



# Bathurst Hospital Action Plan 16 August 2022

## Purpose

To support training providers to resolve a condition and/or recommendation by:

- establishing steps, actions, and proof to resolve the condition and/or recommendation
- monitoring the progress towards the condition and/or recommendation

## Action Plan

An action plan is a checklist of tasks to complete by a Training Provider that achieves the condition and/or recommendation. Components of an action plan include

- description of the condition and/or recommendation
- tasks that need to be completed to reach the condition and/or recommendation
- timelines for when tasks will be completed
- measurement to evaluate the progress
- supporting evidence.

An action plan is not static, circumstances can change, and you may need to revisit and adjust it. The plan helps to keep you on track, identify and prepare for barriers.

## Action Plans: Conditions

### Action Plan

Criterion/Requirement	Condition	Action being taken/has been taken	Finish date	Proof
<p><b>Criterion 1.3</b> A trainee receives an orientation to each new Setting and rotation.</p>	<ul style="list-style-type: none"> <li>• Provide further update on formal orientation.</li> <li>• Attach BPT orientation survey mentioned in letter.</li> </ul>	<p>Formal orientation as per attached schedule</p> <p>BPT Survey – results available October 2022</p> <p>Orientation amended as per BPT feedback via survey</p>	<p>Ongoing - Every term orientation</p>	<p>Orientation sign off sheet <b>Evidence 1, 2</b></p> <p>Orientation survey <b>Evidence 3</b></p>
<p><b>Criterion 1.4</b> Trainee and educator work arrangements enable the delivery of high-quality care and optimises learning and wellbeing.</p>	<ul style="list-style-type: none"> <li>• Provide further update on resourcing and workload monitoring process.</li> <li>• Please consider creating formalised role descriptions for the trainees.</li> <li>• Further describe how referrals for admission, inpatient team sizes and response to referrals of inpatients for consultation are the responsibility of the consultants.</li> <li>• Provide update on two (2) additional positions.</li> </ul>	<p>Admissions department collates number of inpatients admitted under each AMO and results are presented as per BPT team; monitoring at daily 8AM handover to ensure BPTs do not have more than 25 inpatients.</p> <p>Position description is being developed in conjunction with the DPE</p> <p>Locums engaged for: 1- RMO cover</p>	<p>Daily recording of admissions per AMO</p> <p>Daily handover at 8 AM and 3pm Friday – includes workload monitoring</p>	<p>Admissions excel spreadsheet <b>Evidence 4</b></p> <p>8 AM Monday to Friday and Friday 3PM sign in sheets <b>Evidence 5</b></p> <p>Updated position descriptions to be finalised by the 3<sup>rd</sup> of October 2022 <b>Evidence 6,7,8</b> <b>Letters of offer</b> <b>Locums</b></p>

		<p>2- Medical registrar weekend cover</p> <p>3- Medical registrar evening cover</p> <p>Midyear Direct recruitment of RMO on general rotations – allocated to medicine for T4 &amp; T5</p>		<p>Letter of offer RMO mid-year recruitment</p> <p><b>Evidence 9</b></p>
<p><b>Criterion 1.5</b> Handover occurs when there is a transition in care &amp; <b>Requirement 1.5.1</b> Consultant supported handover occurs at least daily.</p>	<ul style="list-style-type: none"> <li>• Provide update on consultants attending handover.</li> <li>• Provide update on admission criteria which was advised will be completed by the end of August.</li> </ul>	<p>Handover attendance sheets</p> <p>Draft admission criteria circulated to internal stakeholders for feedback by the 15<sup>th</sup> of September and approval from ED stream/District</p>	<p>Daily – ongoing process</p>	<p>8 AM Monday to Friday and Friday 3PM sign in sheets</p> <p><b>Evidence 5</b></p> <p>Draft Admission policy</p> <p><b>Evidence 10</b></p>
<p><b>Criterion 4.6</b> Trainee rosters are accurate, fair, flexible, and timely.</p>	<ul style="list-style-type: none"> <li>• Justify how rosters have alleviated significant imbalances in registrar workload.</li> <li>• Explain how the frequency of contacting trainees outside of rostered working hours or for reasons outside their job description has reduced.</li> <li>• Attach evidence of additional JMO starting 13 August 2022.</li> </ul>	<p>Locum evening registrar from 15<sup>th</sup> of August to the 9<sup>th</sup> of September – as per roster eliminated rostered overtime shifts – Monday to Friday</p> <p>Physicians are 1<sup>st</sup> on call from 8pm to 8 am.</p> <p>Secured locum registrar to cover the</p>		<p>As per information sheet of the roster</p> <p><b>Evidence 11</b></p> <p>Letter of offer RMO Mid-year recruitment</p> <p><b>Evidence 9</b></p>

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		<p>last weekend of the term.</p> <p>Bathurst Hospital is advertising the 5<sup>th</sup> registrar position as locum at \$300 per hour.</p> <p>ADOs rostered before or after weekend on call as per roster – as per choice of the BPT.</p>		<p>Letter of offer – locum last weekend of term</p> <p><b>Evidence 12</b></p>
<p><b>Criterion 2.3</b> The Setting has a learning environment and culture which values, supports, and delivers equitable physician training &amp; <b>Criterion 2.4</b> The Setting provides a safe, respectful learning environment and addresses any behaviour that undermines self and/or professional confidence as soon as it is evident.</p>	<ul style="list-style-type: none"> <li>Describe improvements in workplace culture including consultants' teamwork and support for each other, support for the trainees and the relationship with the emergency department.</li> <li>Provide update on recruitment of Head of Department for Medicine, locum Physician leader &amp; Chief Medical Officer for the district.</li> </ul>			<p>Professor Mark Arnold has been appointed as the Chief Medical Officer for WNSWLHD.</p> <p>(NB: Professor Arnold's appointment has yet to be publically announced pending the University of Sydney announcing his departure to take up the CMO position.)</p> <p><b>Evidence 14</b></p> <p>The Chief Executive has met with the senior physicians,</p>

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				<p>senior nursing leaders and senior allied health staff to outline the independent review of Bathurst, with emphasis on workplace culture, communication and collegiality will commence site interviews on 22 September. All groups have welcomed the focus of the review and expressed a willingness to actively participate.</p> <p>There has been an observable improvement in senior leadership, collegiality and supervision subsequent to these concerns being raised directly with individual members of the department. This continues to be monitored via feedback from the Trainees and others</p>
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				<p>who interact with the senior physician team.</p> <p>HoD department advertisement closed on the 15 September – two internal candidates applied for the position; a third external candidate withdrew their application. Decisions on the selection of the HoD are pending.</p> <p><b>Evidence 13A, 13B</b></p>
<p><b>Criterion 6.1</b> A trainee is supported to maintain health and wellbeing and seek help if needed.</p>	<ul style="list-style-type: none"> <li>• Explain how trainees' health and wellbeing are being supported to reduce the risk of burnout.</li> <li>• Provide update on additional staff recruited.</li> </ul>	<p>ADOs rostered before or after weekend on call as per roster – as per choice of the BPT.</p> <p>Physicians first on call from 8 pm to 8 am.</p> <p>Monitoring of stroke calls after hours – IT logs</p>		<p>Roster <b>Evidence 11</b></p> <p>Advertisements and AMR update <b>Evidence 15A, 15B, 15C</b></p> <p>Letter of offer RMO mid-year recruitment <b>Evidence 9</b></p>

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		<p>Annual medical recruitment has in addition to 4 BPTs: 1 FTE Cardiology registrar with general medicine on call</p> <p>1 FTE Advanced trainee with general medicine on call</p> <p>2 FTE SRMO critical care rotation (with rotations in Medicine as relief)</p>		
<p><b>Criterion 7.7</b> A trainee has protected time for formal learning &amp; <b>Requirement 7.7.1</b> The Setting provides a minimum of four hours of formal learning per week with two hours being protected.</p>	<ul style="list-style-type: none"> <li>Justify protected time for formal learning. Ensure four hours of formal learning is provided with two hours being protected.</li> <li>Evidence of attendance sheets signed by trainees.</li> </ul>	<p>Education plan</p> <p>Attendance sheets</p> <p>BPT survey includes education feedback</p>		<p>Education attendance sheets <b>Evidence 16 A, 16 B, 16 C, 16 D.</b></p>
<p><b>Criterion 8.1</b> The training provider establishes a trainee has accessible, timely and supportive supervision for all aspects of training while recognising the principle of increasing professional responsibility.</p>	<ul style="list-style-type: none"> <li>Explain the measures taken to ensure consistent support and quality supervision is provided by all consultants.</li> </ul>	<p>Monitoring consistency and quality of education sessions via mid-term and end of term surveys.</p>		<p>Survey report results to be available October 2022 <b>Evidence 3</b></p>

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