Additional Care Resources

Procedure code: OP-GC4	Current version: June 2022
Previous version: February 2017	Next review date: June 2025
Section: Growing & Improving Care	Sub-Section: Deteriorating Patient

1. Overview

This procedure provides clinical guidelines for the use of Additional Care Resources for patients of Western Health (WH) who require increased levels of observation and/or nursing intervention (that are additional to regulated nursing/midwifery staffing resources). This may include patients requiring 1:1 nursing care or 1:2, 1:3, 1:4 nursing care or supportive care provided by a HCW/PCA, Security Guard or additional resource to support clinical care across an entire clinical area.

Additional Care Resources may be required in the provision of optimal care for patients who present a risk to themselves, other patients or to the staff caring for them due to changes in behaviour, cognition, health status and/or a deterioration in mental health status (not exhaustive list of possible contributing factors).

The use of Additional Care Resources (formerly known as specialling) is an intervention that is sometimes necessary to ensure the safety and well-being of patients, staff and visitors.

This procedure aims to guide the clinical assessment and decision making processes around Additional Care Resources in order to support patients to remain independent, maximise their well-being and improve outcomes, while reducing the risk and incidence of deterioration or harm to themselves and others.

This procedure should be followed in conjunction with the associated policies, procedures and documentation as outlined in *Section 4*.

2. Applicability

This procedure relates to staff that have contact with patients of Western Health who require intervention/observation that are beyond normal practice and staffing levels.

3. Responsibility

The Unit Managers have the initial responsibility for introducing and implementing this procedure into the relevant Western Health staff practices.

Applicable Department Heads, Divisional Directors, Directors of Nursing and Midwifery and Operations Managers, have responsibility to ensure that relevant staff are aware of this procedure and ensure implementation and compliance.

Audits of compliance will be led by the Director (or delegate) of the Nursing & Midwifery Workforce Unit and relevant Divisional Directors.

There are no exclusions to the responsibilities of the procedure that are outlined above.

4. Associated Documentation

In support of this procedure, the following Manuals, Procedures, Instructions, Guidelines, and/or Forms apply:

Code	Name
P-CM3	Patient Consent
P-CM3	Information Privacy
OG-GC2	Delirium Guidelines
OG-GC6	Alcohol Withdrawal
OP-CC2	Consultation Liaison (CL) Psychiatry and Emergency Mental Health (EMH) Service
OP-CM3	Management of Unknown Substances (including Illicit and Unidentifiable Substances)
OP-CM3	Mechanical Restraint Assessment and Application (Patients)
OP-EP1	Replacement of Nursing and Midwifery Vacancies
OP-EP4	Prevention and Management of Occupational Violence and Aggression (OVA)
OP-GC1	Missing Patient and Patient at Risk of Going Missing

OP-GC2	Pressure Injury Prevention and Management
OP-GC2	Preventing Patient Falls and Harm from Falls
OP-GC4	Patient Special Needs Assessment and Management CHART
OP-GC6	Medical Management of Drug Dependent Persons
OP-RS5	Management of Code Grey and Duress Alarms
OP-RS5	Management of Section 351 Patients in the Emergency Department
OP-RS5	Management of Suspicious Behaviour
OP-RS5	Smoke Free Workplace
OP-RS5	Weapons within Western Health
Emergency Department DP-RS5	Behavioural Assessment Room (BAR)
AD92	Patient Special Needs Assessment and Management CHART
WHAD82.1A	Patient Risk Screening Assessment and Management Tool

5. Definitions and Abbreviations

Additional Care Resource May be requested and instituted when risks are identified as imminent and the safety and well-being of the patient, staff, and/or others cannot be ensured within the current regulated staffing profile.

This may include patients requiring 1:1 nursing care or 1:2, 1:3, 1:4 nursing care or supportive care provided by a HCW/ PCA, Security Guard. It may also include an Additional Care Resource/s to support clinical care across an entire clinical area or to ensure staff safety.

5.1 Definitions

For purposes of this procedure, unless otherwise stated, the following definitions shall apply:

Additional Resource	Examples of reasons for additional resource (not an exhaustive list)	Staff (not listed in order of request; nurse/midwife in charge to identify most suitable role)
Patient Safety: The patient's current illness and/or co-morbidities require acute interventions which are beyond resources currently available within an area	• Increased nursing care interventions due to increased acuity of patient medical condition. • Behaviours of Concern (BOC) being exhibited. • Patients who have been placed under the care of the Mental Health Act (2014) and who through their mental illness present a significant risk of harm to themselves others.** • Any patient who has mechanical restraint/s applied .***	• Health Care Worker (HCW) / Personal Care Attendant (PCA). • Enrolled Nurse (EN). • Enrolled Nurse with psychiatric experience (EN psychiatric). • Registered Nurse (RN). • Registered Midwife (RM). • Registered Nurse (RN) (with psychiatric nursing experience) or RPN (with formal psychiatric nursing qualifications. • Security Guard.*
Staff Safety: Where staff may be at risk when providing care to the patient/s	• Clinical workload unable to be managed by current staffing (skill level, credentialed staff, manual handling requirements). • Demonstrating BOC e.g. intimidating behaviour or sexual inappropriateness (not an exhaustive list). • Current 'Western Health Alert' indicating potential threat and need to plan. • Patients who have been placed under the care of the Mental Health Act (2014) and who through their mental illness present a significant risk of harm to others.** • Any patient who has mechanical restraint/s applied.***	• Health Care Worker (HCW). • / Personal Care Attendant (PCA) • Enrolled Nurse (EN). • Enrolled Nurse with psychiatric experience (EN psychiatric). • Registered Nurse (RN). • Registered Midwife (RM). • Registered Nurse (RN) (with psychiatric nursing experience) or RPN (with formal psychiatric nursing qualifications. • Security Guard.*
Level of Observation	• Level of observation, as documented in patient handover and plan of care in patients notes.	• As above.

* Security Guards cannot provide clinical care as they are not Health Care Professionals and clinical care is not in their scope of practice. A nurse must be allocated to provide the clinical care for these patients (not necessarily 1:1).

** There is no legal requirement to provided 1:1 nursing observation to a patient who is compulsorily detained under the Mental Health Act 2014, <u>except</u> where mechanical restraint are required. The provision of 1:1 nursing is based on clinical presentation and risk to self or others.

*** Refer to Mechanical Restraint Assessment and Application Procedure (OP-SE1.3.1) for guidance and support.

5.2 Abbreviations

For purposes of this procedure, unless otherwise stated, the following abbreviations shall apply:

AHA	After Hours Administrators
BOC	Behaviours of Concern
CL	Consultation Liaison
DD	Divisional Director
EMR	Electronic Medical Record (patient care record)
EN	Enrolled Nurse
HCW	Health Care Worker
HeWS	Health-E Workforce Solutions (staffing request software)
N/MIC	Nurse/Midwife in Charge
N/MUM	Nurse/Midwife Unit Manager
PCA	Personal Care Attendant
RN	Registered Nurse
RM	Registered Midwife
RUSON/RUSOM	Registered Undergraduate Student of Nursing/Midwifery
SG	Security Guard
WH	Western Health

6. Procedure Detail

6.1 Key Points

Key points:

- Individual patient/s assessment is required to determine the need for Additional Care Resources. A multi-disciplinary approach is preferred to ensure the following is assessed and documented in patients notes:
    - Identification of patient risks to themselves, staff and others; including an assessment of pre-hospitalisation care and patient current presentation (obtain from family, carer or residential facility as appropriate).
    - Completion and documentation of standard WH admission risk assessment (EMR).
    - Completion of relevant iPOCs and implementation of strategies.
    - Completion of Behaviours of Concern Chart (BOC CHART) where applicable.
    - Medical management plan.
    - Minimally restrictive strategies proposed.
    - The level of observation and interventions proposed.
    - Current staffing skill mix – experience, competency obtainment and qualifications.
- Development of Behaviour Support Plan (where applicable).
- All staff engaged in providing increased level of care to a patient will be provided with a handover, including the management plan and risk profile prior to commencing working with the patient (utilise *Additional Care Resource Handover and Patient Care Planning, Appendix 3*).
- Staff who don't have EMR access (HCW/PCA, Security) will be provided with a paper copy of the handover form.
- All staff will also receive their entitled breaks and an opportunity to informally debrief with the nurse/midwife at the end of the shift.
- The ongoing need for all Additional Care Resources within WH are to be reviewed each shift by the N/MUM or N/MIC.
- Nursing & Midwifery staffing ratios are set according to the type of ward and do not define how individual nursing/midwifery workloads are allocated. Patient allocation should be redistributed amongst nursing/midwifery staff according to care needs as a first solution.
- Patient observation must be maintained when attending to patient hygiene and personal care needs including use of bathrooms and toilets. When in these areas patients must be visualised at all times. Privacy can be maintained by holding door slightly closed when in these areas.
- Additional Care Resource is not to be used to escort a patient for the purposes of smoking outside of the clinical area. Anticipate the patients' needs for nicotine replacement therapy and refer to medical officer.
- RUSON and RUSOM cannot be given sole patient allocation as this is not within their scope of practice. They always work with one or more nurses in the provision of care to a group of patients.
- HCW/PCA & Security staff cannot be given sole patient allocation as this is also not within their scope of practice.

6.2 Identifying need for Additional Care Resources (refer to *Appendix 1*)

Additional Care Resources can be requested depending on individual patient needs and needs relating to a number of patients across a clinical area as well as current staffing and operational factors. Prior to requesting an Additional Care Resource the options in *Appendix 1: Additional Care Resource Considerations/Options* should be considered and implemented as appropriate.

The Nurse/Midwife in Charge is responsible for requesting Additional Care Resources and ensuring the following has been

completed:

- Complete patient assessment including required EMR documentation.
- Implement all strategies to reduce the risk of harm to patient and staff and/or further deterioration of the patient
- Establish the need for Additional Care Resources are required.
- If required, identify the most appropriate care resource (e.g. RN, HCW/PCA, Security).
- Nurse/Midwife in charge to request approval of Additional Care Resource through Operations Manager (Monday to Friday day shift) or After Hours Administrator (Afternoon and Night shifts and all shifts on weekends and public holidays.)
- Inpatients being treated under orders from the *Mental Health Act (2014)* requiring an Additional Care Resource must also be reviewed by the CL Psychiatry Nurse prior to approval by Operations Manager/After Hours Manager.
- Patients in the Emergency Department presenting or being treated under orders from the *Mental Health Act (2014)* requiring an Additional Care Resource must have a recommendation from Emergency Mental Health/Emergency Clinical Assessment and Treatment Team prior to approval by Operations Manager/After Hours Manager.
- Approval for the appointment of a Security Guard will also need approval from the WH Security Manager. The Operations Manager/After Hours Manager will lead this conversation.
- Once an Additional Care Resource is approved, the Nurse/Midwife in Charge will submit a staffing request via HeWS (usual WH process for requesting additional staff). Please note Security Guards are not requested in HeWS, security staffing is managed by the security team.
- Approval for Additional Care Resources is granted for the duration of one clinical shift. Approval for further shifts will be granted on a shift by shift basis to confirm ongoing need and requirement.
- If an Additional Care Resource has been in place for more than 48 hours, this should be escalated to the specific Divisional Director and/or Clinical Services Director for urgent review to consider additional support for patient and/or staff.

6.3 Considerations Regarding a Security Guard

Considerations:

- A Security Guard may be considered where constant security presence is required for patient, visitor and/or staff safety.
- Although the following is not exhaustive, a Security Guard may be considered if the Behaviours of Concern chart scores 2 or more, with a score of 2+ indicating a high risk for violence.
- The appointment of a Security Guard does not fill or replace the role of another Additional Care Resource where, for example, there is also a clinical need identified.
- Where a Security Guard is utilised, the patient must have a nurse allocated to attend to clinical care (not necessarily 1:1 nursing).
- At all times a Security Guard can only act under direction of a clinical lead.
- Approval for a Security Guard as an additional resource is via the relevant Operations Manager in conjunction with Security.
- Once approved, Security Guards can be requested by emailing WH-SecuritySupervisors@mh.org.au with details of request, shift time, workplace location and number of guards.

6.4 Requesting staff via Health-e Workforce Solutions (HeWS) Platform

Nursing, Midwifery and HCW / PCA staff requests are to be submitted via HeWS. Requests for Security staff should be made directly with Security Manager.

It is the responsibility of the person requesting staff to ensure they have identified the correct skill type for the work required, e.g., RN for patient with mechanical restraints, RN or EN for clinical support across an area or as backfill for ward staff caring for patient/s requiring Additional Care.

Shift requests in HeWS should be entered for the following 24 hours. The need for, and approval of, Additional Care Resources is to take place on a shift by shift basis and requests entered in advance should be cancelled when no longer required.

All staff and patient safety requests must have the name and role of Approver documented in the request. Approval of Additional Resources for safety requests, includes approval for external agency staff to be booked when all internal supplementary staff resources have been exhausted.

When a patient is transferring from another area with an Additional Care Resource booked during a shift or close to shift change over time, please ensure there is a comment in the request made for area stating ‘transferring from {name of ward}’. This will prompt the allocations team to check the original area’s requests and where appropriate transfer booked staff into the shift in your area.

Actions to be taken:

- Follow shift request process in workforce module of HeWS:
    - Select the appropriate rationale and staff skill group required – Support (HCW) or Nurse (RN, RM, EN).
    - Complete approval detail form with reasons for resource request and full name of approver.
    - Prior to saving check request details are correct:
        - Change shifts times if required;
        - Add/change skill types where relevant;
        - Add comments/relevant notes to assist allocations team to source appropriate staff.

The allocations team will source staff to cover the shift as per the shift request details:

- source lowest skill level requested, if unavailable to source will progress to next level bank / pool, if unavailable to source will then progress to lowest level agency, then next level agency.
- assumption is made that agency approval is given as part of Additional Care Resource approval.

6.4 Documentation Patient Care

Staff members who have EMR access should document patient care in the EMR as per WH standard process and complete the *Additional Care Resources Handover and Patient Care Planning (Appendix 3)* every shift. This tool is used for handover purposes and informs the Nurse/Midwife in Charge of the patients' needs and identifies any future management strategies.

Staff who don't have EMR access (HCW/PCA and Security) will hand over directly to the Nurse/Midwife in Charge using the completed *Additional Care Resources Handover and Patient Care Planning (A*ppendix 3) as a guide. This handover form is co-signed by the supervising RN/RM and this supervising Nurse/Midwife will ensure all aspects of patient care are documented appropriately as per WH standard processes.

7. References

1. Victorian Mental Health Act (2014). https://www2.health.vic.gov.au/mental-health/practice-and-service-quality/mental-health-act-2014
2. Charter of Human Rights and Responsibilities Act (2006).
3. *Guardianship and Administration Act (2019). http://www.austlii.edu.au/au/legis/vic/consol_act/gaaa1986304.*
4. Disability Act 2006. http://www.austlii.edu.au/au/legis/vic/consol_act/da2006121/.
5. *Working with the suicidal person – clinical practice guidelines for emergency departments and mental health services (including rapid and comprehensive risk assessment, immediate management, risk in the elderly, assessing risk in intoxicated persons and assessment and management of suicide risk in people who repeatedly self-harm . http://www.health.vic.gov.au/mentalhealth/suicide/suicidal-person-book2010.pdf*
6. *Suicide risk assessment and management – a literature review.* http://www.health.vic.gov.au/mentalhealth/suicide/suicide-literature-review2010.pdf
7. Nursing observation through engagement in psychiatric inpatient care. http://docs.health.vic.gov.au/docs/doc/Nursing-observation-through-engagement-in-psychiatric-inpatient-care.
8. The Aged Care Act 1997. Available from: http://www.austlii.edu.au/au/legis/cth/consol_act/aca199757/
9. Department of Health, Victoria. The Australian Charter of Health Care Rights (2008). http://www.health.vic.gov.au/patientcharter.
10. Medical Treatment Act (2016). http://www.austlii.edu.au/au/legis/vic/consol_act/mta1988168/
11. Management of the suicidal person in ED. http://www.health.vic.gov.au/mentalhealth/suicide/quickref-triage.pdf

8. Document History

Number of previous revisions: 7

Previous issue dates: April 1999, September 2004, September 2006, May 2008 May 2012, October 2015 and February 2017

Minor amendment: not applicable this version

Documents superseded:

Code	Name
OP-CC2.1.36	Patient Observation and Nursing Resource Framework
OP-CC2.1.36	Patient Observation (Specialling)
OP-GC4	Patient Observation (Specialling)

9. Sponsor

Director of Nursing and Midwifery

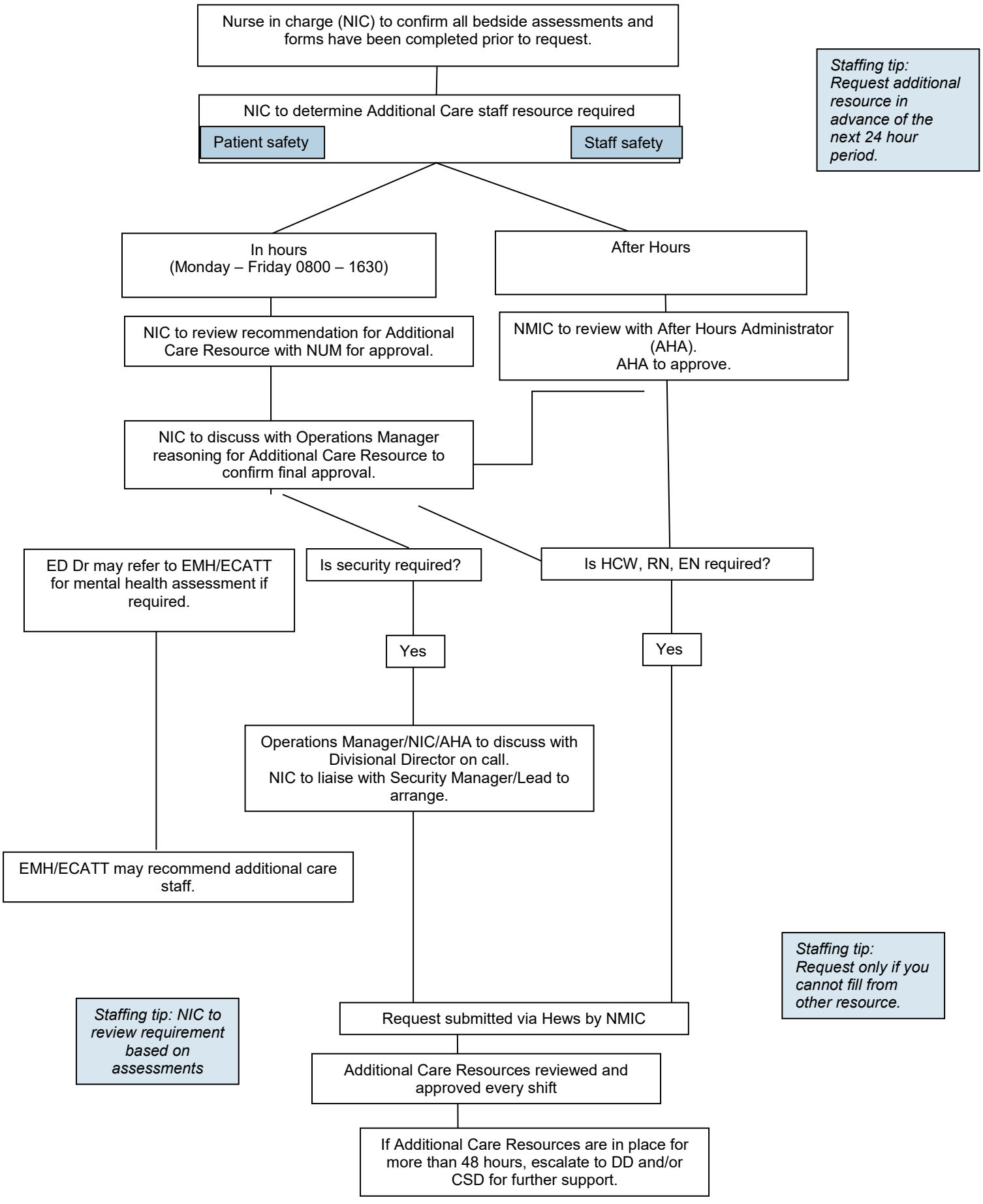
10. Authorisation Authority

Executive Director of Nursing and Midwifery

Appendix 1: Additional Care Resource Considerations/Options

Patient	Staffing	Operational
• **Mechanically restrained** patients require 1:1 RN at the bedside at all times. • **Discuss with patient and carers about strategies to address individual needs** (Review About Me form, carer visiting/support). • **Have iPOC risk assessments been completed** e.g. Falls Risk, BOC, Behaviour Support Plan, 4AT screen, etc. • **iPOC strategies been implemented** e.g. Physical environment, high visibility room rooms, low-low beds with crash mats, buzzer within reach, etc. • **Encourage family and or carers to be involved in care as desired and tolerated** (carers may have a settling effect). • **Use of behaviour management strategies** such as medication optimisation, diversional activities, sleep/wake cycles, etc. • **Consider need for appropriate referral to other members of the multidisciplinary team** e.g. Physio, OT, Delirium CNC, Clinical Psychiatric Liaison Nurses, pharmacy, etc.	• **Does the patient have increased care needs requiring transfer to a higher acuity ward?** (contact ICU liaison or appropriate Acute Team for review). • **Identify skill level needed for special**. I.e. HCW/PCA, EN, RN, etc. • **Utilse NIC/NUM to assist and/or take on a patient load or In-Charge** role until assistance arrives or patient needs change. • **Review other staffing resources on ward e.g. RUSON/Diversional Therapists/Volunteers/** to determine if these supports can be utilised. • **Consider one staff member completing a short shift per day to meet additional care resource needs.**	• **Cohorting options** consider sharing an additional care resource. • **Consider staff allocation according to patient needs (**assess complexity of individual work load and allocation to particular staff, consider flexing beds (need DD approval). • **Consider discharges and transfers from ward as well as timing** (Acute to Subacute, ready for discharge home). • **Consider other services ability to provide assistance.**

Appendix 2: Additional Care Resources - Approval Process



Appendix 3: Additional Care Resources - Handover and Patient Care Planning

Please see following pages for Appendix 3 resource documents

Western Health

Additional Care Resources Handover and Patient Care Planning

☐ Footscray Hospital ☐ Williamstown Hospital
☐ Sunshine Hospital ☐ Sunbury Day Hospital

PATIENT IDENTIFICATION LABEL

WHAD57.2

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) ☐ Cognitive Impairment ☐ Absconding/ Wandering ☐ Falls Risk
☐ Risk of Harming Self/ others ☐ Substance Abuse/ Withdrawal ☐ Suicidality
☐ Aggression (Physical/ Verbal) ☐ Other (Specify): ……

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

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

A – SSESSMENT – Current Concerns

R – ECOMMENDATIONS & REQUEST- Patient Care Plan

Patient Considerations:

Environmental Considerations:

Planned Code Grey: ☐ YES ☐ NO (specify need):

Additional Care Resources Handover and Patient Care Planning

WHAD57.2

Trial Form 07/2021

OP-GC4

Addition Care Resources Handover and Patient Care Planning

PATIENT IDENTIFICATION LABEL

Footscray Hospital **Williamstown Hospital**
Sunshine Hospital **Sunbury Day Hospital**

Specific Individual Care Needs **(e.g. going for a short walk every 30 mins, talking about hobbies, diversional therapies):**

Level of Intervention/Observation Required:

Date	Time	Observation and patient activity record (at a minimum every hour)	Initial

Western Health

Additional Care Resources Handover and Patient Care Planning - Continuation

☐ Footscray Hospital ☐ Williamstown Hospital
☐ Sunshine Hospital ☐ Sunbury Day Hospital

PATIENT IDENTIFICATION LABEL

WHAD57.3

Date	Time	Observation and patient activity record (at a minimum every hour)	Initial

Additional Care Resources Handover and Pt Care Planning – Cont.

WHAD57.3

Trial Form 01/2021

Western Health

Addition Care Resources Handover and Patient Care Planning – Continuation

☐ Footscray Hospital ☐ Williamstown Hospital
☐ Sunshine Hospital ☐ Sunbury Day Hospital

Western Health

PATIENT IDENTIFICATION LABEL

Date	Time	Observation and patient activity record (at a minimum every hour)	Initial