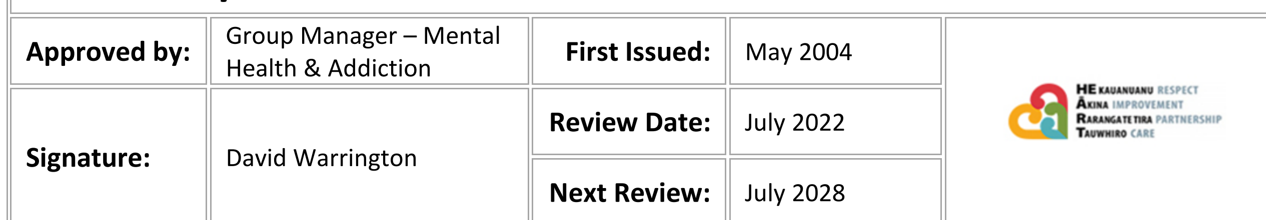
Mental Health Medical Officers On-Call Policy

MHAPPM/8006



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Purpose

The purpose of this document to outline the standards and responsibilities to be met by Hawke's Bay District Health Board staff in relation to the Medical Officers On-Call for the Mental Health and Addiction Group.

This document is to be used in conjunction with MHAPPM/8953 – Mental Health Service Policy which outlines the shared vision and expectations for the direction, values, principles, attitudes and ways of working to deliver a values based service.

Principles

All HBDHB documents are based on and link back to our values; **He Kauanuanu** (respect), **Ākina** (improvement), **Raranga Te Tira** (partnership) and **Tauwhiro** (care), and are detailed so all persons are provided with clear information on the way they are expected to practice and undertake tasks.

Scope

This policy is specific to all Mental Health and Addiction Services.

Definitions

Term/Abbreviation	Meaning
Medical Officer	Relates to either Medical officers or Medical Specialists
'After hours'	Monday to Friday 1700–0830 hours Weekends and/or Public Holidays
Director of Area Mental Health Services (DAMHS)	A senior mental health clinician appointed by the Director-General of Health. The DAMHS has statutory administrative and clinical oversight responsibilities in relation to Mental Health (Compulsory Assessment and Treatment) Act 1992. Some of these include appointment of DAOs and maintains the list of DAOs available for emergencies and ensuring allocation of Responsible Clinicians for patients under the Mental Health (Compulsory Assessment and Treatment) Act 1992.
Duly Authorised Officer ('DAO')	Person with sufficient mental health experience who is appointed by the DAMHS and granted particular powers under the Mental Health (Compulsory Assessment and Treatment) Act 1992.The DAO will often be the first point of contact for a person with concerns about their mental health or about someone else who appears to experience mental health problems. DAOs contribute in the assessment and treatment and provide general advice and assistance under Section 37 of the act.

Term/Abbreviation	Meaning
Duty Nurse Manager	Person, who has delegated authority and responsibility, to ensure the safe and efficient clinical management of Hawke's Bay Fallen Soldiers' Memorial Hospital. The role of the Duty Nurse Manager is to ensure that resources are available to support the Medical Officers on-call. The responsible Duty Manager will liaise with the appropriate admitting doctor to discuss available options if resources are not easily available.
Executive Manager On-Call	Person who has the delegated authority and responsibility of the Chief Operating Officer to ensure safe and efficient service delivery.
House Officer (Intern)	Refers to PGY1 and PGY2 doctors who have graduated from New Zealand/Australian accredited medical schools and doctors who have passed NZREX, undertaking prevocational medical training, also known as the intern training programme. Interns are supervised by Council appointed Prevocational Educational Supervisors.
Medical Officer On-Call Roster	The Mental Health and Addictions Group maintains an On-Call Roster for 1st and 2nd on call Medical Officers. This is published and viewable in ECA.
Medical Officer	Relates to either Registrars in Psychiatry (training or non-training), General Practitioners with accrediting in Mental Health, Medical Officers of Specialist Scale in Psychiatry, Consultant Psychiatrists with Full or Provisional Vocational Registration.
Medical Officer 1st On Call	Relates to Registrars in Training, Non-training Registrars, General Practitioners with accreditation in Mental Health, and Medical Officers of Specialist Scale (MOSS) in Psychiatry. Provides all 'after hours' Medical Officer duties. These are only duties which are: a) Urgent (cannot wait until normal hours) and/or b) Cannot be undertaken by any other staff member
Medical Officer 2nd On Call	Relates to a Consultant Psychiatrist with Full or Provisional Vocational Registration and MOSS approved for 2nd on call duties. Provides support and advice to the Medical Officer 1st on-call and, in addition, has delegated authority to undertake 'after hours' responsibilities for either the Medical Director (MD) and/or Director of Area Mental Health Services (DAMHS) by proxy, following prior attempts to contact either the MD or DAMHS. The Medical Officer 2nd On-Call is contacted by, or on behalf of, the Medical Officer 1st On-Call and is not routinely the first contact.

Roles and Responsibilities

Role	Responsibility
House Officer On-Call	On-Call House Officers can be called to assist in examining and treating physical conditions of patients admitted to the Mental Health Inpatient Service (Ngā Rau Rākau – 'NRR') when deemed necessary i.e. in the case of physical health deterioration. The House Officers may also be requested to assist with physical examinations and blood tests in patients who have not been medically examined prior to referral or admission to a mental health inpatient facility for example, by a general practitioner or Emergency Department doctor. House Officers may also on occasion be requested to assist with drug charting which cannot wait until normal working hours.

<table>
<tr><th>Role</th><th>Responsibility</th></tr>
<tr><td>Medical Officer
1st On-Call</td><td>Must be available to be contacted at all times during ‘after hours’ and must attend within 30 minutes or at an otherwise agreed timeframe.
All assessments must take place with the presence of EMHS staff or ward staff.
Emergency Mental Health Service (‘EMHS’) and Mental Health Inpatient Services (‘NRR’) will contact the Medical Officer for:
• Clinical decision making, as needed
• Clinical assessment of existing patients and new referrals as indicated following assessment by EMHS staff, if not an inpatient.
• Admissions and transfers of patients
• Notification of initiation of AWOL process
• Leaves and discharges that have prior approval and completed documentation by inpatient doctors.
• Review of patients in seclusion and complete clinical documentation
• Review patients that are of concern to the acute clinical services staff that cannot wait until normal working hours.
• Provide verbal orders as per policy
• Conduct weekend ward rounds in the Mental Health Inpatient Unit (‘NRR’) to review new admissions or patients of concern. To be attended with 2nd On-Call Medical Officer in the case of registrars.
• Responsible Clinician duties if eligible (MOSS and GPs with Mental Health accreditation). General Practitioners with mental health accreditation and approved by the DAMHS, may act as Responsible Clinicians up to Sections 10 and 11 of the Mental Health (Compulsory Assessment and Treatment) Act 1992. MOSS in Psychiatry may have full Responsible Clinician duties once approved by the DAMHS.

General Hospital
Assess patients as requested.

Community/Police Station
Assess patients as requested and following assessment by the EMHS staff.

In the case where the Medical Officer 1st On-Call is a registrar, all clinical decisions, assessments and treatment plans must be discussed with the Medical Officer 2nd On-Call before actioning them.
All relevant clinical documentation must be completed and ensure referrals and interventions are documented in the
Electronic Patient Management System (i.e. ECA or Clinical Portal)
Provide handover at weekends: Phone call from outgoing 1st On Call Medical Officer to incoming 1st On-Call Medical Officer will take place at time of handover i.e. 0800hours.
Should the Medical Officer 1st On-call become incapacitated or unavailable, without a replacement, the duties defer to the Medical Officer 2nd On-Call</td></tr>
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Role	Responsibility
Medical Officer 2nd On-Call	Provide advice and support to the Medical Officer 1st On-Call by being available at all times by phone and to respond within 30 minutes, or at an agreed time, if requested. Complete all relevant clinical documentation and ensure all referrals and interventions are managed in the Electronic Patient Management System (i.e. ECA or Clinical Portal) where applicable. For telephonic consultations this must be documented by the caller, e.g. Medical Officer First On-Call. Consult with the Medical Director/DAMHS as required. Undertake Responsible Clinician duties as per the Mental Health (Compulsory Assessment and Treatment) Act 1992 with the assistance of the DAO. Contact Whanau/family members or contact persons if and when possible, as required by the Mental Health Act 1992. Mental Health Act reviews over weekends that could not be completed by the treating team and responsible clinician during normal working hours. Principles to consider before delegating a Mental Health Act review to the 'after hours' Medical Officer 2nd On-Call are: • Whanau/Family involvement and engagement in the process • Consistency of care • Consistent treatment team and integration/consultation between inpatient and outpatient setting • Cultural input • Accessibility of the above 'after hours'. Conduct ward rounds on a weekend, in the Mental Health Inpatient Unit (NRR), with the Medical Officer 1st On-Call Registrar. Provide supervision and training during these ward rounds by reviewing new admissions and patients of concern. Should the Medical Officer 2nd On-Call become incapacitated while on duty, efforts can be made to contact an alternative Consultant Psychiatrist to take over duties. Alternatively, patients can be managed in the Emergency Department/Ward under a Section 111 or Section 8b awaiting availability of a replacement Responsible Clinician.

HBDHB Standards

1. Decisions with regard to care and treatment must be guided by a comprehensive mental health assessment (including assessment of risks), evidence based practices, treatment guidelines and policies and ethical codes or practice.
2. Medical Officers must consider assessments and observations of other members of the multidisciplinary team and any known interventions, treatment and risk plans currently in place.
3. The staff requesting an on call medical officer assessment must provide the doctor with comprehensive information including the findings of their assessment of the patient.
4. Where clinically appropriate, patients who use the service and their families/whanau must be encouraged to participate in the treatment plan.

5 If a person is being assessed under the provisions of the Mental Health Act 1992, the Mental Health Act documentation must be reviewed by the Medical Officer, before assessing the person.

a. The Medical Officers must ensure that a full explanation is given to the proposed patient of the process and possible outcomes of the assessment.

b. If a Duly Authorised Officer is involved in the process, Medical Officer is to ensure this has been done by the DAO before proceeding with the assessment.

c. Family members or other contact persons need to be informed of this assessment when possible.

6 The least restrictive option for care and treatment must be chosen. The safety and wellbeing of the patient and others is also paramount in this decision.

7 All admissions, transfers and discharges of patients must be approved by a Medical Officer.

8 The on-call Medical Officer must respond to all requests as soon as possible to ensure patient safety and minimise risk. If a verbal response is given in the first instance, this should be directed at maintaining the patient's safety until a further assessment can take place.

9 On-call Medical Officers must record their clinical notes and 'patient activity' (i.e. 'Encounters') in the electronic patient management system ('Electronic Clinical Application' - 'ECA' or 'Clinical Portal', whichever is appropriate). This is to enhance patient safety, increase the visibility and accessibility of health records, reduce duplication and ensure accuracy of external reporting. Telephonic consultations are to be recorded by the caller for example, RMO, EMHS personnel, ward staff etc.

10 Medical Officers rostered on-call 'after hours' are responsible for making all clinical decisions regarding a patient/proposed patient, either by phone or on-site i.e. in-person, as required.

11 All requests for the Medical Officer 1st On-Call must be made via the Hospital Call-Centre. This includes EMHS, and support for 24 hour services for example, Mental Health Inpatient Unit.

12 The Medical Officer 2nd On-Call must be contacted by, or on behalf of the Medical Officer 1st On-Call.

13 The Medical Officer 2nd On-Call should not be routinely contacted directly, unless for specific specialist advice and only after the Medical Officer 1st On-Call has considered the situation, and/or when there is a need for a second opinion.

14 A discussion between 1st and 2nd Medical Officer on-call is encouraged, particularly if there is uncertainty about any clinical decision.

a. It is mandatory for Medical Officers 1st On-Call, who are registrars to discuss assessments, decisions and admissions with the Medical Officer 2nd On-Call to provide an opportunity for appropriate supervision, support and advice.

15 All Medical Officers On-Call may require recovery time after an on-call duty, as per their respective MECA and department agreements, and may not continue with duties without recovery time when required.

Recovery Time following any On-Call

16 As per the RDA Multi Employer Collective Agreement - 13.7: A break of at least eight continuous hours must be provided wherever possible between any two periods of duty of a full shift or more.

17 Periods of full shift or more include: c) Full shifts of overtime/call back duty. The SMO MECA states services that operate a shift system or after hours call roster are expected to have agreed arrangements in place that allow an employee an adequate break without deduction from full pay before commencing work following periods of on call related work or shift work where the employee is too fatigued to safely undertake their next scheduled activity.

18 All medical staff undertaking on call duties have a minimum break of 9 consecutive hours from finishing a call or returning home from a call out.

Measurable Outcomes

Medical Officers on-call are contactable, and respond to requests to provide clinical care when contacted by on duty clinical teams.

Medical Officers take recovery time when criteria are met according to their MECA /Department agreements.

Related Documents

HBDHB/CPG/073 - Mental Health Act (1992) Initiating Urgent Compulsory Assessment

Health & Disability Commissioner Act 1994

Privacy Act 2020

Health Information Privacy Code 2020

Ngā Paerewa Health and Disability Services Standards NZS 8134:2021

Code of Ethics for the New Zealand Medical Profession

References

Guidelines for the Role and Function of Duly Authorised Officers Mental Health (Compulsory Assessment and Treatment) Act 1992

Competencies for the Role and Function of Responsible Clinicians under the Mental Health

(Compulsory Assessment and Treatment) Act 1992

Key Words

On-Call
Medical Officer
Doctors Mental

For further information please contact the Group Manager – Mental Health and Addiction