Aim: To enable General Practitioners and Specialists to gain the best possible information and access to King Edward Memorial Hospital for women.

[See flowchart on next page]
Inform caller of your name and employment level i.e. Senior Registrar or Registrar

Does caller wish to speak to the consultant on call?

Determine The reason for the telephone call to KEMH - A, B, C or D

Determine if the patient is ventilated or requiring ventilation?

Determine if the patient is to be transferred to KEMH?

Request accompanying doctor to maintain contact during transfer

Registrar to inform:
- HCM
- Consultant on call
- Receiving area
- Other relevant staff, e.g. anaesthetist, paediatrician.

HCM to notify
- Nursing / midwifery staff in area concerned.

HCM to co-ordinate
- Staffing and patient management

Registrar to document:
- Patient name
- Date and time of call
- Name of doctor who telephoned
- Content of conversation and advice given or actions taken

Additional notes
* Box 5:
  - Discuss possible transfer with KEMH HCM to confirm bed availability prior to accepting
  - Inform caller for their Bed Manager/HCM to discuss bed availability with KEMH HCM to organise transfer and bed management

** Box A: Requests for urgent outpatient clinic appointment: Advise to send referral direct to WNHS at KEMH via email or fax. Refer caller to WNHS KEMH GP Information Referral webpage for details including referral directory.

Abbreviations: HCM- Hospital Clinical Manager; PPH- postpartum haemorrhage
Keywords: patient movement, patient administration, receiving external phone calls, phone calls, registrar phone calls, GP, external caller, health professional call

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NSQHS Standards (v2) applicable:

- ☑️ 1: Clinical Governance
- ☑️ 2: Partnering with Consumers
- ☑️ 3: Preventing and Controlling Healthcare Associated Infection
- ☑️ 4: Medication Safety
- ☑️ 5: Comprehensive Care
- ☑️ 6: Communicating for Safety
- ☑️ 7: Blood Management
- ☑️ 8: Recognising and Responding to Acute Deterioration

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