

Last updated: 28/10/2021 by Dr James Skinner
Reviewed: // by [Education committee member]

ROVER (Rolling handOVER)

HITH Registrar, Dandenong Hospital

UNIT STAFF MEMBERS – KEY CONTACTS

Dr Ben Rogers – ID Physician (Head of Unit)

- Currently on sabbatical so Dr Chris Robson is covering

Dr Phil George – General Practitioner (Rosters)

Dr Dianne Flood – Emergency Physician (Trainee Supervisor)

USEFUL CONTACTS

Sick leave

Text Dr Ben Rogers and Dr Phil George. Inform the consultant and any JMS rostered on for the day.

Rostering

Dr Phil George

Social worker

Rachel Poole

Mondays, Thursdays and Fridays

0427 327 350 or e: rachel.poole@monashhealth.org

Rapid Palliative Care

0419882619

WHERE TO GO ON THE FIRST DAY

Hospital in the Home office (opposite ambulance bay/ Dandenong ED entrance) at 0830.

Door code: 2012

HANDOVER

Any jobs for follow up over the weekend can be handed over to the HMO rostered to work the weekend.

ROLES / RESPONSIBILITIES & TIPS

HITH Registrar roles:

- Review and admit referrals from ED and the ward
- Review HITH patients in HITH clinic – Mixture of ID patient, wound review, rocket drain review, and infusions (commonly Iron, Zaledronate, Tysabri infusion)
 - o HMO can manage the infusions
- Answering multiple phone calls from nurses visiting patient at home
 - o Mostly for INR and warfarin dosing
 - ♣ Can refer to Prompt guideline if unsure what dose to give
 - o Concern of abnormal vital signs
 - o Any new concern from patient / family
- Telehealth review (Webex meeting) with patient and nurses visiting patient
 - o For patients too immobile to come to clinic, especially palliative care patients

- Nursing home patients
- Webex meetings for MDTs
 - HITH ID meeting on Monday 1200
 - HITH Pall care meeting on Thursday 0930
 - **You are expected to run both of these meetings**
- Ensure all the jobs from MDT meeting & clinic review are done e.g. chasing imaging result / organise OPC follow up
- Ensure patients are booked appropriately in HITH clinic
 - Monday AM – Reserve this for ID patients only (because Ben is on)
 - Tuesday AM – Reserve this for ID patients only (because Lydia is on)

Working hours

- Monday, Tuesday, Thursday, Friday: 0830 – 1700
- Wednesday: Full day off (for ED teaching) or half day (arrive at 1330 – 1400)
- About once/month weekend cover – at Clayton. Half day cover 0830 to 1230. After that on call until 1800
 - Calls will be from nurse in clinic, on the road or HMOs who are on full day at DDH
 - HITH is on level 4 near the lifts
- The HITH consultant is still on call for new referrals
 - If there are any referrals they should speak to the consultant first

Daily schedule:

- Monday – Busiest day of the week
 - Consultant AM – Ben Rogers
 - Consultant in PM – Dianne Flood
 - Morning clinic list is mostly ID patient for their weekly review
 - DDH HITH ID weekly meeting at 1200 (Webex)
 - ♣ Ben, ID Reg, Pharmacist, Podiatry will be at the meeting
 - ♣ We go through all of the ID patients – Rationalise Abx choice and response, follow up plan
 - ♣ There is a DDH HITH ID list. Add referrals to this list.
- Tuesday
 - Consultant in AM – Lydia Upjohn (ID consultant)
 - Consultant in PM – Kapil Gupta (Rehab consultant)
 - Morning clinic is mostly ID patient
- Wednesday – Off / half day
 - Consultant – Phil George
- Thursday
 - Consultant – Phil George
 - HITH pall care meeting at 0930.
 - Go through the Dandenong patients on the list
 - Runacres (Pall care consultant)
 - ♣ Pall care consultant / fellow, Rapid (pall care) Reg, ANUMs, HITH Reg at Clayton and Casey, and Pharmacist will all join the Webex meeting
 - ♣ We go through all palliative care patients & patients with a Rocket drain (with malignancy and non-malignancy diagnosis such as severe heart failure). We discuss their symptoms and how to manage it.
- Friday
 - Consultant – Igor (on sabbatical) and Susan Tucker on alternate weeks
 - Standard clinic list with infusions and wound review

- Use this day to look at the ID list and make sure all jobs are done for Monday HITH ID meeting

Referrals

- There are referral forms in the HITH office. Copy it and make sure the NIC has a copy and is aware.
- ED – Usually for cellulitis. They expect us to review and admit patient ASAP.
 - If accepted, patient needs the first dose of cefazolin in ED
- ID patients – Referral from surgical team (plastics, vascular, ortho, etc) and gen med (supposed to be trusted referral = medical issues are usually sorted, but not always)
 - Common Dx of OM, DFU, bacteraemia, infected post-op wound
 - Tick boxes for patient to be ready for HITH:
 - ♣ HITH ID plan (done by ID reg after they review patient with ID consultant)
 - This is mandatory before patient is discharged
 - It is required for pharmacy to prepare the bottles in sterile pharmacy
 - Any other notes from ID but not in the HITH ID plan format, is not enough.
 - ♣ Allied health review and clearance – Make sure they can walk, look after themselves independently or have help at home. Otherwise may need rehab / subacute bed instead
 - ♣ Adequate pain control – Make sure current analgesia makes sense, suggest APS if complex
 - ♣ Adequate BSL control – Need ~24 hours of stable BSL
 - ♣ Make sure clear follow up plan from home team including OPC referrals and clinic appointments
 - ♣ Patient consent to come to HITH – Patient must agree to come to HITH clinic every week and for HITH nurse to visit
 - ♣ If there is D&A issue – home visit not suitable and patient may need to come to HITH clinic every day (can be daily or BD for IV Abx)
 - In this situation will need AMU review
 - ♣ If mental health / behavioural issue – Depends on the situation
 - Some patients are not suitable for HITH if they are aggressive or have unstable mental health or home situation
 - Alternative accommodation is sometimes an option (Rosewood Downs)
 - ♣ Other discharge criteria like stable obs, not febrile last 24 hours, pathology within reasonable range
 - ♣ Clarify if other imaging i.e. TTE / MRI / CT should be done as inpatient vs outpatient
 - ♣ Patient is in the catchment area – Sometime we accept patients who live in Frankston and other rural area
 - Speak to the NIC and they will let you know whether it is someone we can take
 - Patients are often contracted out to other nursing services but must come to Dandenong HITH clinic for weekly review
- Palliative care patients
 - Most patients have Rocket drain in situ for ascites or pleural effusion
 - Majority are malignancy diagnosis but some can be from decompensated heart failure
 - When a pall care patient is acutely deteriorating at home, can discuss with Rapid team for admission to McCulloch house or start a syringe driver at home

- Other referrals
 - o INR / warfarin dose with Clexane bridging
 - ♣ HITH does not manage warfarin dosing alone (can be managed by community pathology service such as Melbourne Pathology)
 - o Drain tube output monitoring
 - ♣ Clarify parameters of output on when to remove DT and when to contact home team
 - o Wound dressing
 - ♣ Clarify how often and which dressing type
 - o IV frusemide
 - ♣ Often from Complex Care

TIPS

- Patients under HITH receive all their medical care from HITH including regular medications. Pharmacy will only dispense a week of medication at a time. Stamp the prescription with the HITH stamp.
- Referrals for dressings or drain tube management do not need to be reviewed on the ward before discharge unless there are other medical issues
- Patients are booked on with HITH Outlook Calendar
 1. Open Outlook
 2. Next to the mail tab click on “calendar”
 3. At the top click on “open calendar”
 4. Click on “open shared calendar”
 5. Then type into the box the name of the calendar. The ones you need are “Dandenong HITH” and “mmchith” (for when you do weekends at MMC)
- You need permission to access the EMR lists. To grant permission (need someone who already has access):
 1. Click on list “properties”
 2. Click on “proxy” tab and then the “new” button
 3. Search for the person under “Provider”
 4. Once this has been granted, you can find the list under ”List Maintenance”

Webex meetings should be on the HITH calendar. Here they are below:

HITH ID meeting:

Meeting number: 781941616

Access code: HITH

HITH Pall Care meeting:

<https://monashhealth.webex.com/monashhealth/j.php?MTID=md036a038e4611ac2232e6f09899dc2df>

Meeting number: 1659725025

Access code: JJd3jAQTW35