Royal Hospital for Women (RHW)
GUIDELINE
COVER SHEET

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EXECUTIVE SPONSOR	Nursing Clinical Co-Director Newborn Care Centre
AUTHOR	Patient Safety and Quality, CPIU, RHW Standard 5 Comprehensive Car Committee
SUMMARY	To ensure that women and patients accessing services at the Royal Hospital for Women receive care that is person centred and meets their individual requirements. Comprehensive Care provided at the Royal Hospital for Women aims to ensure that risks of harm are identified, prevented and managed through adequate screening and assessment.
KEY WORDS	Comprehensive Care, Multidisciplinary, Treatment plan

Royal Hospital for Women (RHW)
GUIDELINE

Standard 5 - Comprehensive Care RHW GUID088

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1. BACKGROUND

This business rule must be read in conjunction with SESLHDGL/088- Standard 5 Comprehensive Care Guideline, 2022.

Comprehensive care as defined by the Australian Commission of Safety and Quality in Healthcare, (2021) is the delivery of coordinated care that involves a team of health professionals working together and communicating effectively to plan, manage and coordinate care with the patient, women, neonates, and their families/carers/parents. It aims to ensure that our patient cohort are assessed for risk of harm and that these risks are prevented and managed through targeted strategies.

The Royal Hospital for Women (RHW) has a hybrid health care record system. There are multiple electronic health record platforms as well as paper based. Some platforms are service specific while others are facility wide. The patient Electronic Health Record (EHR) comprises of multiple platforms that interact to form the patient's comprehensive care plan. In practice, the terms EHR and eMR (Electronic Medical Record) (an EHR platform) are used interchangeably. eMR is the most commonly used term. Therefore, from this point the EHR will be referred to as the eMR. The current platforms that make up the comprehensive care plan and feed into the eMR are outlined in Appendix 1.

Paper based records are used in conjunction with the eMR to communicate the plan and are progressively transferring into a hybrid system.
The patients eMR is the tool for documenting and reviewing the information on care planning for the patient. All clinical staff (nursing, midwifery, medical and allied health) have the ability to access and utilise the patient's eMR. All decision making about care planning must be reflected in the eMR and should be documented at the time of decision making.

NSQHS Standard 5 –Comprehensive Care refers to actions needed within a single episode of patient care; however, it is important that each episode of care is considered as part of the continuum of care for a patient. This requires that the systems and processes necessary to meet the requirements of this standard also meet the requirements of;

- NSQHS Standard 2 - Partnering with Consumers, NSQHS Standard 6 - Communicating for Safety
- NSQHS Standard 8 – Recognizing and Responding to Acute Deterioration.

2. TARGET AUDIENCE

- All Clinical staff (Nursing, Midwifery, Medical, Allied Health)
- Managers and Heads of Departments
- RHW Comprehensive Care Governance Committee

3. PURPOSE AND SCOPE

To ensure that patients accessing the Royal Hospital for Women's services receive care that is coordinated and meets their individual needs
• To ensure comprehensive care aligns with the six essential elements for delivering comprehensive care
• Define the roles and responsibilities at an organization level for the delivery of comprehensive care
• To ensure that risk of harm to patients is identified, assessed, and managed through targeted strategies which are documented in the care plan.
• To ensure that staff training and education aligns with the six essential elements for delivering comprehensive care

4 Essential Elements for Delivering Comprehensive Care

Six elements of comprehensive care delivery

The conceptual model provides an organisational perspective of comprehensive care, and the essential elements for comprehensive care delivery integrate these organisational pre-requisites with the clinical processes required to care for individual patients. These elements are described in detail in: **Implementing the Comprehensive Care Standard: Essential elements for delivering comprehensive care.**

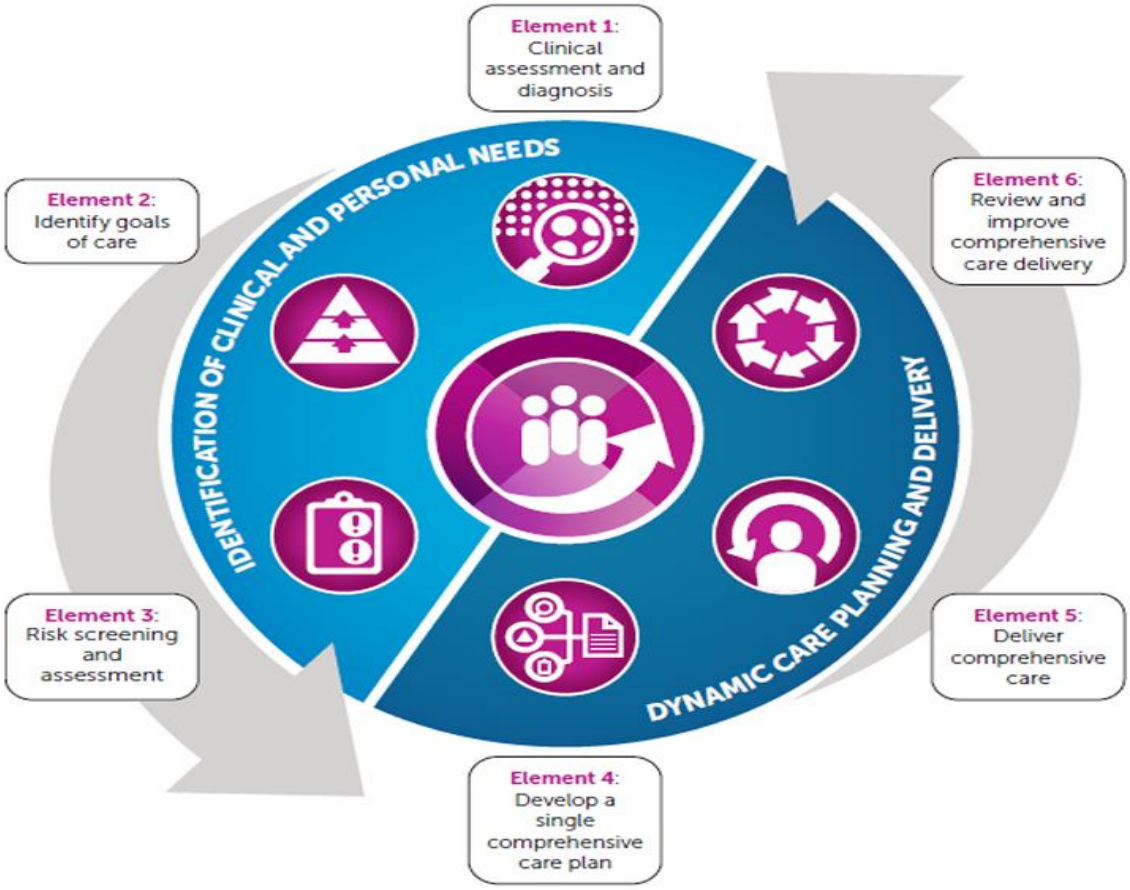


Image taken from: Australian Commission NSQHS - Implementing the Comprehensive Care Standard – essential elements for delivering comprehensive care, August 2018

5. Aboriginal Health Impact Statement Documentation

In consultation with the SESLHD Aboriginal Health Unit the health needs of Aboriginal people relating to this business rule have been considered and an Aboriginal Health Impact Statement has been developed and approved by the SESLHD Aboriginal Health Unit.

- Considerations for culturally safe and appropriate care provision have been made in the development of this Business Rule and will be accounted for in its implementation.
- When clinical risks are identified for an Aboriginal and/or Torres Strait Islander woman or family, they may require additional supports. This may include Aboriginal health professionals such as Aboriginal liaison officers, health workers or other culturally specific services

6. CULTURAL SUPPORT

- For a Culturally and Linguistically Diverse CALD woman, notify the nominated cross-cultural health worker during Monday to Friday business hours
- If the woman is from a non-English speaking background, call the interpreter service: NSW Ministry of Health Policy Directive PD2017_044-Interpreters Standard Procedures for Working with Health Care Interpreter

7. Minimising Risk and Harm

Risk Screening and assessment

SESLHDGL/088 2024 Standard 5 Comprehensive Care plan assists clinicians in the identification of the vulnerable person. The training requirements to support clinician education for these assessments can be accessed via My Health Learning.

Identifying patients and risk mitigation strategies are the core part of comprehensive care and involves the patient, families, parents, and other carers. These screening processes identify cognitive, behavioural, mental, or physical conditions and risks of harm and identify any social or other circumstances that may increase these risks. Specific risks of harm within this standard are the following;

- Falls Prevention
- Pressure Injuries
- End of Life care
- Nutrition and hydration
- Delirium and managing cognitive impairment
- Predicting, preventing, and managing self-harm and suicide
- Predicting, preventing, and managing aggression and violence
- Minimising restrictive practice: restraint
- Minimising restrictive practices: seclusion

All incidents of patient harm and near misses are reported via the incident management system (ims+) in accordance with the *NSW Health policy, PD 2020_047 Incident Management Policy.*

8. Developing a comprehensive care plan

Comprehensive care plans help healthcare professionals to work with our women/patient cohort to plan, document and accomplish an individualised care plan, describing agreed goals of care and outlining planned medical, midwifery, nursing, and allied health activities. The eMR is regarded as the patient's comprehensive care plan which is easily accessible to all clinicians involved in the person's care.
To aide our clinicians to capture information on the comprehensive care that we deliver for our patients, the RHW use a hybrid medical record/paper record system which includes;

- eMR,
- eMEDS,
- eMaternity,
- Smart health

- MOSAIQ,
- eRIC
- SCHN eMR (NCC only)
- Surginet
- SESLHD endorsed clinical forms.
- Paper medical records
- NICUS (NCC Only)

9. Documentation

Documentation in health care records must provide an accurate description of each patient/women's episode of care or contact with health care personnel. The RHW promotes good documentation, which contributes to better patient outcomes by enabling information exchange and continuity of care by all members of the healthcare team.

The NSW Ministry of Health PD2012_069 Health Care Records – Documentation and Management Policy requires that a health care record is available for every women/patient to assist with assessment and treatment, continuity of care, clinical handover, patient safety and clinical quality improvement, education, research, evaluation, medico-legal, funding, and statutory requirements (Documentation in the Health Care Record SESLHDPR/336).

The minimum requirements are listed below;

- Contemporaneous
- Person centred
- Accurate
- Factual
- Readable
- Objective
- Complete
- Avoid judgemental terminology
- Only utilise SESLHD endorsed abbreviations
- Do not 'cut and paste'

10. Delivery of Comprehensive Care

Patients will require different health care depending on their individual needs, preferences and goals. It is important that care is provided continuously and collaboratively in line with their comprehensive care plan. At the RHW, the delivery of the comprehensive care plan will aim to address;

- Identified risks of harm
- Monitor the effectiveness of the comprehensive care plan in meeting the goals of care
- Review and update the care plan when required
- Reassess the patient's needs if there are changes in diagnosis, behaviour, cognition or mental or physical changes that occur.

Examples of evidence of comprehensive care that are used at the RHW may include but not limited to;

- Structured interdisciplinary beside rounding/clinical handover (A-I Nursing and Midwifery documentation in the eMR)
- Case conferencing
- Family conferencing
- Multidisciplinary team meetings
- MDT Safety huddles
- Electronic journey boards
- Morbidity and Mortality meetings
- Resuscitation plans
- Advance Care Plans/Record of discussion
- Allied Health assessments
- Between the Flags monitoring and medical reviews
- Simulation training
- Consumer Feedback, e.g. Patient Stories, Patient Experience surveys

11. Clinician education and training

The RHW is committed to the education and training for all clinicians. To ensure that clinicians have the necessary education and knowledge to conduct appropriate patient screening and assessments, the following training and education is provided.

- Falls Prevention- Falls and Harm from Falls- Learning Pathway (HETI code 40063943),
- Post Falls Management for Clinical staff (HETI Code 40101665),
- Falls Risk Screening Assessment and management plan For Adults (HETI Code 40823720)
- Learning Path- Maternity Post Falls Management (HETI Code 40101665)
- Pressure Injuries- Pressure Injury Prevention: Risk Assessment HETI Codes 115610702 & 115610919), Wound Assessment (HETI Code 40063891), Wound Management (HETI Code 42833429)
- End of Life care – End of Life Pathway which includes Advanced Care Planning
- SHAPE End of Life conversations, End of Life Supportive Care, Person Centred Care (HETI Code 43392513)
- Voluntary Assisted Dying awareness module for NSW healthcare workers (HETI Code 501951057)
- Nutrition- Nutrition Screening for Malnutrition (HETI Code 66794494)
- Delirium and cognitive impairment- Delirium (stage 1, HETI Code 233003664) & Delirium (stage 2, HETI Code 266621954),
- The Confused patient: Dementia or Delirium? (HETI Code 39966589)
- Delirium Care (HETI Code 266621954), Delirium Care 1 (HETI Code 233003664)

- Self-harm and suicide – NSW Health Core Suicide Prevention Training for NSW Health Staff (HETI Code 208562351)
- Violence and Aggression- Violence and Prevention Management in the Workplace-Awareness (HETI Code 39831935), Violence Prevention and Management in the Workplace-Promoting Acceptable Behaviour in the Workplace (HETI Code 39964553), Violence and Prevention Management- Legal and Ethical issues (HETI Code 39964553), Be aware for Personal Safety (HETI Code 27624273), Security Awareness- All Staff (HETI Code 194502198)
- Violence and Prevention Management for Managers (HETI Code 39990453)

Restrictive Practices -It must be documented in the patient's notes that restraints are required.

PLEASE NOTE: Soft restraints are located in the roster office. They are disposable and **ONCE** use only. The restraint register is located in the roster office.

All incidents of patient harm and near-misses are reported via the Incident Management System, in line with the NSW Health Policy, PD 2020_047 Incident Management Policy (Add link to PD)

12. Compliance Monitoring and Evaluation

RHW collects and interprets multiple forms of data from a range of measures that are co-ordinated and managed to obtain a complete account of patient safety in the facility. These measures use multiple sources of data. Examples of sources are listed in the below table

Patient Experience	Patient experience Patient stories Compliments Complaints Care Opinion
Systems and Processes	Incident Management Key Performance Indicators Clinical Process Audits HAC data QIDS QARS
Facility culture and governance to support a comprehensive care approach	Recruitment and retention Risk registers Policies and procedures Staff satisfaction

13. Compliance Evaluation

Compliance evaluation will be completed via a reporting schedule to the Comprehensive Care Committee and tabled as scheduled to the RHW Divisional and Hospital Safety and Quality Committees.

14 Abbreviations

RHW	Royal Hospital for Women	EHR	Electronic Healthcare Record
eMR	Electronic Medical Record	eRIC	Electronic Record for Intensive Care
NCC	Newborn Care Centre	MDT	Multidisciplinary Team

References

15. RELATED BUSINESS RULES AND POLICY DOCUMENTS

SESLHDGL/088- Standard 5 Comprehensive Care Guideline. September 2022
Australian Commission on Safety and Quality in Healthcare Advisory AS18/15 Developing the Comprehensive Care Plan 2024
Clinical Care Standard Heavy Menstrual Bleeding 2024
Clinical Care Standard Stillbirth 2022
Clinical Care Standard Delirium 2021
Clinical Care Standard Psychotropic Medicine in Cognitive Disability or Impairment 2024
Clinical Care Standard Third- and Fourth-Degree Perineal Tears 2021
Clinical Care Standard Venous Thromboembolism Prevention 2020
SESLHDPR/292 Hybrid Health Care Record Procedure 2021
SESLHDPR/483 Restrictive Practices with adult patients. July 2021
NSW Health policy, PD 2020_047 Incident Management Policy.
SESLHDPR/336 Documentation in the Health Care Record. November 2021
MOH PD2012_069 Health Care Records – Documentation and Management Policy SESLHDPR/282 Clinical Abbreviations. February 2022
RHW Clinical Business Rule Admission Process for Patients Accessing Voluntary Assisted Dying May 2024

16. RISK RATING

Low

17. NATIONAL STANDARDS

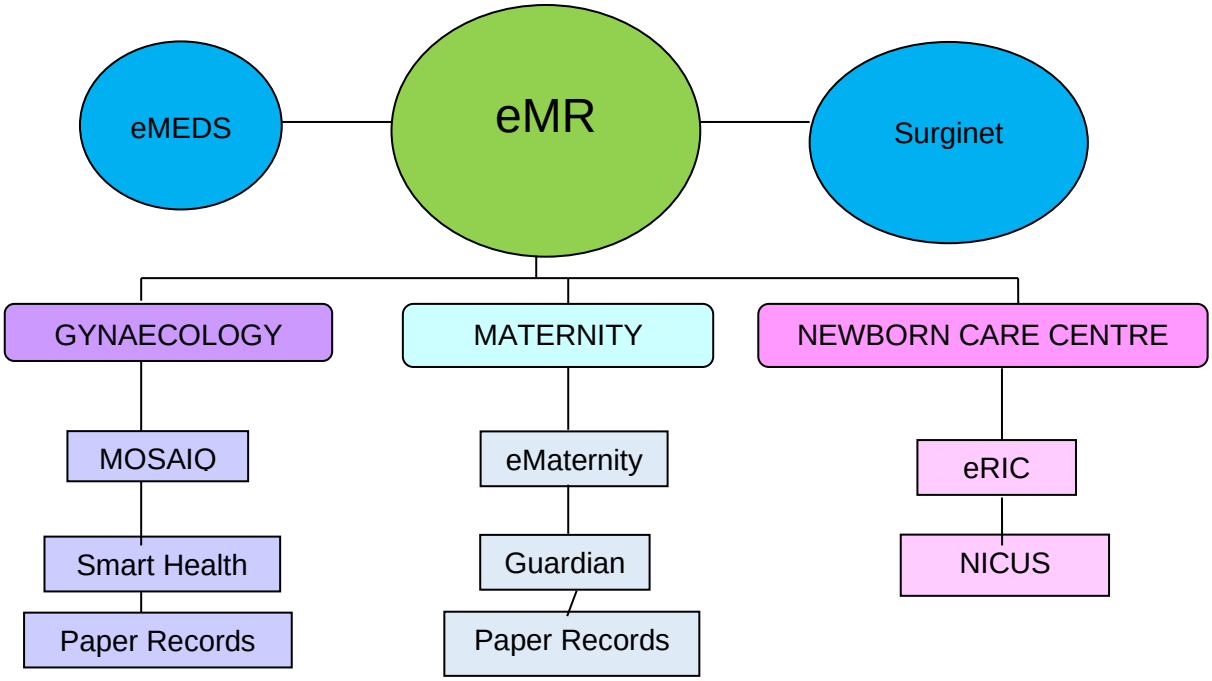
Standard 5 - Comprehensive Care
Standard 2 – Partnering with Consumers
Standard 6 – Communicating for Safety
Standard 8 – Recognising and Responding to Acute Deterioration

18 REVISION AND APPROVAL HISTORY

Date	Revision No.	Author and Approval
April 2022	1	Anita Maitra & Victoria Walton, Comprehensive Care Governance Committee
January 2024	2	Anita Maitra, Comprehensive Care Committee

February 2024	3	Rachel Halpin Midwifery Nursing Unit Manager, Comprehensive Care Committee – Formatting and addition of the Aboriginal Health Impact Statement
July 2024	4	Anita Maitra- Addition of update to Advisory 18/15 Developing the Comprehensive Care Plan June 2024
9.9.24		Endorsed BRGC

Appendix 1.



Comprehensive Care Plan (eMR) - Healthcare documentation platforms that feed into the eMR