STANDARD 5: Comprehensive Care

CRITERION: Clinical governance and quality improvement to support comprehensive care (Actions 5.1-5.6).

Systems are in place to support clinicians to deliver comprehensive care

Provide a summary of the processes that are in place to meet this criterion.

Western Health (WH) is committed to providing comprehensive care to meet the individual needs of our patients. Comprehensive care is aligned with the Person-Centred domain of WH's Best Care Framework.

Within the WH Best Care Committee structure, the WH Person-Centred Care Committee guides work to monitor and develop systems and processes that support clinicians to deliver comprehensive care in partnership with patients, relatives and carers. Reporting to the Person-Centred Care Committee are Action Advisory Committees on the domains of comprehensive care.

An overarching Policy outlines WH's approach to comprehensive care, with associated procedures guiding WH practice. Central to this approach is looking at the patient holistically, recognising that all comprehensive care domains are linked, and involving patients, families and carers in care decisions. Training packages and programs support staff understanding of comprehensive care and educate staff on practice to apply integrated assessment and care planning processes in collaboration with patients, carers and families. Patient information and videos also support engagement in care planning and delivery.

Risk assessment and care planning tools and templates are used across the organisation and are supported by the WH Electronic Medical Record (EMR). Processes are in place to support multidisciplinary teamwork and collaboration including huddles, meetings, and case conferences for patients with complex needs.

Specialist staff including clinical nurse consultants in areas such as pressure injury management and a palliative care consultancy team support implementation, monitoring and ongoing development of systems supporting clinicians to deliver comprehensive care.

How does the health service monitor the requirements of this criterion are being met and where is the information reported?

The Person-Centred Care Committee is responsible for overseeing the multiple processes adopted across the organisation to support clinicians deliver comprehensive care and ensures robust systems for monitoring are embedded.

Incidents and near misses are entered into the Incident Management System (RiskMan), with incident reports developed for reporting at ward level, divisional level, and through the Person-Centred Care and Best Care Committee structures.

WH's MaP (Monitoring and Reporting) system brings together data from WH's operational systems to support monitoring of comprehensive care. As well as drawing patient incident data from Riskman, MaP also integrates with the EMR to provide live and historical data on patient risk assessment and care planning. This supports day-to-day care and auditing of care processes.

Comprehensive care data is also submitted externally to support analysis and comparative review eg through the Health Roundtable and the Palliative Care Outcomes Collaboration.

WH has an operational risk register that records risks relating to comprehensive care, with risks monitored through the Person-Centred Care Committee.
The Victorian Health Experience Survey (VHES) reports quarterly on patients' experience of comprehensive care, with indicators on areas such as involvement in clinical decision making reported through the WH Best Care Report. The WH Patient Story Program is also an effective mechanism to review and improve the way we engage with consumers and carers.

Have improvements been implemented?

In November 2019, a new Adult Inpatient Risk Assessment tool, Inter-disciplinary Plans Of Care (IPOCs) and medical order-sets covering the nine domains of comprehensive care, went live in the EMR. Drawing information from the EMR, real-time dashboards on risk assessment and care planning have been developed within the WH MaP platform and support day-to-day care and auditing processes. Interfacing with the EMR, WH has also introduced a sophisticated new food menu system (CBORD) that supports patient's nutritional needs, and pioneered a Behaviours Of Concern (BOC) risk assessment tool.
In support of harm minimisation, WH has implemented the internationally recognised End PJ Paralysis Program which aims to prevent deconditioning and associated risks by getting patients up, dressed and moving as soon as possible. WH has also launched a Bariatric Assessment Team (BAT) informed by patient stories, and a 'welcome to ward' video supporting patient and family engagement in harm minimisation.
Innovative care delivery has been supported by WH's pilot of Western HealthLinks, a program designed to provide patients with chronic and complex conditions with more healthy days in their own home. WH also opened a first of its kind Dual Diagnosis Residential Rehabilitation facility (called Westside Lodge) as part of WH's Drug Health Services. In addition, through the WH Chronic Disease Alliance (WHCDA), WH have extended screening and assessment processes to support the early detection of chronic conditions in the community.
A focus on Health Equity has seen WH work on screening and awareness programs in response to family violence, and improved identification and referral of Aboriginal and Torres Strait Islander (Aboriginal) patients. Significant work was also undertaken to prepare clinicians at WH for changes to the Medical Treatment and Decisions Act, as well as a successful implementation of the Voluntary Assisted Dying Act (Vic).

Provide examples of outcomes since the previous onsite assessment:

The introduction of the new Adult Inpatient Risk Assessment tool and associated IPOCs on the EMR have supported the planning and delivery of comprehensive care. The 'link' between comprehensive care domains has been evident with, for example, the initial pilot of the use of the 4AT to identify patients at risk of delirium, and the implementation of the End PJ Paralysis program having an impact on the incidence of falls.
Technology has also supported improved nutritional support for patients.
WH's focus on Health Equity has seen 50 clinical champions trained as Health Equity Advisors and double the number of patients identified as Aboriginal.
Innovative care delivery programs have supported more patients to remain at home, more patients to be assessed for chronic disease in the community, and the provision of new programs to meet community need.
WH continues to perform strongly against Australian benchmarks for palliative care and in comparison to other health services.
Data also shows a downward trend in the incidence of unplanned Code Greys (emergency codes for assistance with violent behaviour) in the Emergency Department since the introduction of the BOC and a decrease in significant incidents from violence.

CRITERION: Developing the comprehensive care plan (Actions 5.7 – 5.13)

Integrated screening and assessment processes are used in collaboration with patients, carers and families to develop a goal-directed comprehensive care plan

Provide a summary of the processes that are in place to meet this criterion.

Within the WH Best Care Committee structure, the WH Person-Centred Care Committee guides work to support the use and ongoing development of integrated screening and assessment processes to develop comprehensive care plans in collaboration with patients, carers and families.

An overarching Comprehensive Care Policy outlines WH's approach to integrated patient assessment and care planning, with associated procedures guiding WH practice. Policy and procedures are available to staff through the WH intranet.

Risk assessment and care planning tools and templates are used across the organisation.

The WH Clinical Adult Inpatient Risk screening tool, containing nine domains of comprehensive care, is built into the EMR and supports the development of IPOCs. The identified risks are delirium, nutrition or malnutrition, falls prevention, pressure injury prevention, occupational violence and aggression prevention, restrictive practice minimisation, suicide and self-harm, end of life care, and continence.

Central to WH's approach is:

- Looking at the patient holistically, recognising that all comprehensive care domains are 'linked' and influence other domains
- Ensuring person-centred care, by involving the patient, families, carers and other support people in the setting of patient goals.

Resources including quick reference guides, videos and learning packages support staff understanding and application of risk assessment and care planning processes.

A WH procedure outlines processes for identifying Aboriginal and Torres Strait Islander (Aboriginal) patients, and recording this information in clinical information systems (EMR). The Aboriginal Health Liaison Officers (AHLO's) are provided with a daily patient list that identifies Aboriginal patients across the health service. AHLOs support Aboriginal patients navigate the health system and link in with services designed to support their health care needs.

How does the health service monitor the requirements of this criterion are being met and where is the information reported?

The Person-Centred Care Committee is responsible for overseeing the multiple processes adopted across the organisation to support the use and ongoing development of integrated screening and assessment processes to develop comprehensive care plans in collaboration with patients, carers and families.

WH's MaP system brings together data from WH's operational systems to support monitoring of assessment and care planning. As well as drawing patient incident data from WH's incident management System (RiskMan), MaP also integrates with the EMR to provide live and historical data on patient risk assessment and care planning. This supports daily care and auditing of care processes.

The VHES reports quarterly on patients' experience of comprehensive care, with indicators on areas such as involvement in clinical decision making reported through the WH Best Care Report.

The WH Patient Story Program is also an effective mechanism to review and improve the way we engage with consumers and carers to assess, plan and deliver care.

Have improvements been implemented?

In November 2019, a new Adult Inpatient Risk Assessment tool, IPOCs and medical order-sets covering the nine domains of Comprehensive Care went live in the EMR.

Drawing information from the EMR, real-time dashboards on risk assessment and care planning have been developed within the WH MaP platform and support day-to-day care and auditing processes.

Informed by patient stories, WH has launched a BAT. The BAT aims to provide early assessment of patients' needs who require bariatric care, focusing on patient-centred care, timely access to appropriate equipment and a safe environment for staff and patients. The Team makes recommendations on equipment, bed allocation, manual handling, skin integrity, referrals and discharge planning.

Enhancement of patient screening and risk assessment processes has also had a focus on supporting health equity. In response to the State Government's Ending Family Violence: Victoria's Plan for Change, WH has worked on initiatives in response to family violence, including strengthened screening and risk assessment procedures, greater workforce training and development, and better co-ordination and information sharing between different parts of the health-care system.

In addition, WH's AHLOs have supported patients to navigate our hospital systems, developing pathways and referral processes to various departments, attending Mental Health tribunals and support services, assisting families through grieving processes and developing staff through cultural awareness and identification processes.

Through the WHCDA, we have extended screening and assessment processes to support the early detection of chronic conditions such as diabetes in the community. WHCDA researchers have created screening software to enable the early detection of patients at high risk of diabetes or those unknowingly living with the disease. 'CD IMPACT' has been trialled at more than 16 GP clinics in metropolitan and regional areas and alerts doctors to patients with abnormally high blood glucose levels. This program of work is now called 'Future Health Today' and is being co-implemented with the University of Melbourne.

Provide examples of outcomes since the previous onsite assessment:

The introduction of the new Adult Inpatient comprehensive care Risk Assessment tool and associated IPOCs have supported recognition and management of areas including delirium, violence and aggression, and falls.

WH's AHLOs receive on average 10 referrals a month and their efforts have informed a steady increase in the number of inpatients identified as Aboriginal. 1,716 Western Health inpatients were identified as Aboriginal in 2018, compared to 931 in 2014.

WH now has 50 clinical champions trained as Health Equity Advisors, with 92% of participants in training responding via survey that they feel confident to identify family violence.

CRITERION: Delivering comprehensive care (Actions 5.14 – 5.20)

Safe care is delivered based on the comprehensive care plan, and in partnership with patients, carers and families. Comprehensive care is delivered to patients at the end of life (Actions 5.14- 5.20).

Provide a summary of the processes that are in place to meet this criterion.

Within the WH Best Care Committee structure, the WH Person-Centred Care Committee guides work to monitor and develop systems and processes that support clinicians to deliver comprehensive care in partnership with patients, relatives and carers. Reporting to the Person-Centred Care Committee are Action Advisory Committees covering the domains of comprehensive care, including an End of Life Care Committee.

An overarching Policy outlines WH's approach to Comprehensive Care, with associated procedures guiding WH practice. Central to WH's approach to care plan delivery is looking at the patient holistically, recognising that all comprehensive care domains are linked and involving patients and families/carers in care decisions. Training packages and programs support staff to apply this approach.

The Adult Inpatient IPOCs cover the nine domains of comprehensive care which are built into the EMR and have triggers for review. The nine domains cover delirium, nutrition or malnutrition, falls prevention, pressure injury prevention, occupational violence and aggression prevention, restrictive practice minimisation, suicide and self-harm, end of life care, and continence.

WH is committed to providing care that is respectful of, and responsive to supporting choice for end of life care. We are guided in supporting this choice by the Australian Commission on Safety and Quality in Health Care's National Consensus statement: Essential elements for safe and high-quality end of life care.

Staff education, end of life procedures and clinical practices, and clinician review meetings all support staff to understand and provide respectful and responsive end of life care. WH provides a Palliative Care unit at Sunshine Hospital where friends, family and carers are welcomed as part of the care team. The focus of care within this unit is to enhance patient quality of life by providing relief from pain and other symptoms. Our specialist team provides a comprehensive approach to providing patients and significant others with physical, emotional and spiritual support that is mindful of patient diversity and individual needs.

A Palliative Care Consultancy Service is available to provide expertise and advice to patients, carers and health professionals across all wards, units and hospitals of WH. The team liaises closely with community agencies to ensure smooth transition of care to home or residential care. Pain management is a key focus of this service.

Social Work and Pastoral Care services are available to all patients, relatives and hospital staff to offer emotional and spiritual support during times of change and challenge that is sensitive to, and respectful of, each person's individual and cultural needs.

How does the health service monitor the requirements of this criterion are being met and where is the information reported?

The Person-Centred Care Committee is responsible for overseeing the multiple processes adopted across the organisation to support the delivery of comprehensive care.

WH's MaP system brings together data from WH's operational systems to support monitoring of care delivery. As well as drawing patient incident data from WH's incident management System (RiskMan), MaP also integrates with the EMR to provide live and historical data on care plan implementation and end of life care.

This supports daily care and auditing of care processes. Review of inpatient deaths is supported by Morbidity and Mortality meetings.
Western Health is a member of the Palliative Care Outcomes Collaboration (PCOC) and submits data to this group six monthly. PCOC is the national evidence hub on patients' daily pain and symptom outcomes in Australia.
The VHES reports quarterly on patients' experience of comprehensive care, with indicators on areas such as involvement in clinical decision making reported through the WH Best Care Report.

Have improvements been implemented?

Supporting the delivery of comprehensive care has been the implementation in the EMR of the new Adult Inpatient Risk Assessment tool, IPOCs and medical order-sets covering the nine domains of comprehensive care.
Changes to the Medical Treatment and Decisions Act came into effect in March 2018 and significant work was undertaken to prepare clinicians at WH. This included delivering training in clinical areas and updating related policies and procedures. More recently, Policy and Pathway development and implementation were undertaken to administer the Voluntary Assisted Dying Act (Vic).
WH is also currently participating in a state-wide project looking at palliative care admission criteria.
WH embarked on a new path in our bid to provide better care delivery for patients with chronic and complex conditions when we launched a pilot of the Western HealthLinks program. This innovative program has allowed us to establish a more supportive, cohesive and integrated model of care delivery for this patient group. The goal of the program is to improve patients' experience of care and ultimately provide them with more healthy days back in their own homes. The program includes self-management support and Priority Response and Assessment (PRA) service support.
Innovative care delivery can also be seen in WH's Dual Diagnosis Residential Rehabilitation facility (Westside Lodge) administered by WH's Drug Health Services and opened in October 2018. The first of its kind 20-bed residential facility helps patients prepare for a successful future in the community by providing tailored, individualised care plans including group therapy and one-on-one treatment within a structured and therapeutic environment. Care plan delivery is supported by a treatment team of addiction medicine consultants, registrars, nurses, social workers, dual diagnosis clinicians and a psychologist.

Provide examples of outcomes since the previous onsite assessment:

The introduction of the new Adult Inpatient Comprehensive Care Risk Assessment tool and IPOCs have supported recognition and management of areas including delirium and end of life care. In addition, WH continues to perform strongly against Australian benchmarks for palliative care and in comparison to other health services.
After 21 months of the Western HealthLinks pilot program, nearly 3,500 patients are being actively supported. The Program has high levels of patient satisfaction and hospital avoidance, with the 21 month review revealing that 74% of Priority Response and Assessment (PRA) episodes had the outcome of the patient remaining at home.
WH's pioneering Dual Diagnosis Residential Rehabilitation (Westside Lodge) program responds to a gap in services with long-term rehabilitation often out of reach for clients with chronic drug or alcohol and mental health issues.

CRITERION: Minimising patient harm (Actions 5.21 – 5.36)

Patients at risk of specific harm are identified, and clinicians deliver targeted strategies to prevent and manage harm

Provide a summary of the processes that are in place to meet this criterion.

Within the WH Best Care Committee structure, the WH Person-Centred Care Committee guides work to support the identification of patients at risk of specific harm and the delivery of targeted strategies to prevent and manage harm. Reporting to the Person-Centred Care Committee are Action Advisory Committees on the risk domains of comprehensive care.

WH defines the risk domains of comprehensive care as: delirium, nutrition or malnutrition, falls prevention, pressure injury prevention, occupational violence and aggression prevention, restrictive practice minimisation, suicide and self-harm, end of life care, and continence.

An overarching Comprehensive Care Policy outlines WH's approach to patient risk identification and management, with associated procedures guiding WH practice. Policy and procedures are available to staff through the WH intranet. Comprehensive Care Quick Reference Guides (QRGs) provide a one page summary for staff on each comprehensive care risk domain. These include information about the domain, how comprehensive care is provided and where staff can learn more about care provision.

Central to WH's approach to comprehensive care is looking at the patient holistically, recognising that all risk domains are linked and involving patients and families or carers in preventing and managing harm. Training packages and programs on the risk domains support staff to apply this approach, as do patient and family information packs and videos eg pressure injury DVD and brochures.

The WH Clinical Adult Inpatient Risk screening tool, containing the nine identified risk domains of comprehensive care, is built into the EMR and supports the development of IPOCs. The EMR screening tool incorporates validated screening instruments, including for example, the '4AT' screening tool for cognitive impairment, a modified 'FRAT' falls screening tool, and the 'MST' (Malnutrition Screening Tool). Domain specific procedures and IPOCs align with best practice strategies to prevent and manage harm.

WH facilitates access to prevention and management equipment eg for falls and pressure injuries through a Central Equipment Library (CEL). A range of innovative programs also support comprehensive care, for example the VMAP (Volunteer Meal Assistance Program).

How does the health service monitor the requirements of this criterion are being met and where is the information reported?

The Person-Centred Care Committee is responsible for overseeing the multiple processes adopted across the organisation to support the identification and management of patients at risk of specific harm and ensures robust systems for monitoring are embedded. This Committee is supported by the Action Advisory Committees on the risk domains of comprehensive care.

Incidents and near misses are entered into the Incident Management System (RiskMan), with incident reports developed for reporting at ward level, divisional level, and through the Person-Centred and Best Care Committee structure.

WH's MaP (Monitoring and Reporting) system brings together data from WH's operational systems to support monitoring of comprehensive care. As well as drawing patient incident data from Riskman, MaP also integrates with the EMR to provide live and historical data on patient risk assessment, care planning and delivery. This supports day-to-day care and auditing of care processes.

Comprehensive care data is also submitted externally to support analysis and comparative review eg through the Health Roundtable (HRT).

Have improvements been implemented?

Supporting care of patients at risk of specific harm has been the implementation in the EMR of the new Adult Inpatient Risk Assessment tool, IPOCs and medical order-sets covering the nine domains of comprehensive care. Significant consultation was undertaken with experts in each domain, with the risk screening tools validated and actions in the IPOCs and medical order-sets aligned with best-practice.

WH has participated in a Break-Through Series (BTS) Collaborative co-ordinated by Safer Care Victoria and the Institute of Healthcare Improvement (IHI) focusing on Delirium. This has informed the adoption at WH of validated instruments including the 4AT, Single Question to identity Delirium (SQID) and Confusion Assessment Method (CAM). These tools have been integrated into the above Adult Inpatient Risk Assessment tool and IPOCs on the EMR.

A 'welcome to ward' video has also been launched to ensure patients and their families are adequately orientated to their wards and recognise that they play an active part in harm identification and minimisation.

In support of harm minimisation, WH has also implemented the internationally recognised End PJ Paralysis. This is a program aimed to prevent deconditioning and associated risks by getting patients up, dressed and moving as soon as possible.

WH has also introduced a sophisticated new food menu management system called 'CBORD' which has transformed the way WH cares for the nutritional needs of its patients. CBORD's interface with the EMR also supports the identification of food allergies – making it safer and easier to ensure patient safety. CBORD is designed so patients are only able to view and order food items that correspond to their diet code and do not contain allergens.

A number of initiatives have also been rolled out across WH over the past 12 months to support our staff to predict and prevent occupational violence, and effectively and safely manage it when it does occur. These initiatives include awareness and education campaigns for staff and visitors, new personal duress alarms, new procedures for response to aggression, and pioneering of the BOC risk assessment tool.

Provide examples of outcomes since the previous onsite assessment:

The introduction of the new Adult Inpatient comprehensive care Risk Assessment tool and associated IPOCs have supported recognition and management of areas including delirium and falls. The 'link' between comprehensive care domains has been evident with, for example, the initial pilot of the use of the 4AT to identify patients at risk of delirium, and the corresponding nursing and medical workflows and order sets achieving a 50% reduction in falls on pilot wards.

Following implementation of the End PJ Paralysis program, WH has seen a significant increase in the number of patients dressed and moving which has translated to improvement in metrics such as length of stay and falls.

Data shows a downward trend in the incidence of unplanned Code Greys (emergency codes for assistance with violent behaviour) in the Emergency Department since the introduction of the BOC and a decrease in significant incidents from violence. The BOC has also attracted interest from other health services and won an award at the 2019 Victorian Public Healthcare Awards.

The introduction of CBORD has enabled WH to retain a patient's food selections, preferences and dietary requirements even after they have been discharged. CBORD's introduction has also meant that our Food Services attendants are able to provide a more personalised service, collecting meal orders on tablet devices, and increasing interaction with patients.