



Government of South Australia
SA Health

South Australian Rural Medical Engagement Responsibilities (SARMER)

Version 3.0 December 2014

IMPORTANT INFORMATION

This document is to be read in conjunction with:

- the “Country Health SA Local Health Network 2014 Rural General Practitioner Fee for Service Agreement”
- the “South Australian Rural Medical Fee Agreement” (SARMFA) Version 3
and
- the “Credentialing & Defining Scope of Clinical Practice for Country Health SA Health Service for Medical and Dental Practitioners 2009”

1. Introduction

The South Australian Rural Medical Engagement Responsibilities (SARMER) describes the expectations that medical practitioners and staff of Country Health SA Local Health Network Inc (CHSALHN) should have of each other in the support of a positive professional relationship.

Medical practitioners covered by this document are independent contractors and are recognised as having advanced medical skills relevant to the rural environment and as such are responsible for the manner in which outcomes are achieved. However, they work in an environment which is strongly controlled by CHSALHN to ensure a safe working environment with the best outcomes for patients.

It is in the best interest of all concerned that there are agreed responsibilities of the parties involved in the outcome for the patient. The purpose of this document is to assist in the achievement of that goal.

Vision Statement:

The CHSALHN vision is to be the best rural health service in Australia.

Mission Statement:

Our mission is to grow better services in country; keeping people at home.

2. Clinical Engagement

2.1 The CHSALHN Clinical Cabinet and Clinical Caucus

The Clinical Cabinet and Clinical Caucus are responsible and accountable for laying the foundation for effective clinical governance for CHSALHN and ensuring that responsibility and accountability at all levels of the organisation is clearly delineated at individual, team and committee levels.

The key functions of the CHSALHN Clinical Cabinet and Clinical Caucus are to:

- Embed Clinical Governance into the strategic thinking and planning of CHSALHN.
- Assure an evidence-informed approach both to service development and service delivery and providing clinical expertise into the achievement of CHSALHN's key performance indicators and strategic priorities.
- Ensure that arrangements are in place to determine that the best clinical and outcomes-based standards are being set and achieved so that CHSALHN services and programs are positioned to continually seek to improve performance, both in terms of service delivery and service development.
- Ensure robust arrangements and structures are in place to test provision of service standards through outcomes-based audit, clinical activities and user experience, for all service providers. This includes providing assurance that clinical quality standards are considered and included as a key performance requirement for programs and services.
- Foster a country wide culture of identifying and learning from adverse events and incidents as well as sharing good practice.
- Monitor the system and management of sub-optimal performance and ensure that appropriate support is available to drive improvement.
- Assure the effective delivery of clinical appraisal, revalidation and performance processes.
- Be a high level clinical 'brains trust' capable of identifying, exploring and acting on clinical concerns and issues raised by patients, staff and/or other key rural health stakeholders.

- Capture and quantify clinical risk and advise the CHSALHN Chief Executive Officer (CEO) and Country Health Executive (CHE) Committee of any clinical risks and challenges.
- Oversee the Research Governance responsibilities of CHSALHN.

The CHSALHN Clinical Cabinet has responsibility and accountability for establishing an annual program of work including monitoring and measurement of performance. It has a key role in advising CHSALHN Operations Committee, CHSALHN Finance Committee, CHSALHN Health Intelligence, Planning and Infrastructure Committee and CHE on key priorities for action and investment to support improved clinical performance and outcomes.

The CHSALHN Clinical Cabinet and Clinical Caucus have CHSALHN Executive delegation:

- To develop and implement a CHSALHN Clinical Governance Framework and Plan and aligned strategic implementation action plan including an annual program of work.
- To approve CHSALHN wide clinical policy, strategy, standards and procedures where there is no financial impact.
- To endorse new or enhanced clinical services, models of care following broad consultation and cost benefit analysis for approval by CHSALHN CHE.
- To oversee and manage relevant regulatory, standards and accreditation processes.
- To act as an expert body and “filter” for clinical governance matters for CHSALHN CHE and other CHSALHN functional areas.
- To lead and manage a key communication strategy to support high quality clinical performance across CHSALHN.

CHSALHN Clinical Cabinet and Clinical Caucus are expected to develop effective multi-disciplinary clinical engagement and leadership across organisational boundaries to:

- See the perspective of business from frontline staff, patients/consumers, communities and external stakeholders.
- Align clinical governance activities in line with strategic goals of the organisation.
- Set, monitor, review and measure key organisation wide priorities, policies, standards, process, practice and performance metrics to ensure organisational goals and priorities are met and their value to the CHSALHN and the health system assessed.
- Promulgate and support inventiveness and innovation in line with strategy.
- Nurture clinical leadership capabilities across the organisation.
- Build evidence informed clinical decision making and action across the organisation.
- Engage clinicians (both internal and external) in dialogue and quality improvement work that encourages an organisational wide culture of learning so that quality infuses all aspects of CHSALHN services and activities and encourages a shared/collaborative commitment to organisational values and standards.
- Engage with other functional areas to ensure integration and collaboration on shared clinical governance goals and encourage shared accountability and decision making in full knowledge of trade-offs and resource implications.
- Ensure clinical competence and regulatory organisation of professions/disciplines.
- Promote the importance of working with communities to build individual and community capacity for health and wellbeing.
- Foster a culture of shared responsibility amongst the clinical workforce one in which accountability to others is recognised as important.
- Undertake environmental scanning to identify opportunities, gaps and priorities for future work.

- Ensure knowledge transfer and knowledge brokering that aligns with strategy and supports improved performance.

The Clinical Cabinet and Clinical Caucus share these functions and roles, but there is a differentiation between the agendas and issues considered between the two groups. The Clinical Cabinet focuses on routine clinical governance matters, including the monitoring of appropriate clinical indicators and discipline specific issues. The Clinical Caucus focuses on organisation wide or multidisciplinary issues and is the major group to consider issues of strategic clinical importance for CHSALHN. The agenda for each group is determined by the Chair and Clinical Leads.

The Clinical Cabinet and Clinical Caucus enact their duties through the work of a range of Work Groups and or Committees each with their own Terms of Reference.

2.2 Role of the Clinical Directors

Clinical Directors are appointed by the CEO, CHSALHN and are responsible for:

- providing leadership in the nominated area of services across CHSALHN
- providing leadership in the analysis, implementation and review of best practice clinical process, as well as implementation of evidence based medicine and systems on a country wide basis
- involvement in safety and quality activities across CHSALHN
- ensuring the provision of high standard, cost effective clinical services to patients through consultation with the local Directors of Health Services
- providing advice, as required, to local Directors of Health Services, on the budget and provision of human resource management and or contractors in the nominated area of services
- ensuring that relevant service staff contribute effectively to teaching/training and research, and
- contributing to the provision of high standard clinical services to patients of CHSALHN and to teaching/training of undergraduates and post graduates.

Clinical Directors report to the Chief Medical Advisor, CHSALHN and are appointed in accordance with the then current Enterprise Agreement.

2.3 Role of Directors of Medical Services

Directors of Medical Services are appointed to the majority of larger CHSALHN health services and regions and are responsible for the development, provision, evaluation and management of medical services locally with an emphasis on support and involvement in safety and quality activities.

Each Director of Medical Services is appointed by and is responsible to the local Regional Director, but will also work collaboratively with the Chief Medical Advisor, CHSALHN and the Chief Portfolio Advisors on issues related to clinical practice.

2.4 Role of the Chief Portfolio Advisors

The Chief Portfolio Advisors are appointed by the CEO, CHSALHN. They are responsible for:

- providing clinical system advice and broad support to rural resident medical practitioners throughout country SA by way of their identified area of expertise
- acting as a point of specialty contact for clinicians in country regarding system issues, as related to their specialty area, and participation in problem resolution
- participating in the development of policy and procedures that guide clinical practice in country SA. In addition, the Chief Portfolio Advisors, CHSALHN, will work with the Chief Medical Advisor, CHSALHN and other country health staff in

- relation to decision making and policy setting as related to their speciality area, and
- providing leadership and coordination for the implementation of CHSALHN priorities and action plans within the context of the medical workforce.

Where appropriate, the Advisors will engage with the established networks and committees of relevant rural organisations throughout South Australia including the AMA(SA), RDASA, RACGP, ACCRM, PHN's and Rural GP Training Providers.

2.5 Role of Principal Medical Officers

The Principal Medical Officers may be appointed by the CHSALHN director assigned responsibility for the relevant area (“**Regional Director**”) in those regions for which there is no appointed “Director of Medical Services”. Principal Medical Officers act as a principal medical advisor and are responsible for:

- providing a clinical perspective on issues and systems within the relevant CHSALHN hospital(s)
- acting as a conduit between other medical practitioners and CHSALHN
- providing advice on local clinical policy development and clinical protocols, and
- involvement in safety and quality activities and the development of service delivery within the relevant CHSALHN hospital(s) and along with other medical practitioners supports students and junior doctors in training.

Principal Medical Officers contracted under the Country Health SA Local Health Network Rural General Practitioner Fee for Service Agreement are remunerated in accordance with the South Australian Rural Medical Finance Agreement.

2.6 Role of Chief Executive Officer, CHSALHN

The Chief Executive Officer, CHSALHN, is responsible for supporting the achievement of strategic aims of the CHSALHN Strategic Plan (2014-2019) consistent with government policy, state-wide priorities and directions and identified population needs. Further, the position is required to contribute to safety and quality activities, state-wide planning, services and programs relevant to the health reform agenda.

2.7 Role of the Chief Operating Officer

The Chief Operating Officer is a member of the Country Health Executive. The position is required to provide for the planning, leadership and management of a comprehensive range of programs and specialised strategies which focus on the promotion and improved outcomes for defined population groups. This will involve the initiation and effective management of the service delineation, research, program and system design, service standards, performance reporting and clinical leadership to successfully deploy CHSALHN resources.

The position will support the achievement of strategic aims of the CHSALHN Strategic Plan (2014-2019) consistent with government policy, state-wide priorities and directions and identified population needs. Further, the position is required to actively contribute to safety and quality activities, state-wide planning, services and programs relevant to the health reform agenda.

3. Meaningful Engagement

Effective communication and meaningful engagement underpin the development of a positive and productive relationship between two or more parties.

Given that rural GPs in the main only spend a small part of their day in the hospital environment it is especially important that forward planning and an ongoing commitment by all the parties is given to making sure that time is used to good purpose.

3.1 Principles underpinning meaningful engagement

The parties to the application of this document are considered to be committed to the following principles:

- the GP Agreement that is signed forms the basis of the commitment and understanding of what is expected in terms of the ongoing relationship
- there is an appreciation and understanding that CHSALHN as a single entity needs to have consistency in the development and implementation of policies and, except where there are sound professional or legal grounds for non-compliance, it is incumbent on the parties to comply with SA Health policy directives
- each region will schedule at least six monthly meetings with appropriate representation from local Nominated Medical Practitioners to discuss the local provision of services in accordance with the overall intent of the GP Agreement
- the conduct of local meetings should be such that they add value to the relationship, are focused on safety and quality activities and improved patient outcomes, with any apparent lack of focus being the responsibility of each party to raise as an issue that can be addressed in a timely and appropriate manner
- that dialogue between the parties shall be conducted in a positive and professional manner, where issues are neither personalised or canvassed in public, and where the views of each party are respected if not necessarily agreed with
- there is an ongoing commitment at the local level to address issues in a timely manner and where this is not possible, an explanation as to the reasons why this is the case are provided and alternate approaches to a timely resolution are attempted
- CHSALHN at a central level and the Contracting Medical Practitioner accept responsibility for managing concerns that arise out of non-acceptance of the terms of the standard Agreement

3.2 The directing of questions from a Nominated Medical Practitioner perspective

Nominated Medical Practitioners are encouraged in the first instance to raise all issues at the local level with either the local Executive Officer/Director of Nursing (EO/DON), Principal Medical Officer (PMO) or Director of Medical Services (DMS), as may be applicable to the local situation.

Should the EO/DON, PMO or DMS be unable to answer the question put forward, they will raise it with the local Regional Director who as a member of the CHSALHN senior management team is able to respond to and/or arrange further consideration of an individual issue.

Where an issue cannot be adequately addressed at the local level, there are various means by which an issue can be progressed, either as an operational management decision or by consideration as a potential policy related system change across CHSALHN.

3.3 Escalation of an issue beyond the local level

Appendix A provides a schematic representation of how the different category of issue that require escalation are generally managed within the current CHSALHN operational and governance arrangements.

Non-clinical day-to-day operational issues:

The Regional Director is able to follow up operational management related matters with the Chief Operating Officer or any other member of the CHSALHN Executive Team as may be appropriate.

Where an issue has broader implications that may require a potential policy related change, the issue is generally directed to the Operations Committee for consideration.

Clinical day-to-day operational issues:

The Regional Director is able to follow up operational issues of a clinical nature with the Chief Medical Advisor and/or senior members of the Clinical Services Team for advice on issues.

Where an issue has broader implications and may require a potential policy related change, the issue is generally directed to the Clinical Cabinet for consideration.

Contract and/or credentialing and scope of clinical practice determination related issues:

In the main, contract related issues are usually raised by the relevant Contract Manager of the respective medical practice. Where an issue relates to credentialing or the issuing of scope of clinical practice for an individual GP, it is customary for the individual GP to directly contact the Credentialing and Contract Project Team.

Current contact details for the team are:

- Telephone 08 8226 8724
- Facsimile 08 8226 4010
- Email chsa.credentialling@health.sa.gov.au

Where an issue is of an advanced or technical nature, the Regional Director will generally seek advice from the Director, Strategic Medical Initiatives.

Clinical advice is being sought and/or consideration of a systemic policy related change is being proposed

The Regional Director is able to refer an individual Nominated Medical Practitioner to one of the following where clinical or policy advice is being sought:

- Anaesthetics Dr Sara Norton
- Cardiology Dr Phil Tideman
- Emergency Services Dr Peter Joyner
- Endocrinology Dr David Jesudason
- Mental Health Dr Jorg Strobel
- Mental Health (general practice) Dr Mike Beckoff
- Obstetrics Dr Steve Holmes
- Oncology Dr Jacqui Adams
- Rehabilitation Prof. Maria Crotty
- Renal Services Dr Stephen McDonald
- Safety & Quality Dr David Rosenthal
- Surgery Prof. Guy Maddern

For those issues in a clinical domain where there is no Clinical Director or Clinical Consultant appointed by CHSALHN, questions should be directed to the Chief Medical Advisor.

Where an issue has broader implications and may require a potential policy related change, the issue is generally directed to the Clinical Cabinet for consideration.

General clinical related issue and/or clinical incident

The Regional Director is able to refer items of a general clinical nature and all clinical incidents to the Chief Medical Advisor for consideration and appropriate follow up.

4. Quality, Safety and Risk Management

4.1 Credentialing

Credentialing refers to the formal process used to verify the qualifications, experience, professional standing and other relevant professional attributes of medical practitioners for the purpose of forming a view about their competence, performance and professional standing.

4.2 Scope of Clinical Practice

Scope of Clinical Practice follows on from Credentialing and is the formal process used to determine the scope in which medical practitioners are approved to practice within a CHSALHN hospital. This is based on Credentials and the approved services level of the CHSALHN hospital.

4.2.1 Policy Reference

“Credentialing & Defining Scope of Clinical Practice for Country Health SA Health Service for Medical and Dental Practitioner - July 2009” and any updates approved by the parties.

4.2.2 Responsibility of CHSALHN

CHSALHN will:

- review all actively practicing medical practitioners in SA Country Public Health Services to ensure they hold and maintain relevant Credentials and Scope of Clinical Practice
- provide advice and a liaison point for all CHSALHN health services, medical practitioners and the Central Clinical Credentials Advisory Committee
- appoint an Executive Officer to provide comprehensive administrative support to the Central Clinical Credentials Advisory Committee
- maintain all records centrally and maintain an active and accurate Credentialing and Scope of Clinical Practice database
- review and update the medical practitioner’s relevant Board registration and professional indemnity insurance on an annual basis

CHSALHN must:

- ensure the practicing medical practitioner has adequate Credentials and Scope of Clinical Practice for the services being provided
- provide accurate recommendations on Scope of Clinical Practice applications
- report any concerns or issues in relation to a medical practitioner to the Central Clinical Credentials Advisory Committee for review, where necessary
- collect data to forward to the Central committee to assist medical practitioners in providing appropriate log book information in regards to the numbers of procedures undertaken (eg anaesthetics, surgical and obstetrics caseload)
- provide guidelines on the expectations of medical practitioners to satisfy ongoing credentialing requirements

4.2.3 Responsibility of the Medical Practitioner:

The medical practitioner that is engaged to provide services for CHSALHN must:

- maintain adequate Credentials and Scope of Clinical Practice for the services that they are providing within SA Country Public Health Services. Failure to do so may result in remedial action being taken or potential loss of Scope of Clinical Practice or Credentials.

- maintain registration with the Australian Health Practitioner Regulation Authority
- maintain Professional Medical Indemnity Insurance that is equivalent or greater than the Credentials held
- be committed to participating in ongoing Continual Medical Education, applicable to his/her approved Credentials and provide written evidence of CME activities eg ACRRM, RACGP, MOPS statements including appropriate emergency updates (if on emergency on call rosters) and current references upon request
- only practice within his/her scope of clinical practice
- ensure any changed situations that would affect Credentials and/or Scope of Clinical Practice are immediately communicated to CHSALHN via the Credentialling and Contract Project Team, telephone 08 8226 8724 or email chsa.credentialling@health.sa.gov.au
- notify CHSALHN if he/she is suspended or has any restrictions on their capacity to practice medicine imposed by Australian Health Practitioner Regulation Authority or by any other medical regulatory authorities

4.3 Medical Practitioners requiring appropriate supervision

4.3.1 GPs in Post-Graduate Training Programs

The engagement of a medical practitioner undertaking post-graduate training is endorsed subject to the medical practitioner being under the supervision of a medical practitioner who is:

- approved by the medical practitioner's training provider, and
- engaged through a fee-for-service agreement with CHSALHN

4.3.2 Medical Practitioners with Limited AHPRA Registration

The engagement of a medical practitioner who is under limited AHPRA registration requiring appropriate supervision and assessment is endorsed subject to the medical practitioner being under the supervision of a medical practitioner who is:

- nominated by AHPRA, and
- engaged through a fee-for-service agreement with CHSALHN

4.3.2 Medical Practitioners requiring supervision as part of their conditions of being credentialled

The engagement of a medical practitioner who is required as part of their credentials with CHSALHN to have appropriate supervision and assessment is endorsed subject to the medical practitioner being under the supervision of a medical practitioner who is:

- approved by CHSALHN, and
- engaged through a fee-for-service agreement with CHSALHN

A medical practitioner, while requiring supervision as part of their credentials with CHSALHN, can only be engaged as a Nominated Medical Practitioner through the GP Agreement.

4.4 Quality Improvement and Accreditation

4.4.1 Policy Reference

Example key policy directives and resources include:

SA Health A Framework for Active Partnership with Consumers and the Community 2013

SA Health Spell it out: Standardised terminology, abbreviations and symbols to be used when communicating about medicines

SA Health Consumer Feedback and Complaints Management Directive and guidelines 2011

4.4.2 Responsibility of CHSALHN:

- Demonstrate that CHSALHN has successfully informed medical practitioners engaged by CHSALHN of all appropriate policies, standards and guidelines that affect medical practice.
- Ensure that all policies, standards and guidelines are readily accessible at each CHSALHN hospital in electronic format available on the SA Health/CHSALHN intranet/Wiki.
- Provide, wherever practical, all medical practitioners with intranet access to legislative and policy directives, on-line access to relevant applications and professional journals.
- Ensure that all services provided by and through the CHSALHN's hospitals are delivered in line with best practice and the relevant policies, standards and guidelines including IT/IM Resources.
- Ensure the provision of appropriate infrastructure at agreed levels for each CHSALHN hospital as determined by CHSALHN.
- Administer and coordinate quality improvement programs and the accreditation process within the CHSALHN hospital, toward the achievement of accreditation.
- Consult fully with all relevant medical practitioners regarding the provision and timing of safety and quality activities and events involved with CHSALHN's accreditation process.

4.4.3 Responsibility of the Medical Practitioner

Assist CHSALHN to ensure that medical services are delivered effectively by:

- active participation in CHSALHN safety and quality improvement programs and reviews
- co-operating and participating in CHSALHN's accreditation process (availability to be agreed), and
- where required to attend safety and quality meetings, excluding meetings for individual patient care (eg Case Conferences), these will be reimbursed at the agreed meeting payment schedule contained within SARMFA.

4.5 Patient Safety, Incidents and Reporting

4.5.1 Policy Reference

Example key policy directives and resources include:

SA Health Incident Management Policy Directive Incorporating Open Disclosure 20119

SA Health Incident Management Guideline June 2011

Patient Safety Framework Policy 04-1 (PSFP-04-1) Ensuring Correct Patient, Correct Site, Correct Procedure' 2011'

SA Health A Framework for Active Partnership with Consumers and the Community 2013

SA Health Falls and Falls Injury Prevention Policy Guideline Dec 2010

CHSALHN Guidelines and Protocols for Drugs and Therapeutics

CHSALHN Guidelines and Protocols for Emergency Departments

CHSALHN Standing Drug Orders

SA Health Spell it out: Standardised terminology, abbreviations and symbols to be used when communicating about medicines

SA Health Patient Identification Policy Directive March 2011

SA Health Patient Identification Guideline March 2011-09-22

SA Health Surgical Team Safety Checklist Policy Directive

SA Health Clinical Handover guidelines and policy directive 2011

SA Health Consumer Feedback and Complaints Management Directive and guideline 2011

4.5.2 Responsibility of CHSA

- Implement all policies and procedures related to patient safety, incident and reporting.
- Conduct and oversee safety activities (including incident analysis and investigation such as Root Cause Analysis).
- Investigate and manage all reports of serious incidents, accidents and near-misses and complaints.
- Report to CHSALHN Adverse Events Committee all sentinel events. The eight national sentinel events are:
 - Procedures involving the wrong patient or body part
 - Suicide
 - Retained instruments or other material requiring further surgical procedure
 - Intravascular gas embolism resulting in death or neurological damage
 - Haemolytic blood transfusion
 - Medication error leading to death
 - Maternal death or serious morbidity associated with labour or delivery
 - Infant abduction or discharge to the wrong family
- Wherever possible, based on the nature of an event and the subsequent follow up process that is implemented, involve the attending medical practitioner in reviewing that event.
- Wherever possible, based on the nature of an event and the subsequent follow up process that is implemented, inform the medical practitioner(s) involved in an event of the outcomes of any investigation.

4.5.3 Responsibility of the Medical Practitioner

Engage and participate in safety and quality activities including, but not limited to:

- Health service accreditation
- Clinical governance

- Incident management, reporting and investigation
- State and national patient safety priority programs

Consumer feedback

- Participate in relevant analysis relating to consumer feedback and concerns

Patient Safety:

- Participate in all patient safety activities as agreed between the parties including attendance at relevant committees as required and participation in identifying, analysing and improving patient outcomes (eg Morbidity and Mortality Review)

Contribute to CHSALHN clinical risk management systems through the identification of serious adverse events and sentinel events and ensuring established protocols are followed when incidents and risks are identified.

- Report all patient, client or resident related incidents as soon as reasonably possible. All incidents are to be reported via the online Datix Safety Learning System (SLS) reporting module.
- 'Sentinel Events' are to be reported within 24 hours through the Safety Learning System and to relevant senior staff.
- Appendix B – '**Reportable Adverse Events Flow Chart**' provides guidance as to the flow of notification required in the event of an adverse outcome or event.
- Participate in the review of reported incidents as required and be informed of the outcome within a timely manner.
- Adhere to the principles and intention of the Open Disclosure policy and associated guidelines.

4.6 Elective Surgery

4.6.1 Policy Reference

Elective surgery and systems at South Australian country public hospitals will be managed in accordance with the 'SA Health – Country Health SA – Elective Surgery Policy'

Department of Health 'Policy Framework and Associated Procedural Guidelines for Elective Surgery', Department of Health 'Booking List Information Systems (BLIS) Guidelines' and the policy and standards outlined in the 'Department of Health Risk Management Policy and Framework'

4.6.2 Responsibility of CHSALHN

- Identify procedural work which can be undertaken for the next 12 months and associated Fee For Service (FFS) expected expenditure.
- Provide an elective theatre roster for a period of 12 months (financial year) that is updated no later than the 20th of April each year for the following financial year so that there is a minimum of three months' notice of provision of funded lists for resident/visiting providers.
- Provide resident/visiting providers with appropriate and timely information to enable them to plan their clinical workload and lifestyles appropriately and provide transparency to workload if additional Elective Surgery Strategy funding is secured. Theatre session rosters will be negotiated in a timely manner with affected surgeons and anaesthetists.

- Ensure that all general practitioners participating in on-call rosters will be advised no less than three months in advance of their commitment to the CHSALHN hospital to ensure the respective clinics can then roster GP anaesthetists to the theatre roster.
- Advise all visiting specialists by the 20th of April each year of their commitments to the CHSALHN hospital for the following financial year thereby providing a reasonable degree of flexibility to both parties.
- Provide resident/visiting providers with CHSALHN collected Elective Surgery Waiting List information and maintain all Elective Surgery information provided from surgeons within Department of Health's confidentiality guidelines.

4.6.3 Responsibility of the Medical Practitioner:

- Advise CHSALHN no less than one month in advance of the cancellation of a monthly list or in the case of weekly lists, no less than a fortnight.
- Provide CHSALHN with operating lists 10 days in advance to ensure an appropriate mix and supply of consumables and instrumentation is available.
- Ensure that where possible patients will have his/her surgery in the local CHSALHN hospital instead of being added to a public metropolitan waiting list unless there are medical reasons that contraindicate this strategy.
- Work within Department of Health and Country Health SA Elective Surgery Strategy by providing CHSALHN with Waiting List forms within 10 working days from date decision was made that a patient requires an Elective Surgery procedure and advise CHSALHN of any changes to status of patients currently on an Elective Surgery waiting list.
- Assist CHSALHN in ensuring patients are not waiting for his/her Elective Surgery procedure for longer than the required Department of Health performance measurement targets.

4.7 Immunisation of Health Professionals

4.7.1 Policy Reference

A comprehensive set of policy directives and procedures are contained at the following site:

http://wiki.health.sa.gov.au/Country/3-Whole_of_Country_Services/Infection_Control/Infection_Prevention_and_Control_Manual

CHSALN Infection Prevention and Control Manual

4.7.2 Responsibility of CHSALHN

- To implement the 'SA Health Immunisation Guidelines for Health Care Workers in South Australia 2014 Policy Guideline'.
- Medical practitioners who are attached to and provide services for CHSALHN hospitals will be provided free vaccinations similar to those offered to CHSALHN employees.

4.7.3 Responsibility of the Medical Practitioner

Medical practitioners should strongly consider:

- taking reasonable steps to be aware of his/her own infectious disease and vaccination status to minimise the risk of transmitting infectious diseases to patients or other staff

- being vaccinated against vaccine preventable diseases such as Polio, Diphtheria / Tetanus, Hepatitis B, Influenza and Pertussis (see Immunisation Guidelines 'Vaccination recommendations' for further information), and especially those persons working in high-risk areas e.g. emergency, obstetrics and surgery
- complying with the CHSALHN's screening, education and vaccination program, including the 'SA Health Immunisation Guidelines for Health Care Workers in South Australia 2014 Policy Guideline'

4.8 Medical Records and Documentation

4.8.1 Policy Reference

'South Australian Medical Record Documentation and Data Capture Standards'

South Australian Public Hospital Retention Disposal Schedule (RDS) (Operational Records Disposal Schedule No. 2000/0012) or its replacement – General Disposal Schedule (GDS) 28 – Clinical and Client-Related Records of Public Health Units in South Australia when it comes into effect.

'Australian Coding Standards'

'South Australian Coding Standards'

'Casemix Technical Bulletins'

4.8.2 Responsibility of CHSALHN

- Ensure the creation, storage, maintenance and disposal of patient medical records in accordance with best practice standards, guidelines and policies.
- CHSALHN should help facilitate sharing of outpatient and inpatient medical records with the treating and usual medical practitioner in appropriate circumstances.

4.8.3 Responsibility of the Medical Practitioner

- Maintain accurate contemporaneous and legible patient medical records in accordance with best practice standards, the requirements of CHSALHN and the 'South Australian Medical Record Documentation and Data Capture Standards' and other relevant guidelines and standards. This includes:
 - ensuring all entries having a date, time, signature and name with printed designation
 - compliance with definitions and requirements within the Australian Coding Standards and South Australian Coding Standards, in particular documentation of:
 - principal diagnosis - being the diagnosis established after study to be chiefly responsible for occasioning an episode of care be listed in the medical record on discharge
 - additional diagnoses - being a condition or complaint either coexisting with the principal diagnosis or arising during the episode of care. These conditions affect patient management in terms of requiring any of the following:
 - commencement, alteration or adjustment of therapeutic treatment
 - diagnostic procedures
 - increased clinical care and/or monitoring

- procedures - being a clinical intervention that:
 - is surgical in nature, and/or
 - carries a procedural risk, and/or
 - carries an anaesthetic risk, and/or
 - requires specialised training, and/or
 - requires special facilities or equipment only available in an acute setting
- Electronic capture of clinical documentation where applicable e.g. EPAS – Electronic Patient Administration System.
- Completion of discharge/separation summary requirements.
- Ensure that medical records are not removed from the CHSALHN hospital, except upon prior authorisation from CHSALHN, ensuring hospital medical record staff or equivalent are kept updated on the location of the medical record.

4.9 Clinical Safety and Quality Activities

4.9.1 CHSALHN Clinical Safety and Quality Activities

CHSALHN is committed to the delivery of safe and quality health care services in country SA. CHSALHN hospitals are required to meet the National Standards of Safety and Quality in Healthcare. A number of standards involve clinical staff awareness and participation in relevant clinical audits. To this end, Directors of Medical Services, Clinical Directors and Principal Medical Officers will engage medical practitioners in a range of CHSALHN initiated clinical audits and clinical safety and quality activities.

Medical practitioners will be remunerated for participation in specifically designated clinical audit /safety and quality activities in accordance with the criteria and the rate detailed within SARMFA (Clause 4.2) and administrative support will be provided if required.

4.9.2 State-wide Audits

CHSALHN is required to collect a range of data for which input from medical practitioners and associated health professionals is required. These include but are not limited to:

- South Australian Audit of Peri-operative Mortality (SAAPM)
- Pregnancy Outcomes
- Cancer Registry
- Peri-natal Mortality
- National Hospital Mortality Indicators
- Antimicrobial Stewardship

4.9.3 Responsibility of CHSALHN

- Oversee, encourage and coordinate input to clinical audits and clinical safety and quality activities as necessary in a 'no blame' environment.
- Participate in clinical audits as required.
- Provide feedback to all the participants within 28 days of the audit being completed.
- Reimburse medical practitioners for attendance at specifically designated clinical audit and clinical safety and quality activities meetings in accordance with SARMFA.
- Provide approved list of meetings to medical practitioners quarterly.

4.9.4 Responsibility of the Medical Practitioner

- Be familiar with relevant SA Health clinical guidelines.

- Participate in up to two clinical audits/clinical safety activities per year as conducted by CHSALHN, plus any that may be required to address specific issues or problems. Audits may include peer review of de-identified medical records and the provision of information as required under legislation. Non procedural medical practitioners must attend two meetings per year, whilst procedural medical practitioners must attend two meetings per year (as above), and an extra one meeting per year for procedural discipline issues.

4.10 Priority of Treatment

4.10.1 Responsibility of CHSALHN

- To ensure that medical practitioners are provided with accurate and up to date information relevant to the priority of treating patients.
- To ensure, where the opportunity presents, that patients are clearly informed prior to attending the local Emergency Department of local arrangements that may involve them being charged for general practice services provided by the local medical practitioner.
- To ensure that information provided by the medical practitioner in regard to his/her fee structure for medical practitioner general practice after hours services provided to patients is displayed appropriately in the Emergency service area.
- That Health Information Lines (eg *healthdirect*) will be advised that within some CHSALHN hospitals, fees may be charged for outpatient attendances provided by private providers and to bring relevant identification with them (eg Medicare card).

4.10.2 Responsibility of the Medical Practitioner

- To ensure that clinical need is the primary factor to be considered for priority of treatment. Where patients' clinical needs are not significantly different, the patient who had been waiting longest for medical services shall be given priority.
- To ensure where appropriate their medical practice patients are aware that the after hours service for their practice is provided up at the local hospital.

4.11 Treatment of Relative or Dependant

Normally, it is not expected that a medical practitioner would treat one of his/her relatives or dependants as an admitted patient. For the rare occasion for an urgent acute illness requiring admission, where the medical practitioner is on-call and no other medical practitioner is available, then an initial payment may be made. However, it is expected that the medical practitioner will be transferring the care of the patient to another medical practitioner as soon as practicable, in line with ethical practice.

4.12 Out of Hospital Strategy (GP Plus Services)

4.12.1 Responsibility of CHSALHN

- CHSALHN will support people in the community by providing integrated service responses for individuals living with chronic disease with priority areas of cardiology, respiratory and endocrinology.
- The program response will involve and engage medical practitioners in local strategies including increased coordination and support for those patients with frequent hospital presentations and admissions and a

flexible service response to encourage early discharge to home for those with suitable clinical requirements.

- CHSALHN will consult with medical practitioners to determine an agreed method of achieving the goals of the 'Out of Hospital Strategy'.

4.12.2 Responsibility of the Medical Practitioner

- The medical practitioner will negotiate in good faith with CHSALHN to assist the provision of this service.

5. Relationships and Partnerships

5.1 Orientation / Induction

5.1.1 Policy References

'Induction and Orientation Policy Directive'. *This is a SA Health policy, which is applicable across the public health system and will be of assistance to medical practitioners delivering outcomes to CHSALHN.*

'Rural Doctors Workforce Agency Orientation Manual'

'Good Medical Practice: A Code of Conduct for Doctors in Australia'-
Medical Board of Australia (effective 17 March 2014)

'Code of Ethics for the South Australian Public Sector' – Commissioner of Public Sector Employment

5.1.2 Responsibility of CHSALHN

- Provide a formal orientation/induction to all new medical practitioners, as independent contractors to CHSALHN, on commencement. This will include ensuring all doctors have appropriate orientation relating to CHSALHN IT resources-including access to clinical protocols online etc and that these are easily accessible at all times by the medical practitioner.
- Familiarise all new medical practitioners with the existence and location of all relevant documents including values, goals, strategic directions, plans, policies, guidelines, procedures, by-laws and protocols relevant to his/her practice in the CHSALHN hospital.
- Familiarise all new medical practitioners with the work environment including organisational cultures, work relationships, structures, systems and resources.

5.1.3 Responsibility of the Medical Practitioner

- Actively engage in CHSALHN orientation/induction processes to enable an informed use of all the resources and facilities available.
- Seek clarification or advice if required.
- Familiarise themselves with CHSALHN and the CHSALHN hospital, its operations, services, staff, relevant policies, guidelines, procedures, by-laws and protocols.

5.2 Consultation, Liaison and Service Planning meetings

5.2.1 Responsibility of CHSALHN

- CHSALHN representatives should meet with medical practitioner(s) on a regular basis (refer Item 3.1, 'Principles of Meaningful Engagement'), documenting agreed forward actions and timeframes, and circulating them in a timely manner.

- Where CHSALHN proposes to implement changes in program, organisation, structure or technology that are likely to affect medical practitioners, CHSALHN shall consult with the medical practitioners during the planning process as far as possible.
- In circumstances where CHSALHN may need to cease an existing service they shall negotiate with all affected medical practitioners and provide a period of notice of not less than three months and wherever possible 12 calendar months notice.
- Reimburse medical practitioners in accordance with SARMFA (Clause 4.2) for attendance at meetings with CHSALHN. The Regional Director will provide approved list of meetings.

5.2.2 Responsibility of the Medical Practitioner

- Medical practitioners shall meet with CHSALHN representatives on a regular basis to assist with communication and planning at a time appropriate to the medical practitioner. There is an expectation of up to four meetings per year.
- In circumstances where a medical practitioner plans to cease an existing service they shall negotiate with CHSA and provide a period of notice of not less than three months and wherever possible 12 calendar months' notice will be given.
- Medical practitioners may cease providing an existing service without notice if through personal ill health or his/her immediate family members they are unable to continue to provide the service.

5.3 Criminal History / Police Checks

5.3.1 Policy Reference

'Criminal and Relevant History Screening Policy Directive' (SA Health)
CHSALHN Criminal and Relevant History Screenings (CRHS) Procedure

Consistent with the 'Criminal and Relevant History Screening Policy Directive (SA Health)', the medical practitioner, as service provider, will be required to undergo both a DCSI aged-care and DCSI child-related Criminal and Relevant History screening process prior to the provision of services, and repeated every three years for maintenance of current credential and scope of clinical practice for CHSALHN. The initial CRHS will be at the expense of the medical practitioner. Expenses relating to each repeat of the criminal history check will be paid for by either CHSALHN or the medical practitioner (as agreed between the parties).

5.4 Confidentiality

5.4.1 Policy References

Code of Ethics, AMA (2004) editorially revised 2006

Code of Ethics for the South Australian Public Sector' – Commissioner of Public Sector Employment

South Australian Medical Record Documentation and Data Capture Standards, SA Health (2000)

Freedom of Information Act 1991 (SA)

Code of Fair Information Practice 2006

Privacy Act 1988 (Cth)

'Good Medical Practice: A Code of Conduct for Doctors in Australia'-
Medical Board of Australia (effective from 17 March 2014)

5.4.2 Responsibility of CHSALHN

- Oversee and administer and maintain the overall safety, storage and quality of CHSALHN patient medical records.
- Maintain the confidentiality of patient's personal health information in accordance with privacy requirements, relevant legislation, organisational guidelines and as otherwise lawfully permitted and required.

5.4.3 Responsibility of the Medical Practitioner

- Maintain the confidentiality of patient's personal health information in accordance with privacy requirements, relevant legislation, organisational guidelines and as otherwise lawfully permitted and required.
- Ensure security of storage, access and utilisation of patient information.
- Ensure that the medical record is not removed from the CHSALHN hospital unless prior authorisation is given by CHSALHN.

5.5 Work Health & Safety

5.5.1 Policy References

SA Health Policy Directive - Work Health, Safety and Injury Management

Work Health & Safety Act 2012 (SA)

5.5.2 Responsibility of CHSALHN

To meet its duty of care responsibilities, CHSALHN will ensure a safe and healthy environment to eliminate risks to the health, safety and welfare of persons in the workplace by:

- securing and promoting the health, safety and welfare of people at work
- promoting the adoption of safe work practices
- protecting people against workplace health and safety risks
- identifying risks and developing measures to eliminate those risks and
- ensuring that all persons entering the CHSALHN hospital comply with Work Health and Safety legislation and associated CHSALHN policies, guidelines, procedures, by-laws and protocols.
- ensuring that all medical practitioners that use the premises and facilities are informed of the location and availability of all relevant policies
- being aware of unsafe working hours and the need of medical practitioners to provide primary health care to the community through his/her own general practices

5.5.3 Responsibility of the Medical Practitioner

- To make themselves aware of and adhere to all relevant policies, guidelines, procedures, by-laws and protocols used by CHSALHN including those related to Work Health and Safety.
- Support the promotion of safe work practices.
- Identify and report risks in conjunction with CHSALHN representatives.
- Be cognisant of the effect of unsafe hours on his/her performance.

5.6 Conduct

5.6.1 Policy References

Code of Ethics, AMA (2004) editorially revised 2006

'Good Medical Practice: A Code of Conduct for Doctors in Australia'-
Medical Board of Australia (effective from 17 March 2014)

5.6.2 Responsibility of CHSALHN

- Act professionally at all times and treat the medical practitioner and his/her staff with respect and courtesy.
- Approach health care as a collaboration between multiple players.
- Act honestly in all dealings with the medical practitioner and practice staff.

5.6.3 Responsibility of the Medical Practitioner

- Act professionally and treat all CHSALHN staff, members of the public, patients and colleagues with respect, dignity and professional courtesy.
- Approach health care as a collaboration between multiple service providers.
- Act honestly when performing his/her duties as a member of the CHSALHN team.
- To adhere to all CHSALHN policies, procedures and protocols where they are not in conflict with legislation and the requirements of the Medical Board of Australia and the code of ethics of the AMA.

5.7 Respectful Behaviour

5.7.1 Policy References

SA Health Respectful Behaviour Policy

The Equal Opportunity Act 1984

Work Health and Safety Act 2012

5.7.2 Responsibility of CHSALHN

- Ensure a safe and healthy work environment and to eliminate risks to the work, health and safety of everyone in the workplace.
- Ensure that the CHSALHN hospital is free of discrimination as far as reasonably possible, for the benefit of CHSALHN staff, independent contractors, volunteers, visitors, patients, members of the public and colleagues as per policy, equal opportunity or other anti-discrimination legislation.
- Conduct and investigate all claims of disrespectful behaviour in the workplace.
- Ensure that there is natural justice and fully inform all those involved in a claim of the findings and provide the opportunity to appeal the findings.

5.7.3 Responsibility of the Medical Practitioner

- Will not engage in disrespectful behaviour of any type will abide by the relevant legislation and related CHSALHN policies/procedures regarding respectful behaviour.

- Will not discriminate directly or indirectly in the treatment of CHSALHN staff, patients, members of the public, visitors and colleagues on any grounds covered by CHSALHN policy, equal opportunity or other anti-discrimination legislation.

6. Facilities and Equipment

6.1 Responsibility of CHSALHN

As well as providing a safe environment, CHSALHN agree to provide resources as is reasonably required for the treatment of public patients.

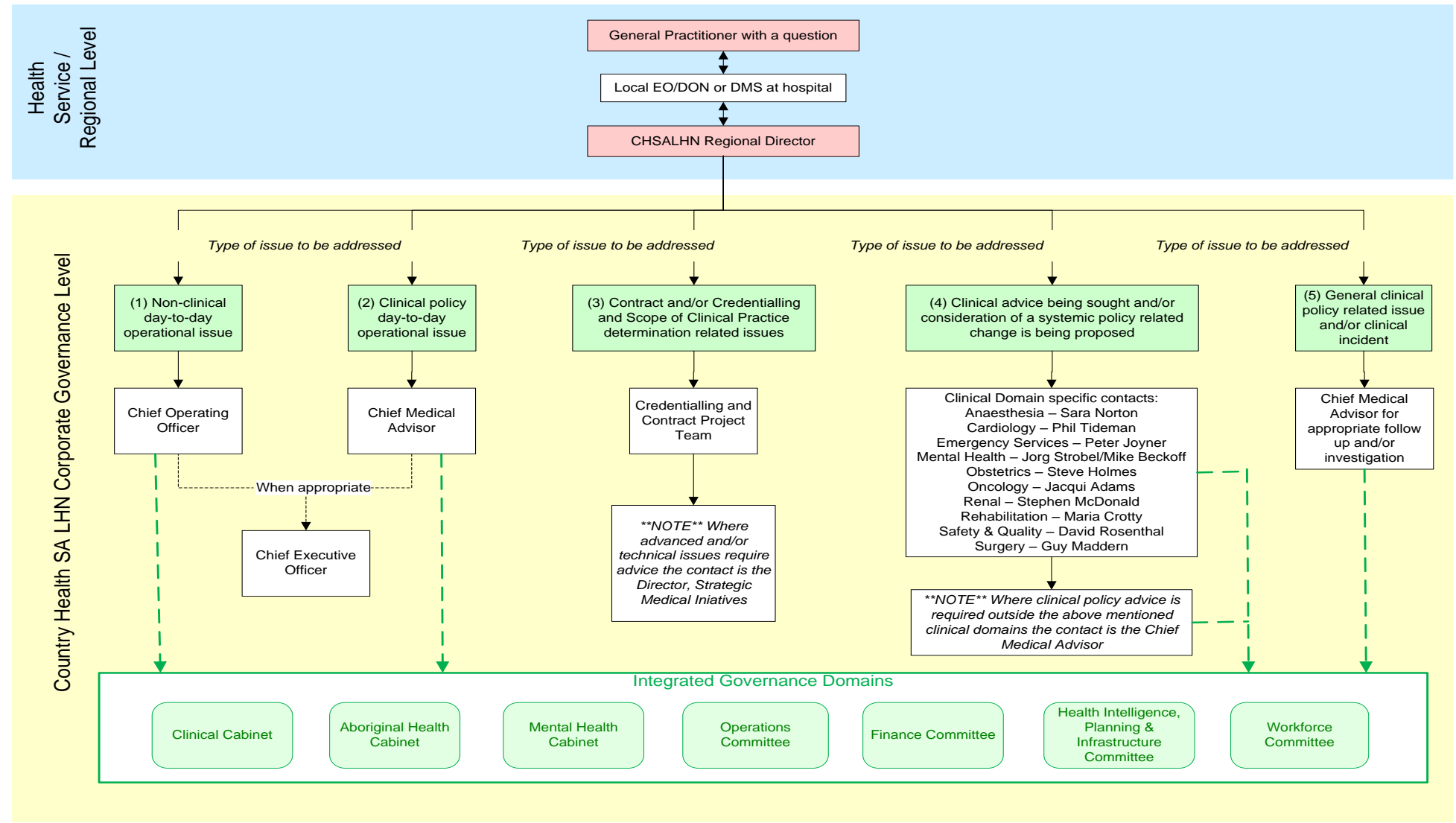
In addition, each unit should have available as appropriate the following:

- Video-conferencing, tele-radiological, fax and email facilities.
- Medical monitoring equipment including as appropriate Imaging, CTG and ECG facilities, and Point of Care testing.
- Means for medical practitioners to immediately access his/her practice notes in the emergency department through a dedicated computer terminal and broadband connection.
- Accessible computers to enable discharge planning to be completed in a timely and efficient manner.
- IT links that are easily accessible 24 hours a day in clinical areas to access clinical protocols and guidelines.

6.2 Responsibility of the Medical Practitioner

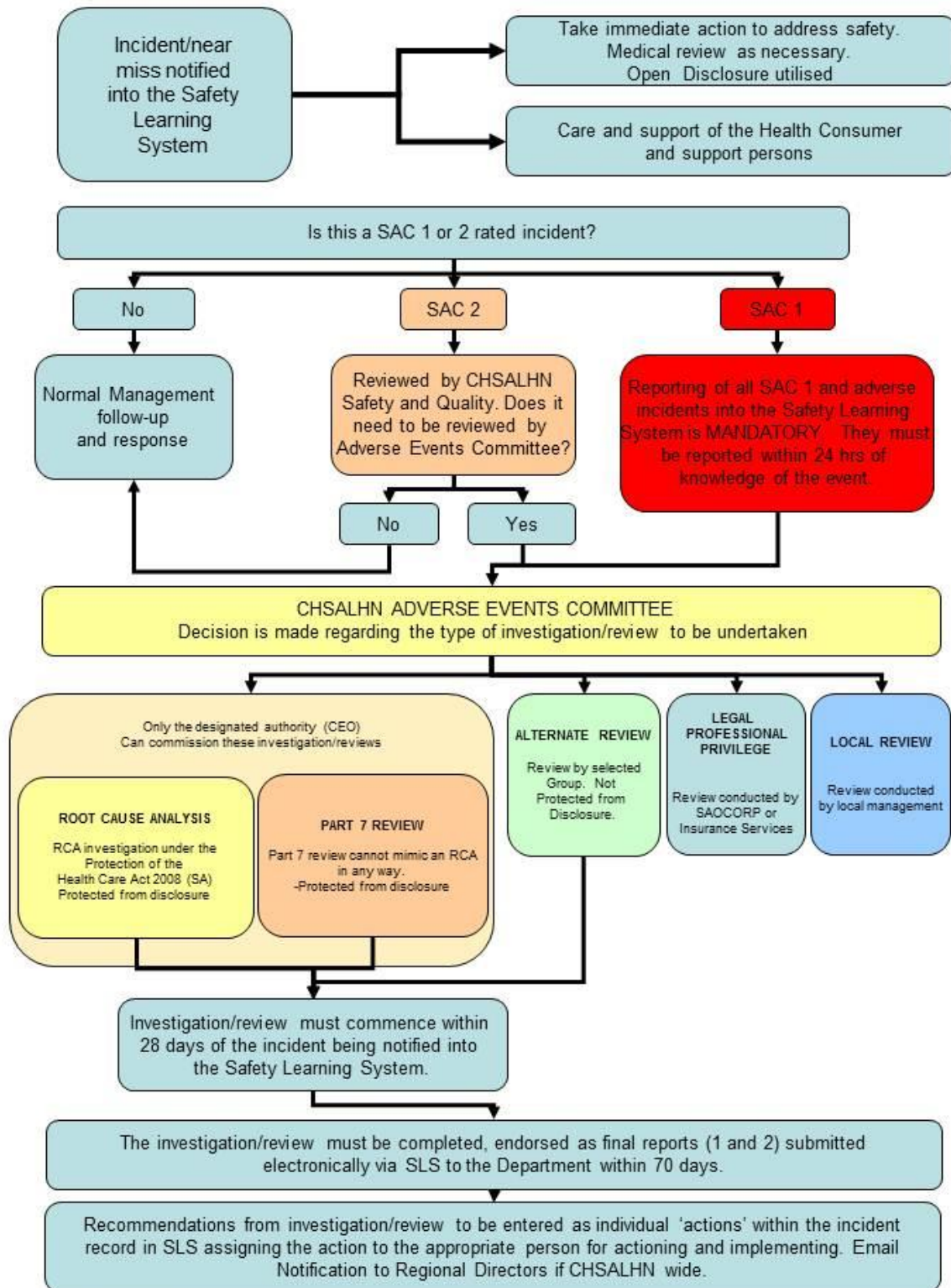
- To be fully trained in the equipment provided by CHSALHN relevant to his/her area of practice.
 - Where the medical practitioner enables his/her practice notes to be accessible by the medical practitioner at the CHSALHN hospital that this is under appropriate protocols that protect the privacy of the patient.
 - To use the Enterprise Patient Administration System (EPAS) as it is rolled out across CHSALHN, given appropriate resources and training as detailed within SARMFA Clause 4.3.
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Directing questions from a local General Practitioner perspective





CHSALHN Adverse Events / Incident Management



Version 1 - October 2014