



8 November 2019

## Comprehensive Care is nearly here!

The Comprehensive Care Standard is new in Version 2 of the NSQHS Standards, and requires the use of screening and assessment processes with patients, families, carers and other support people as a means of identifying risk of harm and inform comprehensive care planning.

On **Tuesday 12 November 2019 at 12 noon** the new Comprehensive Care risk assessment tool, associated inter-disciplinary plans of care (IPOCs) and medical order-sets will go live in the EMR. Additionally questions about infection risk status, suicide and self-harm and end-of-life have been included in the EMR admission form.

Comprehensive Care comprises of the following nine domains:

- Falls
- Pressure Injuries
- Poor nutrition and malnutrition
- Continence
- Delirium/Cognitive impairment
- End of Life
- Occupational Violence and Aggression
- Suicide and Self Harm
- Restrictive Practices

Significant consultation has been undertaken with experts in each domain, and the risk screening tools are validated and actions in the IPOCs and medical order-sets are in accordance with best-practice.

Central to Western Health's approach is:

- Looking at the patient **holistically**, recognising that all of these domains are 'linked' and influence other domains. For example, a patient with delirium is at risk of more falls, pressure injuries and ongoing cognitive impairment. Hence we are asking our staff to **'think about the link'** when assessing risk, planning care and evaluating outcomes.
- Ensuring **person centred care**, by involving the patient, families, carers and other support people in the **setting of patient goals**. For example, "I want to be able to walk safely around my house" or "I like to sleep in".

### Getting involved:

The release of Comprehensive Care is one of the major milestones in Living Best Care ahead of our accreditation in March 2020. To get everyone in the spirit and to have a bit of fun, on Tuesday 12 November we are encouraging staff to **"Think about the link' by wearing pink!**

### EMR Transition:

On 12 November at midday, EMR users may experience a small interruption for up to a couple of minutes, and you may be asked to log-on again. After this occurs the new Comprehensive Care risk assessment tool, IPOCs and medical order-sets will be available in the EMR.

To transition patients:

- The new Comprehensive Care material is accessed in the same way you currently access the existing risk assessments, IPOCs and order-sets, it will just replace them.
- Previously saved risk assessments and IPOCs will be still in the EMR.



# Comprehensive Care

Think about the link

- Nurses are encouraged to progressively start using the new Comprehensive Care assessments as they are admitting new patients. For wards with patients that have a longer length of stay, nurses are asked to progressively transition patients to using the full Comprehensive Care assessment and IPOCs over the course of the first week.
- The risk assessment should be carried out on every patient within four hours of admission and then at every nursing shift bedside handover involving the patient.

The EMR team will be present on each site on launch day between 7:30am and 4:30pm, and will progressively round to each ward to answer any queries and support staff.

## Education:

Comprehensive Care introduces some changes to EMR and new workflows for some of the domains. Over the past weeks, grand rounds, education sessions in each domain and EMR Training has been offered and well attended. Additional sessions will be offered over the first weeks to ensure staff feel informed and supported.

Additionally, resources have been developed on the [LiveEMR](#) to explain how to complete the new Comprehensive Care risk assessment tool and IPOC. We encourage all staff to view this video:

- [Comprehensive Care Workflow Video](#) – this video steps through the new Comprehensive Care workflow.
- [Extra Comprehensive Care EMR training sessions](#) have been scheduled for Tuesday 12<sup>th</sup> November – Friday 15<sup>th</sup> November, click on the link to book in.

## What do we expect?

It is a big cultural shift to collaborate with the patient/relative/carer in identifying and setting their individual goals, so our staff will need to be supported and encouraged to integrate this into their practice.

Medical staff may hear from nurses about risks picked up using the validated tools, and that a medical review is required. A key component of Comprehensive Care is to more accurately identify risks, including conditions those that are traditionally under-reported (e.g. delirium) – so that these can be appropriately prevented where possible and managed where identified as present. An order set has been developed for delirium to assist doctors with their actions.

Specialist teams may see an increase in referrals however, this is important in reducing risk and harm to our patients. Another aim of Comprehensive Care is that the relevant experts are involved in preventing hospital acquired complications, to provide advice and guidance. These teams have been involved in the planning of Comprehensive Care and they are aware of this.

## More information:

Comprehensive Care quick reference guides, information sheets and flow charts will be released on the [Live Best Care](#) microsite early next week, and hard copies will be delivered to each ward.

If you have any queries, please don't hesitate to contact either:

- Sue Sweeney (ADON Improving Care) on 0466 801 447
- Wendy Watson (DONM) on 0478 305 046
- Helen Sinnott (CNMIO) on 0435 962 716
- The EMR team or the Clinical Educators