

SESLHD PROCEDURE COVER SHEET



Health
South Eastern Sydney
Local Health District

NAME OF DOCUMENT	Maternity - Clinical Advice Provision and Completion of Telephone Enquiry Record
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EXECUTIVE SPONSOR or EXECUTIVE CLINICAL SPONSOR	Dr Daniel Challis Director Women's and Children's Clinical Stream SESLHD
AUTHOR	Maternity – Clinical Advice Provision and Completion of Telephone Enquiry Record, Working Party SESLHD
POSITION RESPONSIBLE FOR THE DOCUMENT	A/CMC Women's and Children's Clinical Stream On behalf of the Maternity Clinical Advice Provision and Completion of Telephone Enquiry Record Working Party
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 also fundamental that the advice being provided is being understood by the women and or their families especially in cases of Aboriginal families or where English is the second language or Culturally and Linguistically Diverse (CALD) families.

2. BACKGROUND

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

In recent years there have been a number of cases reported where;

- Advice has been misunderstood, or been 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 information is comprehensive, accurately documented and is filed appropriately either in the medical record, or electronically in eMaternity or electronic Medical Record (eMR).

3. RESPONSIBILITIES

- Registered Midwives including Midwifery Group Practice Midwives
- Medical Officers
- Student Midwives (under direct supervision of trained 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 systems eMaternity/Electronic Medical Record (eMR)

Employees will:

Familiarise themselves with the procedure and adhere to it at all times.

Local Workplace Instruction (WPI) may dictate appropriate staff to accept and respond to telephone calls

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SESLHDPR/295**Line Managers will:**

Ensure staff are familiar with Local Health District policies and procedures as well 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 adhere to it at all times. Local Operating Procedure (LOP) or WPI at each site can vary regarding appropriate staff accepting and responding to telephone calls.

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
- Student midwives and all junior staff must refer to a senior clinician or the shift team leader before the call is terminated
- 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 this there is any confusion or uncertainty with language, the woman is to be invited in for assessment
- 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 in order 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
- All fields of the form should be completed in order to gain adequate information concerning the pregnancy and potential risk factors

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- Careful consideration should be given to inviting the woman to come in to 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
- 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:

- Complete form SES060423 for Postnatal Advice
 - 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 one of the Lactation Team as soon as available, or refer to next available C&FH Drop In. Each facility to have a local process to ensure this follow up.

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 onto the Electronic medical record

6. AUDIT

Departmental MUMS & NUMS will monitor and audit telephone advice as part of the trigger /IIMS process.

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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.