



Metro North Health

Compassionate Care Principles

Core Principles of Care



Metro North Health acknowledges the Traditional Custodians of the Land upon which we live, work and walk, and pay our respects to Elders both past and present.

Published by the State of Queensland (Metro North Hospital and Health Service), June 2023



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Metro North Health Core Principles of Care



1. Clinical Governance



2. Partnering with Consumers



3. Preventing and controlling infections



4. Medication Safety



5. Comprehensive Care



6. Communicating for safety



7. Blood Management



8. Recognising and Responding to Acute Deterioration

The development of a Learning Culture and Psychological Safety are key enablers of high quality and safety in health services. Elements of these include leadership driving a shared purpose supporting a continuous learning culture, collective learning, dialogue within and between teams, incorporating complexity in learning, support for co-design, support for individual self-reflection and inquiry, and psychological safety that supports teams to feel safe to learn from harm and success, and contribute and challenge.

To support the continuing development of a culture of learning and psychological safety Metro North Health (MNH) has listened to the voices of patients and clinicians and now sets out to improve the way we deliver services, train staff, and ultimately enable a safe, compassionate care environment.

To achieve this, and in line with MNH consumer's feedback, MNH has implemented seven key initiatives across the Health Service including:

- Principle 1: Flexible visiting hours across Metro North inpatient facilities
- Principle 2: Care in the right setting according to patient wishes
- Principle 3: Timely communication and reporting
- Principle 4: Co-Designed Care
- Principle 5: Good Navigation and Knowledge sharing
- Principle 6: Patient centred holistic care
- Principle 7: True and Adequate Informed Consent



Principle 1: Flexible visiting hours across Metro North Health inpatient facilities

When we listen to the voice of the patient and implement effective partnerships, a positive experience for the patient and high-quality health care including improved patient safety are linked.

Consumer feedback highlights that the historical system of restricting visiting hours is not patient centred, does not cater to the needs of patients or their family/carers and at times has resulted in traumatic experiences both for the patient and their family/carer.

A Policy has been developed to underpin the commitment to flexible visiting hours across Metro North Health. *Unrestricted/Flexible Visiting Hours for Family and Carers: 007082*

It should be noted however that although MNH has adopted unrestricted/flexible visiting hours, there may be some instances when this may not be clinically suitable. The following excerpt from the Policy describes points for consideration:

“There may be instances or exceptions where family members or essential care partners’ presence is not suitable due to health directives or guidelines pertaining to health, safety, security, privacy and confidentiality of the patient, examples of this include:

- *Infection prevention and control considerations, including local outbreaks.*
- *Health of family member or essential care partner.*
- *During management of pandemics, such as COVID-19.*
- *If medically or therapeutically contraindicated or at the patient’s request.*
- *Domestic and family violence orders.*

- Excluded visitors under the Mental Health Act 2016.
- Restricted due to their behaviour within the health facility for example, distribution of substances or aggression.
- The Security of Critical Infrastructure Act 2018 (Cth) has defined that some Metro North Health facilities are critical infrastructure assets. These assets have a requirement for enhanced security arrangements in sensitive locations on affected sites. These security arrangements may necessarily limit visitation/access to these locations.

In some circumstances, clinical areas may need to define the hours for visitors, and alternative methods of communication to include family members or essential care partners in patient care are to be encouraged, such as communication via technological means”.



Principle 2: Care in the right setting according to patient wishes

As hospitals move toward improved integration across the system of care, there are increased incentives to deliver the right care, in the right place, at the right time. Timely access to care providers and community services, a proactive approach to care management and coordination, and collaborations among health care providers across the continuum of care to best meet the needs of patient populations can reduce a patients’ need for acute care services and hospitalisations. Cultural considerations are to be considered and used to inform decisions related to care in the right setting. Family engagement may be a critical part of these discussions.

Alternatives to hospitalisation/ hospital avoidance are to be discussed with every patient/ carer every time where clinically appropriate.

Services within Metro North Health that enable care provision in the right setting include:

- Hospital Avoidance - Pathways for Hospital in the Home, Rapid Access Radar, Community home based Palliative Care, IHITH, Virtual Care.
- Community Interface nurses are employed in the Emergency Departments.
- Geriatric Emergency Department Initiative Nurses (GEDIs) working in EDs across MN to identify Frail/Aged patients > 65years.
- Clinical Frailty score used in all MN Emergency Departments
- Strong and diligent sepsis screening on admission
- Delirium assessment and management
- Access to culturally appropriate care



Principle 3: Timely communication and reporting

If a patient or resident falls, notification to next of kin and documentation in clinical record is to occur as per the *MNH Preventing Falls and Harm from Falls Policy (005785)*.

Under the ‘Mandatory requirements’ section of the policy, staff are required to:

*“In the event of a **fall**, **with harm**, staff will:*

- *Attend to the patient **and**,*
- *Alert medical staff **and**,*
- *Notify the patient’s Next of Kin / Substitute decision-maker(s) (e.g., family members, appointed guardian, enduring power of attorney and/or carer/s) that the patient has experienced a fall, **within one (1) hour of the fall occurring** and document this in the medical record.*
- *Report incident in RiskMan, by the end of the shift*

- Document the occurrence, assessment, interventions, and outcome in the medical record within **thirty (30) minutes** of the fall occurring, and commence a post fall pathway
- Re-assess the falls risk; plan and implement prevention strategies in consultation with the patient, the patients next of kin and/or substitute decision-maker(s) (e.g., family members, appointed guardian, enduring power of attorney and/or carer/s); and document these in the patient's medical record".



Principle 4: Co-Designed Care

Through development of meaningful partnerships with patients and families, Metro North Health staff will deliver improved health outcomes that matter most to our care participants.

Co-design is defined as a process where people with professional and lived experience partner as equals to improve health services by listening, learning and making decisions together.

MNH utilises the guideline *Managing patients with complex Behaviours of Concern (MN 006678)*. This document guides staff in effectively managing, identifying and responding to patients with complex and challenging behaviours. The aim of the document is to achieve greater equity in healthcare for adult patients.

The intent of the document is to operationalise the way we respect, protect, and promote the human rights of every person in accordance with the *Human Rights Act 2019 (Qld)*. This document aims to achieve this by supporting clinicians to:

- Consider the physical and social environments where care is provided, and how this may influence an individual's behaviour. For example, consider the furniture, other patients or equipment within the room or surrounding areas that generate noise/smell.
- Identify early 'at risk' patients and document/implement customised strategies to limit the likelihood of behaviour exacerbation. This could include sensory assessment and environmental adaptations. Are there strategies that have been implemented successfully previously that should be considered?
- Seek early support where challenging behaviour already exist and document a management plan. Management plans should be reviewed, updated, and communicated in a timely manner to all involved in providing health care to the patient to ensure the ongoing needs of the patient are met.
- Provide a consistent management approach towards the challenging behaviour to reduce risk to patients and MN staff.

For patients who meet Behavioural Emergency Response Team (BERT) eligibility criteria the BERT team can be contacted for advice and assistance.

Eligibility criteria:

- Living in Metro North Health Catchment
- 16 - 65 years old
- Has a diagnosed disability or suspected disability (i.e., Autism Spectrum Disorder (ASD), Intellectual Disability (ID), Foetal Alcohol Spectrum Disorder (FASD), Traumatic Brain Injury)
- All stages of NDIS (no contact, commenced access process, awaiting planning meeting, plan in place)
- Has a medical need that could be managed in the community, is at risk of becoming a long stay patient, frequent presentations to the emergency department, and/or risk of community supports break down is imminent
- Has challenging and complex behaviours, one or more of:
 - Actual or risk of harm to self or others.
 - Recurrent presentations to emergency department due to behaviours of concern; and/or
 - Significant escalation in challenging and complex behaviours



Principle 5: Good Navigation and Knowledge sharing

Providing ward/unit orientation to patients on admission to the health care environment ensures patients, family and carers are communicated information relating to their health care journey in a way that meets their needs and is easy to understand and use.

Information should include orientation to the Hospital and ward which should include visiting information, on site food services, information on how to provide feedback, Ryan's Rule and Australian Charter of Healthcare Rights.



Principle 6: Patient centred holistic care

If a patient experiences an unexpected extended hospital stay or Intensive Care Unit admission due to complications, they are to be offered a mental health consultation prior to discharge.

Currently the Consultation Liaison (CL) Psychiatry team see any patient referred to them by the treating medical team. On occasion the CL team will receive referrals to see patients from the Community.

The Department of Social Work Services provides a range of psychosocial services which are integral to the health care provided to patients. Social workers and welfare workers assist patients and their families in managing the impact of health changes with the aim of maximising the benefit received from their health care.

Metro North Health embraces consumer feedback and utilises the feedback as an opportunity to improve care. Response to consumer feedback is individualized, and includes;

- Thanking patients' and/ or families for taking the time to feedback,
- Providing a summary back to the patient/ family of what we found when we looked into the issues raised,
- Every response to feedback will include an offer to meet face to face with a Facility Executive in the first instance and then a Metro North Executive if they would like to discuss further.

Open Disclosure is offered to patients and/or families for all serious clinical incident events within Metro North Health. Open Disclosure Consultants are trained in delivering compassionate, empathetic, patient centred disclosure of the facts surrounding the incident and its consequences.



Principle 7: True and Adequate Informed Consent

Ensuring informed consent is properly obtained is a legal, ethical and professional requirement on the part of all treating health professionals and supports person-centred care. Good clinical practice involves ensuring that informed consent is validly obtained and appropriately timed. Informed consent is the ability to make a conscious decision based on having access to all relevant information in an environment free of bias or pressure (Shah et al. 2020). The responsibility to obtain informed consent lies with the doctor who will be performing the procedure or treatment (Evans 2016). Medical professionals need to provide as much information as necessary for the patients in question. This information should include all the risks and benefits of a procedure.

Within Metro North Health shared decision-making involves a collaboration between patients and clinicians working together to reach a decision about their care. True and adequate informed consent is achieved through a process of communication, discussion, and shared decision making. It involves understanding the person's goals and concerns and discussing with the person (or their substitute decision-maker) their options for treatment, the potential outcomes (positive, negative and neutral), risks and benefits and what this might mean for them. The person or their substitute decision-maker will make an informed decision based on this information.

It is a requirement to contemporaneously document consent discussions and include written consent forms (where appropriate) in the patients' healthcare record.

References

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