

SESLHD PROCEDURE COVER SHEET



Health
South Eastern Sydney
Local Health District

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KEY TERMS	Enquiry, telephone, documentation, filing, electronic Medical Record (eMR) eMaternity
SUMMARY	Procedure for maternity clinicians on the accurate completion of the telephone enquiry record.

COMPLIANCE WITH THIS DOCUMENT IS MANDATORY

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1. POLICY STATEMENT

Clinical practices in women's health will involve providing advice to women via the telephone. This is a formal process which requires accurate documentation of the clinical advice being provided.

It is fundamental that the advice being provided is culturally appropriate and easily understood by the women and their families especially in cases of Aboriginal and Torres Strait Islander families and Culturally and Linguistically Diverse (CALD) families where English is the second language.

2. BACKGROUND

The overall aim of the procedure is to ensure that staff provide adequate and clinically appropriate information. This should include emergency actions as required as well as routine advice regarding when to come to hospital.

In recent years there have been cases reported where:

- Advice has been misunderstood or inadequate resulting in poor outcomes for women and their families.
- Clinicians have not reviewed or been aware of prior telephone advice documentation when taking the telephone call.
- The person answering the telephone call does not have the clinical expertise to provide advice and does not escalate.

It is critical that the information captured is comprehensive, accurately documented and filed appropriately either in the medical record or entered into electronic medical record (eMR) databases, including eMaternity.

3. RESPONSIBILITIES

- Registered Midwives including Midwifery Group Practice Midwives.
- Medical Officers.
- Student Midwives (under direct supervision of senior midwife).

All clinicians answering the telephone and responding to telephone requests for advice should complete the telephone enquiry record in either:

- SES060402 for Antenatal/Intrapartum advice.
- SES060423 for Postnatal advice.
- Electronic databases: eMR/eMaternity.

Employees will:

Familiarise themselves with the procedure and always adhere to it.

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SESLHDPR/295**Line Managers will:**

Ensure staff are familiar with Local Health District policies and procedures as well as NSW Health Policy Directives such as:

[NSW Ministry of Health Policy Directive PD2017_044 – Interpreters - Standard Procedures for Working with Health Care Interpreters.](#)

Medical staff will:

Familiarise themselves with the procedure practiced at each site and always adhere to it.

4. PROCEDURE

For all phone calls:

- Only Registered Midwives and Medical Officers should accept the responsibility of the telephone call, and ensure they are fully engaged in the process when doing so.
- If ward staffing consists of a student midwife or a junior staff member and a senior clinician, student midwives and junior staff must refer to a senior clinician or the shift team leader before the call is terminated.
- Registered Nurses and Assistants in Nursing/Midwifery should refer postnatal phone calls where clinical advice is required to RM's.
- Clinicians should seek a phone interpreter when cultural/ language factors complicate a telephone consultation.
- In an emergency, communication with a bilingual health practitioner or family member maybe required to provide interpretation.
- If there is any confusion or uncertainty with language, the woman is to be invited in for assessment. Ensure that the woman understands and agrees with the plan, and that this section of the phone call form is completed.
- Clinicians should establish whether this is the initial or subsequent telephone enquiry made by the woman +/- her partner or family member.
- If this is the initial enquiry, the form SES060402 for Antenatal/Intrapartum or SES060423 for Postnatal Advice should be commenced ensuring adequate identification features are taken to locate clinical information during or after the call.

Antenatal/Intrapartum phone calls:

- If the call is a subsequent enquiry in the last 24 hours, then the previous form used SES060402 Antenatal/Intrapartum, should be located so that the prior telephone advice can be reviewed and taken into consideration.

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- All fields of the form should be completed to gain adequate information concerning the pregnancy and potential risk factors. Staff need to pay particular attention to identifying data, such as, name, MRN, Date of Birth, so that records can be located, updated and filed appropriately.
- Careful consideration should be given to inviting the woman to come into hospital if this is her second telephone call with the same complaints/symptoms.
- Clinicians can provide the woman with the option of staying at home if concerns have been alleviated and the woman would prefer to do so.
- The woman should be invited in if it is the third call with the same complaint/symptom. This may vary in continuity of care models because of the established partnership between woman and continuity of care midwife. An adequate and full explanation must be provided to the woman+/- her family regarding the clinical scenario.
- When the advice has been given at the completion of the call, always ensure the woman knows she can come in if she wishes.
- Ensure women are aware of the relevant contact numbers for her caregivers such as Midwifery Group Practice (MGP) midwives and they have the ability to call back at any time.
- Clinical handover at the start of shifts should include relevant telephone calls received, advice given and the details of the women who are expected to come in, as per [NSW Ministry of Health Policy Directive - PD2019_020 Clinical Handover](#).

Postnatal phone calls:

- On discharge from the service women should be encouraged to call their birth hospital with any concerns regarding themselves or their baby for the first two weeks after their birth. After this they should contact Child and Family Health, the Australian Breastfeeding Association, or their GP for advice.
- Complete form SES060423 for Postnatal Advice. Alternatively, advice can be documented in the clinical progress notes, or as an encounter in electronic medical record.
 - Enquire about the wellbeing of mother and baby regardless of the primary focus for the phone call.
 - Document appropriate information.
 - Enquire if there was a feeding plan given on discharge to ascertain previous advice.
 - If the question is regarding breastfeeding, offer follow up phone call by the Lactation Team as soon as available, or refer to their local Child and Family

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Health clinic. Each facility is to have a local process to ensure a follow up opportunity.

5. DOCUMENTATION

- If available, medical records should be located and the forms filed in the record on the woman's admission to hospital.
- If the records are unable to be located and the woman does not attend the hospital, the form should be filed in date order in an allocated file catalogue and maintained for 21 years as per SESLHDPD/203.
- This will not be necessary if the advice given is typed directly into the Electronic medical record.

6. AUDIT

Departmental MUMS & NUMS will perform discretionary audits for example for clinical reviews.

7. REFERENCES

- [NSW Ministry of Health Policy Directive PD2009 003 Maternity – Clinical Risk Management Program](#)
- [NSW Ministry of Health Policy Directive PD2017 044 - Interpreters - Standard Procedures for Working with Health Care Interpreters](#)
- [NSW Ministry of Health Policy Directive PD2019 020 - Clinical Handover](#)
- [SESLHDPD/203 - Records Management - Retention Periods](#)

8. REVISION AND APPROVAL HISTORY

Date	Revision No.	Author and Approval
November 2013	6	Dee Sinclair, CMC Maternity Clinical Risk Management
November 2013	6	Re-formatted by Scarlette Acevedo, District Policy Officer.
February 2014	6	Approved by Clinical and Quality Council.
September 2019	7	Minor review. Updated by the Maternity Clinical Advice Provision and Completion of Telephone Enquiry Record Working Party. Further information included regarding antenatal/intrapartum and post-partum calls. Approved by the Executive Sponsor. Formatted by Executive Services prior to publication.
October 2022	8	Minor review completed by Maternity – Clinical Advice Provision and Completion of Telephone Enquiry Record, Working Party SESLHD: minor wording changes and pathway updated to reflect current practice
November 2022	8	Approved by Executive Sponsor. Processed and published by SESLHD-Policy