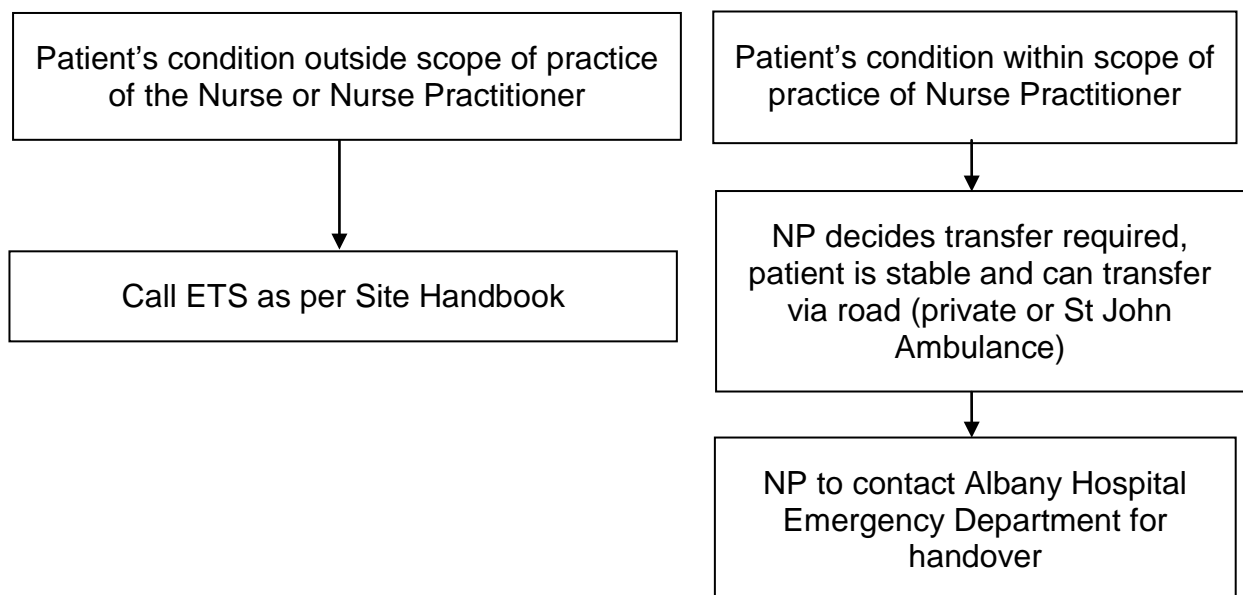
The aim of this process is to:
- facilitate collaboration of care for the unwell patient in a remote setting
- support the RN and /or NP who have limited resources available
- inform the appropriate medical officer of unwell patients and establish an agreed management plan
- define the roles and responsibilities of personnel.

This procedure is to be read in conjunction with the WACHS Emergency Telehealth Site (ETS) Handbook - access via WACHS ETS Site Resources intranet page

2. Procedure

Flow Chart for Medical Support:

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┌─────────────────────────────────┐     ┌─────────────────────────────────┐
│ Patient's condition outside      │     │ Patient's condition within scope │
│ scope of practice of the Nurse   │     │ of practice of Nurse Practitioner│
│ or Nurse Practitioner            │     │                                  │
└─────────────────────────────────┘     └─────────────────────────────────┘
                │                                         │
                ▼                                         ▼
┌─────────────────────────────────┐     ┌─────────────────────────────────┐
│ Call ETS as per Site Handbook    │     │ NP decides transfer required,    │
│                                  │     │ patient is stable and can        │
│                                  │     │ transfer via road (private or    │
│                                  │     │ St John Ambulance)               │
└─────────────────────────────────┘     └─────────────────────────────────┘
                                                          │
                                                          ▼
                                         ┌─────────────────────────────────┐
                                         │ NP to contact Albany Hospital    │
                                         │ Emergency Department for         │
                                         │ handover                         │
                                         └─────────────────────────────────┘
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Refer to site Medical Emergency Response (MER) Plan for escalation process.

If the patient requires a nurse escort for definitive care then the patient will need to be transferred via the Royal Flying Doctor Service (RFDS). The nurse is to use clinical judgement in making a decision to undertake a nurse escort via road ambulance with consideration of issues such as the expected arrival time of Royal Flying Doctor Service versus the time to undertake a road transfer in conjunction with stable or unstable patient condition and nurse fatigue. The WACHS ETS Medical or Nursing Coordinator can assist and support in this decision.

If the nurse makes the decision to undertake road transfer escort then a summary of the issues considered is to be communicated via email to their line manager at the earliest time and appropriate health centre after-hours service is to be actioned.

3. Definitions

Emergency Telehealth Service (ETS)	The ETS is a consultant-led emergency telemedicine service. Emergency Medicine Physicians (FACEMs – Fellow of the Australian College of Emergency Medicine) provide telemedicine support to sites via an integrated videoconferencing network directly into rural hospital emergency departments.
Structured Administration and Supply Arrangement for RN at Remote Area Sites	The SASA authorises Registered Nurses at approved Remote Area Nursing Posts (inclusive of Bremer Bay and Jerramungup) to supply an approved medicine for the acute treatment of an approved medical condition. RN must have provided evidence of training and assessment in Pharmocotherapeutics for Remote Area Nurses or recognition of prior learning (refer to section 4.1.9 and Addendum 4 of the WAHCS Medication Administration Policy)
Escalation	The raising and / or requesting action on a problem to a WACHS medical officer, ETS FACEM and/or Royal Flying Doctor Service medical officer.
FACEM (Emergency Physician)	The recognised qualification of an emergency physician in Australasia is the Fellowship of the Australasian College for Emergency Medicine (Australasian College of Emergency Medicine).
Management Plan	An agreed plan of care for the unwell patient between the nurse and/or medical officer

Nurse Practitioner (NP)	A nurse practitioner (NP) is a registered nurse who has completed both advanced university study at a Masters Degree level and extensive clinical training to expand upon the traditional role of a registered nurse. They use extended skills, knowledge and experience in the assessment, planning, implementation, diagnosis and evaluation of care required. Through their training and expertise, nurse practitioners are able to autonomously perform advanced physical assessment, order diagnostic tests, interpret the results of these tests, initiate referrals to relevant healthcare providers, and prescribe appropriate medications and other therapies as needed. The expanded role of the NP is clearly defined by the scope or specialty area in which the nurse practitioner practices. The nurse practitioner title can only be used by a person who has been endorsed by the Nursing and Midwifery Board of Australia. (Australian College of Nurse Practitioners).
FACEM (Emergency Physician)	The recognised qualification of an emergency physician in Australasia is the Fellowship of the Australasian College for Emergency Medicine (Australasian College of Emergency Medicine).

4. Roles and Responsibilities

Registered Nurse/ Nurse Practitioner
- To contact ETS first for medical support.
- Once a RFDS evacuation has been confirmed, the RN/NP is to liaise directly with RFDS regarding the patient's condition and ongoing management plan, including changes in the patient's condition.
- To update the ETS / RFDS when the patient's condition is deteriorating.
- To appropriately transfer the patient, with the current policy and procedure instructions, including appropriately identifying the patient and the provision of written and verbal handover in transferring care.

Emergency Telehealth Service (ETS)
- ETS is the medical support for Bremer Bay Health Centre and Jerramungup Nursing Post.
- Support RN /NP in delivery of patient care where appropriate and within the scope of the RN/NP.
- Collaborate with the RN/NP on the patient's interim management plan until an RFDS evacuation has been confirmed or until the patient is being road transported to the Albany Hospital.

Albany FACEM

- Albany Emergency Department Senior Medical Officer is second medical support for the Bremer Bay Health Centre and Jerramungup Nursing Post when ETS is **not** operational, such as during times of ETS service interruption.
- Collaborate with the RN/NP on the patient's interim management plan until an RFDS evacuation has been confirmed or until the patient is being road transported to the Albany Hospital.

> **Note**: It is important that on ETS referral, the nurse does **not** then contact Albany Emergency Department in order to receive a telephone order in advance of ETS.

Royal Flying Doctor Service

- Receive initial request from the ETS team, RN or NP.
- Liaise directly with the RN/NP at the site for patient evacuation.

Local General Practitioner

- The local GP must be credentialed with WACHS for general practice as the practice operates from WACHS facilities, however the health service does not have a medical services agreement with the GP for emergency medical care.
- The primary medical care instruction for patients whom present to the nursing post is from ETS or Albany FACEM, supporting information can be sourced from the local GP to guide management plans.
- The local GP may refer patients to the nursing post for care such as complex wound dressings.

5. Compliance

Failure to comply with this procedure may constitute a breach of the WA Health Code of Conduct (Code). The Code is part of the Employment Policy Framework issued pursuant to section 26 of the *Health Services Act 2016* (HSA) and is binding on all WACHS staff which for this purpose includes trainees, students, volunteers, researchers, contractors for service (including all visiting health professionals and agency staff) and persons delivering training or education within WACHS.

WACHS staff are reminded that compliance with all policies is mandatory.

6. Evaluation

This procedure is to be reviewed every five (5) years by the Nurse Practitioner or sooner in response to:
- sentinel events and/or clinical incident recommendations
- complaints management recommendations
- service delivery model changes.

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7. Standards

[National Safety and Quality Healthcare Standards](#) (Second edition 2017):
8.2, 8.4, 8.8, 8.9

8. Related Forms

[MR184 WACHS Inter-hospital Clinical Handover Form](#)
ETS Emergency Telehealth Service Request for Consultation - access via WACHS
[ETS Site Resources intranet page](#)
WACHS [Interhospital Patient Transfer Envelope](#)

9. Related Policy Documents

WACHS Emergency Telehealth Site Handbook - access via WACHS [ETS Site Resources intranet page](#)
WACHS [Assessment and Management of Interhospital Patient Transfers Policy](#)
WACHS [Interhospital Patient Transfer of Mental Health Patients Guideline](#)
WACHS [Inter-hospital Clinical Handover Form Procedure](#)
WACHS [Clinical Escalation of Acute Physiological Deterioration including Medical Emergency Response Policy](#)
WACHS [Medication Administration Policy](#)

10. Related WA Health System Policies

OD 0484/14 [WA Health Clinical Handover Policy](#)
OD 0501/14 [WA Health Clinical Deterioration Policy](#)

11. Policy Framework

[Clinical Governance, Safety and Quality Policy Framework](#)

**This document can be made available in alternative formats
on request for a person with a disability**

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