MercyAscot

GREENLANE ✦ EPSOM ✦ TAKAPUNA

# Bylaws Specialist Responsibilities 2021

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## 1. INTRODUCTION

**1.1** The purpose of this document is to set out how MercyAscot expects MercyAscot Specialists to establish and maintain a positive and collaborative relationship with each other and staff, and to collectively deliver quality care to patients.

**1.2** Each Specialist has a responsibility to contribute to the function of MercyAscot and its facilities, with peer support, teamwork, and collegiality with their associated health professionals. This document sets out the day to day roles and responsibilities of Specialists in seeking to do so.

**1.3** Specialists should read this alongside the MercyAscot Specialists Bylaws, as amended and updated from time to time, (Bylaws).

**1.4** This document may be updated or amended in whole or in part at any time by MercyAscot from time to time.

**1.5** A number of MercyAscot Policies are referenced in this document. These can be accessed via the MercyAscot Intranet or by speaking with one of the clinical team who will access them on your behalf.

## 2. PATIENT MANAGEMENT

**2.1** Specialists are solely responsible for their own practice and conduct. Specialists admitting patients to MercyAscot are solely responsible for the care and management of their patients.

**2.2** Charge Nurses of the operating theatres/wards will work with Specialists to document specific requirements, cares, and preferences for their patients. Mercy Ascot recommends that Specialists annually update specific preferences.

**2.3** Specialists must be available for contact at all times either in person, or by telephone, for the duration of all of their patients' stay in the hospital. Specialists must be able to attend callouts when requested by attending medical or nursing staff. If a patient is in ICU/HDU the callout response should be regarded as urgent and attended to without delay.

**2.4** In the event that a Specialist is not going to be available, it is that Specialist's responsibility to arrange for another credentialed Specialist of the same speciality to provide cover, and to advise the Charge Nurses of the alternative arrangements, nominated cover and contact details. Failure to do so will be considered as a breach of duty of care.

**2.5** At the time of discharge from MercyAscot, it is recommended that Specialists provide patients with contact information in the event of complications/concerns following discharge from hospital.

**2.6** In the event of any adverse outcome for a patient whilst receiving healthcare at MercyAscot, Specialists are responsible for any disclosure of such issues to the patient/family/or representative of the patient required by applicable open disclosure requirements and guidance. It is important for any such disclosure to be witnessed and documented within the clinical records. Specialists are also responsible for advising such issues to the Accident Compensation Commission where required or appropriate, and complete the appropriate documentation.

## 3. OPERATING ROOM/PROCEDURE ROOM SESSIONS

### 3.1 Operating Room/Procedure Room Schedule (ownership, utilisation)

- Operating lists remain under the discretion and control of MercyAscot at all times, notwithstanding how long a Specialist has held a list.
- Specialists are expected to maximise the use of the allocated operating sessions.
- Operating theatre time is expensive to provide and always in demand, therefore MercyAscot's expectation is that allocated theatre sessions are fully and consistently utilised. MercyAscot reserves the right to reallocate, shorten or remove sessions which are not well utilised following engagement with the Specialist.
- The allocation, reallocation or removal of sessions will only occur following discussion between the Specialist, the Hospital Manager and Theatre Manager and the sharing of utilisation data with the Specialist. Any allocation, reallocation or removal will be confirmed in writing by the CEO.

### 3.2 Allocation of Operating Room Sessions

- Adhoc Lists - Adhoc operating session are available to all credentialed specialists and can be requested via MercyAscot Bookings. There are specific guidelines and limitations for Saturday operating lists. Bookings will be able to advise of these requirements.
- Request for additional regular session - Requests for an additional regular session are to be made in writing to Bookings. The request will be forwarded to the Theatre Manager, who will discuss requirements with the Specialist. Additional regular sessions, once agreed, will be confirmed in writing.
- Add on to a closed and confirmed submitted list - Add-ons to a closed and confirmed submitted list can be requested via MercyAscot Bookings. Such requests must be made as soon as known and only up to 24 hours prior to scheduled list.

### 3.3 Cancellation of Lists

Specialists are required to notify MercyAscot Bookings of a schedule list cancellation a minimum of 5 working days in advance. This assists in the reallocation of session time. Best endeavours will be made should there be a request to reinstate a cancelled list, however this cannot be guaranteed.

### 3.4 Specialist Leave Notification

MercyAscot requires Specialists to provide notification of leave a minimum of 6 weeks in advance of the scheduled list. Should you wish to reallocate this session to another Specialist in your practice, this should be noted on the Leave Advice Notice.

MercyAscot will send a Leave Advice Notice to each Specialist on a quarterly basis for expected leave in the following 3 months. Specialists are required to complete this and return to MercyAscot Bookings. Should you wish to reallocate this session to another Specialist in your practice, this should be noted on the Leave Advice Notice.

### 3.5 Inpatient Returns to Theatre – Urgent and Non Urgent

In the event of a requirement for a **return to theatre**, Specialists should in the first instance discuss this with the Theatre Coordinator or Clinical Nurse Advisor (afterhours), who will advise of the next available theatre.

### 3.6 Surgeon/Anaesthetist Relationship

The primary responsibility for this relationship sits with the Surgeons and Anaesthetists. Any issues regarding patient suitability and the establishment and/or ending of any working relationship are for the Surgeon and Anaesthetist to manage and resolve.

### 3.7 Surgical Assistants RNFSA

MercyAscot has a number of Registered Nurse First Surgical Assistants (RNFSA). Should you require an RNFSA for a list or a case, this can be requested on your Operating List. The Charge Nurse will contact you to discuss requirements and confirm whether there is availability.

### 3.8 Consent

It is the responsibility of the Surgeon to ensure the MercyAscot Consent Form is signed by the patient and the Surgeon prior to the administration of a general/regional anaesthetic for surgery or medical care.

### 3.9 Visitors to Theatre

Consent should be sought from the patient for the presence in theatre of personnel who are not an integral part of the theatre team. This should be recorded in the clinical record or on the consent form. For further information and guidance refer to the MercyAscot Policy or speak to the Charge Nurse or Anaesthetic Technician Manager.

### 3.10 Surgical Site Marking

The Surgeon must clearly mark where practicable, or otherwise clearly identify the site in way that is appropriate for the procedure being performed. The Arrow must be visible in the operative field once the Surgical Field has been prepped and draped.(RACS Guidelines 2019).

### 3.11 Surgical Safety Checklist

The Surgeon must be present in the operating theatre before the commencement of anaesthesia for any operation on his/her list. All members of the team are expected to participate and be actively involved in Surgical Safety Checklist, in line with the Health Quality and Safety Commission Guidelines and endorsed by RACS.

### 3.12 Surgical Team Briefing

MercyAscot requires that all lists commence with a surgical team briefing where all members of the surgical team are required to be present in line with Health Quality and Safety Commission.

### 3.13 Start and Finish Times

- The expectation is that all lists will commence at the scheduled time. Our standard operating session times are: AM sessions: 0800 – 1200; PM sessions: 1300 – 1700; AD sessions: 0800 - 1700.
- Alternative early start and late finish times can be requested by email to the MercyAscot Bookings at least 5 working days prior to the scheduled operating list. Confirmation by the Bookings team will occur after consultation with the Clinical Leadership Teams, subject to staff and session time availability.

### 3.14 Specimens

Specialists must ensure that whenever a pathological examination of a specimen is relevant to the diagnosis, specimens sent for examination are recorded on the patient's operative record. A copy of the report must be placed in the patient's clinical record and signed by the relevant credentialed specialist. The Specialist will ensure that all specimens sent for pathological examination are recorded in a register.

### 3.15 Equipment

- Specialists are responsible for the care and safety of MercyAscot's equipment and must immediately notify the Theatre Manager of any damage to such equipment.
- Annually, prior to the setting of the capital budget, Specialists will be asked to provide input into requirements for new or additional equipment. This will assist in informing the ongoing capital programme.
- Specialists are discouraged from using personally owned equipment at MercyAscot. As a rule, equipment should not remain on site. If it is agreed with the Hospital Manager to remain on site then a Loan form must be completed.

- MercyAscot will not be liable for any repair, replacement, loss or damage of equipment owned by the Specialist and Specialists should arrange for insurance cover (if appropriate).
- Equipment is supplied by individual Specialists, these must comply with biomedical, electrical and Infection Control/ Sterilisation standards. Appropriate certification and evidence of service documentation may be requested by the Theatre Manager. All electrical equipment must be tested prior to use and a Loan Form completed if the equipment is to remain onsite.

### 3.16 Radiology Bookings

- Bookings for Radiology equipment, for example, Image Intensifier will be the responsibility of the Surgeon.
- Ascot bookings are made directly with Ascot Radiology.
- Mercy bookings are made directly with Mercy Radiology.

## 4. ANAESTHETIC CARE

### 4.1 Anaesthetic Assessment

- The Anaesthetist is responsible for assessing suitability of all patients for surgery or procedure prior to admission.
- If a High Dependency or Intensive Care bed is required, the Anaesthetist must communicate this to the Surgeon's rooms to action.

### 4.2 Anaesthetic Consent

- It is the responsibility of the Anaesthetist to ensure the MercyAscot Consent for Anaesthesia Form is signed and dated by the patient following appropriate explanations being given, prior to surgery or procedure. This includes the consenting of blood and blood products.
- For regional anaesthesia the Anaesthetist and Surgeon must confirm site and side of the intended surgery.

### 4.3 Perioperative Management (Safersleep)

- The organisation's electronic anaesthetic management system (currently Safersleep, moving towards Trakcare) is to be utilised for all cases.
- Training will be provided and must be completed before first list to enable safe utilisation of the system.
- Training will cover the use of order sets, order favourites, preferences and templates (where applicable).

## 5. HOSPITAL COSTS AND ESTIMATES

### 5.1 Estimated costs

- As part of Informed Consent, Specialists must ensure that each patient is advised of an estimated cost of the hospital stay and procedure prior to admission, and the possible deposit of monies to be payable at the time of admission.
- Specialists and insured patients may request an up-to-date estimate from the MercyAscot Customer Support Team.
- All un-insured/self-paying patients **must** request an estimate from the MercyAscot Customer Support Team.

### 5.2 Specialists must advise:

- **Insured** patients to obtain prior approval for treatment from their insurance company and determine if there may be a gap payment of hospital costs, to be deposited, on admission as part of their insurance agreement.
- **Un-insured** patients that they are required to pay the full estimate prior to or on admission and any outstanding balance on invoice after discharge.

### 5.3 Specialists admitting patients pursuant to the provisions of the Accident Compensation Corporation (ACC) regulations must ensure that:

- MercyAscot is advised of claim outcome and funding cover by Full-Contract, Part ACC/Insurance or Non-Contract ACC funding. Confirmation is provided via ACC decision letter.
- All patients funded by ACC have approval from ACC for the surgical procedure, the patient is advised that personal expenses such as national or international toll calls, visitor meals and visitor accommodation are required to be paid on invoice after discharge.
- For Full-Contract or Part ACC/Part Insurance funded surgery, the patient is advised that personal expenses as per above are to be paid on invoice after discharge.
- For Non-Contract ACC/Non-Insured surgery, the patient is advised that a deposit against hospital fees is required prior or on admission.

### 5.4 Additional requirements for surgery

Where there are additional requirements to the surgery, that will have an impact on the overall cost of the procedure, for example implants, those costs must be provided to the Customer Support team to ensure we are able to provide accurate estimates to your patients..

## 6. BOOKING OF PATIENTS ON OPERATING LISTS

### 6.1 Process for submitting a scheduled operating list

- Completed operating lists must be submitted to MercyAscot Bookings by close of business 5 working days ahead of the Specialist's scheduled session. The list will be confirmed and closed by 1500 on the next working day. Any changes or additions will be by request to Bookings.
- Specialists must indicate confirmation of Radiology booking (if requested with a Radiology Service).
- If your list is not received by close of business 5 working days ahead of your scheduled session this list will be closed and may be reallocated. Any submission after the list is closed will be by request to Bookings. Best endeavours will be made to accommodate this request, however this cannot be guaranteed.
- If a session time is not fully utilised at the time the list is closed off, we may allocate the remaining time to another specialist.

### 6.2 Submission of Operating List using the MercyAscot Booking Sheet Template

- All sections of the MercyAscot Booking Sheet are required to be completed prior to submission of the list. (See Appendix 1). Rooms may use their own Booking List Template, but it must cover all the required fields that are included on the MercyAscot Booking Sheet Template.
- Please include reference to any RNFSA or Registrars that will be assisting you. Please Note: if this is the Registrar's first time assisting at MercyAscot they may need to complete a credentialing process. Refer Bylaws for more information.
- **To ensure the appropriate transfer of care we highly recommend providing your last letter to the patients General Practitioner.**

### 6.3 Process for Submitting an Adhoc Operating List

A proposed operating list is to be submitted at the time of requesting an adhoc session. Following the confirmation of a session, staff and bed availability, MercyAscot Bookings will send an email to advise the rooms of the details. Following agreement with the rooms, the list will be confirmed.

### 6.4 Changes to Approved Lists

Any cancellations, replacements or changes to patients on approved lists must be emailed to Bookings. Like for like replacement are likely to be approved. However, there may be occasions where changes to procedure or LOS may not be able to be accommodated.

### 6.5 Overseas Patient Admissions

MercyAscot requires Specialists to ensure that for any overseas patient admission, a minimum set of documentation is provided to MercyAscot prior to admission. This is to ensure that the clinical team are able to screen and plan for the admission and ongoing care of the patient. Appendix 2 MercyAscot Overseas Patient Template outlines the minimum requirements. The document must be attached to the booking form submitted to Bookings.

## 7. INPATIENT SERVICES

### 7.1 Prior to Admission

MercyAscot requires the completion and submission of MercyAscot patient admission documentation prior to admission. These documents must be sent to the hospital where the surgery is to be carried out.

### 7.2 Consent

- Specialists are required to comply with the MercyAscot Consent Policy. This is available on the intranet or speak with a Charge Nurse Manager or Anaesthetic Technician Manager.
- Written consent must be obtained separately for each proposed treatment, operative procedure, experimental or diagnostic participation in research (including clinical trials), or teaching (e.g. anaesthetics, surgery, blood products, video and photography) by the person who is going to undertake the proposed procedure. This will be accepted as evidence of informed consent.
- A signed DHB consent form will be accepted as evidence of informed consent for DHB contract patients. If there is no DHB consent form the Surgeon will be notified and asked to obtain patient consent using the MercyAscot form.
- Written consent is valid for 3 months from date of signing by the patient and Surgeon. MercyAscot deems the consent invalid after 3 months. The patient must resign and date all consent forms after 3 months.

### 7.3 Eligibility for Admission

- The Chief Executive Officer (CEO) has ultimate responsibility for determining the range and type of care available to patients at MercyAscot, and therefore the type of patient (including age and condition etc) that may be eligible to be admitted.
- Only MercyAscot credentialed Specialists may admit patients to MercyAscot. Temporary credentialing may be available. Refer Bylaws for more information.
- The selection of patients for admission and surgery involves the recognition and evaluation of risk, and the possible complications for both the medical or surgical procedure and the individual patient.

- Admissions are accepted subject to:
  - Availability of appropriate patient placement. (Including single room with en-suite for patients known MDRO positive).
  - Availability of appropriate nursing care.
  - Availability of appropriate resources to meet patient's needs. This includes elective private surgical patients, elective private medical patients and contract patients.
  - All patient admissions must comply with the MercyAscot Credit and Debt Collection Policy.

### 7.4 Paediatric Admissions

Specialists are required to comply with the MercyAscot Policy. This available on the Intranet or speak with your Charge Nurse Manager or Anaesthetic Technician Manager for access to the policy.

- Definition: Children at MercyAscot are considered to be paediatric when they are aged 16 years or under at the time of admission. This aligns with the MercyAscot Consent Policy.
- Surgeons and Anaesthetists will, at the time of credentialing, indicate that they will be operating on/anaesthetising paediatric patients.
- Only children with ASA 1 or 2 classification are to be admitted. Children who have complex needs falling outside of the ASA 1 or 2 classification will only be admitted to MercyAscot after approval from the Hospital Manager/Medical Director. This is to enable the provision of appropriate resources to provide optimal care.
- **Children under three years old will not be admitted overnight.**
  - **Children under the age of 8 will not to be admitted for craniotomy procedures.**
  - **Children under the age of 14 years will not be admitted to Mercy ICU/HDU/CIU.**
  - **Currently no children are operated on elective Saturday lists.**

### 7.5 Pre-Admission Service

- Patients with a complex patient history may be contacted by the Pre-Admission Nurse up to two weeks prior to admission.
- The Pre-admission Registered Nurses will refer appropriately to the patient's Anaesthetist and/or the multi-disciplinary team which may include; Clinical Pharmacist, Specialist Pain Team, Dieticians and/or Physiotherapists for any issues related to the procedure of on ongoing care.

## 8 PATIENT ADMISSION

### 8.1 Day of surgery admission

Specialists are required to comply with the following Admission Management of a Patient Policy.

### 8.2 Continuity of Care (includes documentation, availability, visits)

Specialists are required to:

- Attend and review patients on a daily basis and communicate plans to the ward team.
- Document progress notes, amend treatment orders and medications.
- Be available for contact at all times **OR**
- Comply with section 2.4 re arranging cover.

### 8.3 Treatment Orders (documentation in clinical record)

Specialists are required to:

- Document in the clinical record the date, time and all essential features of the patient's condition, following each visit and at other times as appropriate and is required in every instance where the patient has deviated from the expected plan of care.
- Maintain patient's records fully and adequately
- Write, date and sign all medication orders in the patient's records at the time of prescribing.
- All clinical records remain the property of MercyAscot. Except where mandated by law, records are not available to third parties without the express written authority of the patient concerned.

### 8.4 Text Messaging

- MercyAscot supports the use of secure messaging (currently Celo) for all clinical communication. Specialists are encouraged to download the Celo application prior to the commencement of their first list.
- Each ward has a dedicated cell phone for specialist communication. Urgent messages should be by phone.
- For every text message sent use the patients NHI or title and initials (Ms TE). Medication orders must not be ordered via text message. These should be by phone order.

### 8.5 Electronic patient management systems

- The organisation uses and plans to use a variety of electronic patient management systems to support care that is provided. MercyAscot expects specialists to use the system for all cases.
- Specialists must complete all training and assessment required to use the electronic patient management systems that are in use (and/or being introduced) by the organisation. Such training and assessment must be completed within the timeframes specified by MercyAscot.
- Specialists must comply with MercyAscot policies for keeping passwords secure and confidential. The current policy can be obtained from the MercyAscot Intranet or requesting from Helpdesk (Helpdesk@mercyascot.co.nz). In general, the following principles must be adhered to for safeguarding passwords:
  - MercyAscot passwords must never be shared with another individual for any reason or in any manner not consistent with policy.

- Specialists must never ask anyone else for their password. If you are asked to provide your password to an individual or sign into a system and provide access to someone else under your login, you are obligated to report this to the ICS Helpdesk.
- Individuals must never leave themselves logged into an application or system where someone else can unknowingly use their account.

- Specialists will be responsible for all activity that occurs under both their network and application logins.

## 9 PATIENT DISCHARGE

Specialists are required to comply with the Discharge Management of a patient policy.

### 9.1 Responsibility and Planning for Discharge

- Responsibility for the patient's post-operative rehabilitation requirements rests with the admitting Specialist. A collaborative approach should be taken to ensure pre-operative planning of any rehabilitation requirements is undertaken prior to admission e.g.: Pre-admission, allied health etc.
- Preparation for discharge starts when the patient is contacted by the pre-admission team or on admission and continues throughout the patients stay.

### 9.2 Pre-discharge Visit

- Responsibility lies with the admitting Specialist to visit the patient prior to the actual date of discharge.
- The Specialist must document the request for discharge and any further follow up required in the clinical progress notes.

### 9.3 Discharge Medication

Following review from the admitting Specialist the Registered Nurse will document the discharge medications in the Zedoc Discharge Summary.

### 9.4 Discharge Summary on Day of Discharge

The Registered Nurse will complete Zedoc Discharge Summary following a review and documentation in the clinical notes buy the admitting Specialist. A copy will be provided to the patient and the patient's General Practitioner.

### 9.5 Death of a Patient

- A deceased patient must be pronounced dead by the admitting Specialist, or another duly qualified medical practitioner nominated by the Specialist. The Charge Nurse/ Clinical Nurse Advisor must be immediately informed and the admitting Specialist must notify the Coroner in accordance with New Zealand Law. The Death Certificate must be completed before the body is released. The release of the body of the deceased must be in accordance law and relevant MercyAscot Policy.

## 10 AFTERHOURS NURSE ADVISORS

The Clinical Nurse Advisors provide advanced nursing care and support to patients and staff, after hours and weekends. They are all experienced nurses and have advanced clinical assessment skills. They are available for:

- Advanced nursing assessment of patients, monitoring of high acuity/risk or paediatric patients.
- Identification of a deteriorating patient and liaising with the Specialist for further assessment and management.
- Mandatory referral to the CNA team from the ward staff when the patient meets EWS criteria (triggered by the EWS) – this will result in review by the CNA and then appropriate escalation.
- Facilitate the transfer of a patient to theatre and/or to a higher acuity facility (DHB).
- Attendance at Codes – management of deteriorating patient.
- Opioid standing orders can be utilised by CNA team when pain relief is required without a medical prescription.
- Blood management – liaise with Blood Bank and manage all of the bloods products at Mercy Site and monitor Smart Fridge at Ascot.
- Facilities management.

## 11 INFECTION PREVENTION AND CONTROL

- Hospital acquired infection is an established risk for any patient who receives care in a hospital environment. MercyAscot supports all measures that contribute to minimising this risk.
- Specialists shall comply with MercyAscot Infection Prevention and Control policies and procedures. Compliance is demonstrated when the following actions are undertaken:
  - Personally performing hand hygiene before and after each and every patient contact in line with the World Health Organisation and Health Quality and Safety Commission's 5 Moments of Hand Hygiene principles.
  - Implementing standard precautions when in contact with any body fluids.
  - Wearing appropriate personal protective equipment, mask/gloves/gown if a patient is receiving isolation care, or during procedures.
  - Supporting the maintenance of the hygienic state of the patient's environment. This may include the restriction of visitors to the room, ward or hospital if deemed necessary to minimise infection risk.
  - Initiating pre-admission screening of a patient who meet the MercyAscot screening criteria for multi-drug resistant organisms (MDROs) which may include MRSA, VRA and ESBL and provision of results prior to admission (see MercyAscot policy).
  - Complying with the MercyAscot Policy of "Antibiotics for Surgical Prophylaxis".

› Contributing to the Surgeon Reported Complication Report of surgical site infections.

› Supporting infection prevention and control audits which may be undertaken from time to time to monitor compliance with any MercyAscot infection control policies and procedures.

## 12 MEDICINES MANAGEMENT SERVICES

### 12.1 Pain Service

Our Pain Team, comprised of a Clinical Nurse Specialist and Specialist Pharmacist Prescriber, working under the supervision of the Anaesthetic Advisory Group (AAG), provide pain management to pre- and post-operative patients in consultation with patient's Anaesthetist/Surgeon.

The team provides the following inpatient services:

- Daily review of all patients with complex specialist analgesic modalities[1] and paediatric patients.
- Respond to and review referrals (from specialists, nursing or pharmacy staff).

### 12.2 Clinical Pharmacy Service

Our team of clinical pharmacists classify, then review high-risk (patients over 55 years old on greater than 4 medications) and medium-risk patients. In addition they will review any patient upon referral. Clinical Pharmacists provide the following services:

- Advice and interventions regarding safe use of medicines and quality prescribing practice.
- Completing medication histories in the admissions unit.
- Medicine reconciliation and medication review on the ward.
- Medication counselling and yellow cards.
- Assistance with therapeutic drug monitoring and medicines information queries.
- The clinical pharmacy team work Monday to Friday, 7:30am to 4:30pm. An on call service is available outside these times.

### 12.3 Regular Medications

The patient must be advised to bring **ALL** their regular medications, in their original pharmacy labelled containers, on admission. These will be reviewed and may be revised by the Clinical Pharmacist.

### 12.4 Patient Self-Medication

Patients may only self-medicate under the supervision of a registered nurse and only for limited medications (e.g. inhalers, eye drops), in accordance with policy. **These must also be prescribed on the inpatient medication chart.**

### 12.5 Pharmacy Department

- The MercyAscot Pharmacy Department provides a full pharmacy service including procurement, supply chain management, medicines management, clinical pharmacy and dispensary services.
- Our dispensary is based at Mercy Hospital and dispenses medications for theatres and inpatients (across both sites), along with controlled drugs, discharge and outpatient prescriptions.
- Our Pharmacy Technicians provide impresting, medication billing and inventory services to both sites.

### 12.6 Medicines Funding

MercyAscot provides funded medicines to inpatients in accordance with the (Section B). Please note, this is a different schedule to DHBs who are bound by the HML (Section H) so there may be funding differences vs public. Please direct any questions around the cost of medicines to the Pharmacy Manager.

### 12.7 Unregistered medicines and off-label use

The prescriber must inform patients and obtain consent for the use of medications unregistered in New Zealand. The level of consent (written/verbal) is dependent on the risk and supporting evidence. Refer to guidance on the Medsafe website.

## 13 MEDICINES GOVERNANCE

### 13.1 Prescribing Stationery

- Prescribers must use MercyAscot prescription stationery and meaningfully use electronic prescribing systems where these exist.
- Controlled Drug stationery may not be used other than for the treatment of a MercyAscot patient with a current episode of care.

### 13.2 Prescribing Practice

Specialists must comply with MercyAscot's Medication and Intravenous Fluid Prescribing Policy which upholds the Medication Charting Standard and associated User Guide https://www.hqsc.govt.nz/assets/Medication-Safety/NMC-PR/NMC-UserGuide-Oct2012.pdf as set out by the HQSC. Of particular note:

- PRN medication must have an indication and maximum dose (per 24h) endorsed.

  Allergy documenting allergies as per NMC User Guide.

- Use of approved abbreviations and avoidance of error-prone abbreviations.

**VERBAL AND STANDING ORDERS**

- Specialists must comply with MercyAscot's verbal order and standing order policies.
- Verbal orders cannot be taken for any controlled drug; this includes both Schedule B (e.g. morphine, oxycodone) and Schedule C (e.g. codeine, benzodiazepines) controlled drugs. Therefore all CDs need to be ordered in person or via standing order where one exists.



1. Complex analgesic modalities include epidural analgesia, ketamine, dexmedetomidine, lignocaine and regional local anaesthetic infusions.

- Both verbal and standing orders require a verbal discussion with the Specialist prior to initiation / administration.
- Medications must not be ordered by text message. These should be by phone order.
- Both verbal and standing orders require counter-signing within 24 hours.

### 13.3 Paediatric Prescribing

Unless under the advice of a paediatric pain specialist, prescribing for paediatric patients should align with the Starship Paediatric Analgesia Guidelines.

### 13.4 Medicines Administration Policies and Protocols

MercyAscot has a suite of medicine administration and drug-specific policies (e.g. heparin, insulin, potassium etc) designed to support safe nursing practice by ensuring standardised and safe use of medicines. Prescribers may be asked to align prescribing in accordance with these policies and should do so wherever possible without compromising clinical care.

### 13.5 Discharge Prescribing

- Where discharge prescriptions are written in advance, these must be reviewed for appropriateness nearer to time of discharge.

  MercyAscot recommends no more than 3-5 days strong opiates be supplied on discharge prescriptions in accordance with HQSC toolkit for reducing harm from opioids. This is actively audited and reported to the AAG.

### 13.6 Herbal and Alternative Medicines

- Herbal Medicines and Traditional Chinese Medicines are of particular concern during the peri- and post-operative period.
- Wherever possible, patients should be advised to discontinue these medicines 7 days prior to admission.
- Where discontinuation is inappropriate, or where the patient insists on continuing to take these medicines, they must be prescribed on the inpatient medication chart.
- Wherever herbal medicines are prescribed please refer the patient for a clinical pharmacy review.
- As with other medicines, patients may not self-administer herbal or alternative medicines.

### 13.7 VTE / Thromboprophylaxis

VTE assessment and regime decision must be documented for each patient on the day of admission.

### 13.8 Medicines Supply and Procurement

Medicines must be procured and supplied from the Mercy Pharmacy. Doctors own supply of medicines may only be used with prior permission by the Pharmacy & Allied Services Manager.

### 13.9 New Medicines and Novel Use of Medicines

Applications for the introduction of new medicines or the novel use of medicines (outside of licence or custom and practice in similar organisations) are to be made in writing to the Pharmacy & Allied Services Manager. Applications will be reviewed by committee.

## 14 DIETITIAN SERVICES

MercyAscot has a dietetic service reporting to the Pharmacy and Allied Services Manager. The dietitians provide a daily service to the wards and various outpatient services.

Referrals are usually made to the dietitian by email dietitian@mercyascot.co.nz. A dietitian also visits Stella Maris ward daily to review any patients who may need to be seen. Several bariatric clinics and a weekly ARO clinic are in place.