

Additional Care Resources Procedure

New procedure overview

Background

- Existing PPG (Patient Observation (Specialling)) required review
- Opportunity to refine and create consistency across the organisation
- Steering Committee with members across all the divisions
- Two co-designed workshops involving several NUMs
- Procedure approved by Person Centred Care Committee – 10 August 21
- Decision made to delay rollout during peak surge periods

Additional Care Resources - Key Changes

Change	Current procedure	New Procedure
Focus	Emphasis on 1:1 'Specialling'	Focus on providing safe care.
Terminology	Specialling (behavioural or clinical).	Additional Care Resources
Resourcing	Driven by condition or diagnosis – not necessarily from need .	Driven by keeping patient, visitors and staff safe.
Clinical Psy Nurse	Required for behavioural	Only required for mental health patients
Approval Process	Inconsistent approval process Inequitable access to resources.	Consistency – equitable access to resources.
Handover	Verbal handover	Verbal & written - handover form

Additional Care Resources (formerly known as Specials)

- New procedure - Additional Care Resources for requesting and approving additional staff to support the team.
- Additional care resources may be required for provision of optimal care to patients who present a risk to themselves, other patients, staff caring for them or the unit acuity.
- Each unit will have different drivers for additional care resources.
- The process intent is to draw on your expertise and tools for-
Patient, Staff and Operational Safety .
Improve access to the right support for the patient and team.
Increase confidence in your ability to request and cease additional care resources

Additional Care Resources - Patient, Staff & Organisation safety – What does that look like?

- Partnership - with patients and families and each other.
- Patient requiring additional care – review relevant bedside assessments (is it current?).
- Staff responsibilities – attend to patients requesting for help even if they are not your patient.
- Relatives – engage with patient and carers - how to address needs & encourage involvement.

Additional Care Resources - Further actions we can take.

- Unit manager and in charge –
Can patient care be safely maintained within ratios?
Review patient allocation and assign staff to complexity need.
Consider other staffing resources on ward.
Cohort patients - if safe.
Is the patient in the right unit?
- Identify skill level needed for Additional Care Resource –
Patient safety – HCW, RN, EN
Staff Safety - Security officer

ACR Decision Process Tool

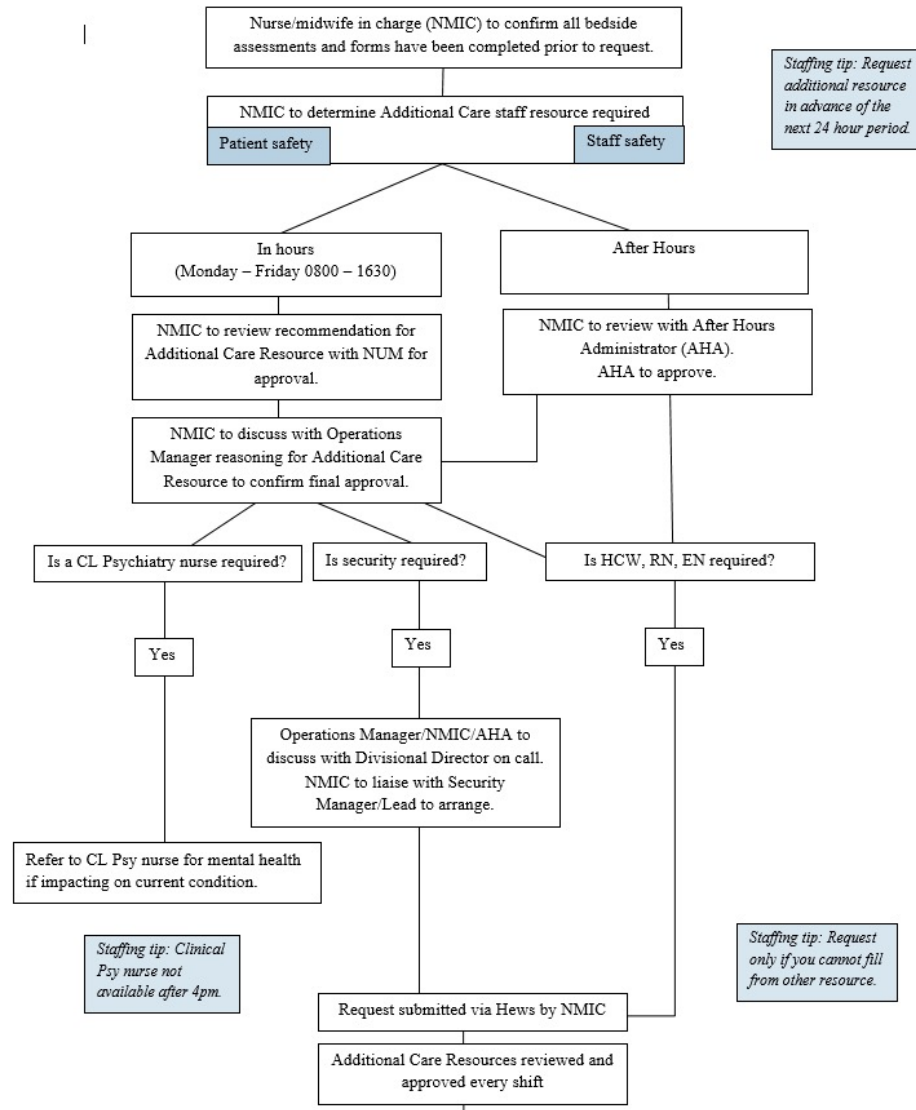
Level of observation - Risk assessment	YES	NO	Strategies to be implemented.
Does the patient have complex needs? Example: Excessive pain.			If YES. Ask for recommendations based on risk assessment. UM & IC to assess risk.
Recent medical/medication review?			If NO. Please request review
Have referrals been done MDT Is there a clear MDT management plan?			If NO. Make referrals, 4AT, BOC, Behaviour safety plan. If YES. Is it current?
Have environmental concerns been considered?			If NO – Reduce environmental stimuli/move to a more observable position.
Has the falls screening & assessment been completed?			If NO. Please complete and activate all strategies in the CCP
Delirium screening?			<ul style="list-style-type: none"> Complete 4AT – 4 hrs If score is 4 or more – initiate delirium iPOC & activate strategies.
Behaviours of Concern			<ul style="list-style-type: none"> TDS monitoring of BOC. If score 1 – 2 initiate BOC iPOC & BSSP in EMR. Consider behaviour assessment – initiate order in EMR.
Bariatric			Refer to Bariatric Assessment Team for a plan. <ul style="list-style-type: none"> Plan patient allocation to accommodate policy.
Can the patients care be safely maintained within staffing ratios?			If NO. Consider other resources on the ward that may assist with nursing workload; freeing patients nurse to care for the patient. Review ward patient allocation and consider reallocation based on complexity and skill mix. If all above has been considered then proceed to next section.
ACR decision process tool			Skill request /Recommendation ratio request 1:1, 1:2, 1: 3
Acutely ill / complex care requiring constant observation & intervention by RGN. e.g. Plastic flap, breast flap			RN
Bariatric patient – immobile			HCW to support ward needs (Policy)
Preventable falls requiring 1: 1(Falls risk assessment)			HCW
Confused & wandering presenting risks to self and others (patients and staff).			HCW, Security, regulated staff

Additional Care Resources - Who can request and approve?

- Team leader (Unit managers & in charges) to identify the correct skill type for the work required.
- Escalate as per the pathway to seek approval from operation manager.
- Request entered into HeWS please identify the skill type workforce required

Prior to requesting, team leaders should consider other options such as reallocating staff or moving the patient.

FLOW CHART



Additional Care Resources (HeWS)

- Nursing, Midwifery and HCW/PCA staff requests -submitted via HeWS - once approval is granted by Operations Manager.
- Security guards requests - made directly with Security Manager once approval is granted by Operations Manager.
- Shift requests can be entered for the following 24 hours.
- NUMs please review all additional resources on a shift by shift basis and cancel if not required.
- If using surplus staff please notify Operations Manager of additional care need.

When using surplus staff to fill an additional care shift, please put in a request into HeWs and tick the box (surplus).

Request Staff

Request Details | **Surplus Staff**

Department: **Ward 2G WSH**

Shift Date: 27/07/2021 - AM Activity Group: In Charge

Shift Time: 07:00 - 15:30 Paid 08:00

Skill Type: Health Care Worker PSA

Staff Type: Pool Staff List: Suggested Staff Agreed

Rationale: Safety - Staff Attribute:

Allowance: OnCallAllwce Certificate InCharge

Comments:

Status:
Booked Staff:
Suggested Staff:
Skill Types:
Grade Code:
Requested:
Confirmation:

Night Beds 28

Decision Process Tool – To cease additional care resources?

IDENTIFIED RISK	REVIEW	NO	YES	RECOMMENDATION
Increased observation	Review notes past 48 hours. Is there an improvement. Discuss with MDT.		X	Cease
Delirium	Review notes past 48 hours. Is there an improvement. Discuss with MDT & CNC.		X	Cease
Agitation, wandering	Review notes past 48 hours. Is there an improvement. Discuss with MDT.		X	Cease. This can be weaned if patient tending to wander or agitated e.g. at 18.00. Cease other shifts and review again.
Required single room as a risk to other patients.	Review notes past 48 hours. Still needs ACR but tolerant of other people. Discuss with MDT.		X	Cohort with other patient.
Resistive of care	Review notes past 48 hours. Is there an improvement. Discuss with MDT		X	Cease.
High Falls Risk	Review notes past 48 hours. Are current strategies working? Discuss with MDT.		X	Cohort with other patients.

Additional Care Resources - Purpose for Handover Form

- To standardise handover process for additional care resource staff.
- To provide consistent and accurate information on patient care needs
- To increase safe care and minimise missed care risk.
- To foster staff engagement, accountability and responsibility.

Addition Care Resources Handover and Patient Care Planning

- Footscray Hospital
- Sunshine Hospital
- Williamstown Hospital
- Sunbury Day Hospital

PATIENT IDENTIFICATION LABEL

I – DENTIFY – Handover Detail

Name of Person giving handover: Signature:
Name of Person receiving handover: Signature:
Name of Supervising RN/RM: Bed No.: Ward:
Date: Time: Shift: AM PM ND Other
Primary Language: Interpreter required: YES NO
Type of Additional staff Resource: Staff Safety Patient Safety

S – ITUATION – Reason patient requires additional staff resource

- Behaviours of Concern (BOC)
- Risk of Harming Self/ others
- Aggression (Physical/ Verbal)
- Cognitive Impairment
- Substance Abuse/ Withdrawal
- Other (Specify):
- Absconding/ Wandering
- Falls Risk
- Suicidality

B – ACKGROUND – Additional Precaution (e.g. IPM alert, MRSA):

Allergy/ Special Diet (e.g. fasting, thickened food, dairy-free)

A – SSESSMENT – Current Concerns

R – ECCOMENDATIONS & REQUEST- Patient Care Plan

Patient Considerations:

Environmental Considerations:

Planned Code Grey: YES NO (specify need):

