



MODEL OF PATIENT CENTRED CARE

AIM:

To ensure a consistency in the approach to, and delivery of, Coordinated Patient Centred Care.

To achieve a positive experience for patients that is safe, and of exceptional quality.

To mitigate the risk of any adverse event occurring during admission and post-discharge.

ASSOCIATED RISKS TO PATIENT CARE:

1. That unqualified, uninformed, members of the workforce provide information to patients/parent(s)/legal representative.
2. Patients are uninformed, or not fully informed, of the procedure, the anaesthesia, care, and discharge requirements.
3. Poor communication of patient details between team members.
4. Waiting times are unacceptably long.
5. Patient Medical Record forms are not completed.
6. Non-admission to planned procedure due to the absence of sound pre-admission screening processes.
7. Patients do not fit within the scope of the GIH Access Endoscopy Day Procedure Centre.
8. Care is not Patient Centred.
9. Potential of patient incidents post discharge.
10. Inadequate work force numbers and/or skill profile.
11. Lack of reasonable recognition & accommodation of Cultural, Religious & Language Diversity.
12. Complaints
13. Negative effect on business reputation.

RISK MANAGEMENT:

1. Robust, formal, and structured pre-admission screening process.
2. Pre-admission screening process conducted by suitably qualified and experienced clinicians.
3. Patient is fully informed of the anaesthesia to be administered; any medications to be administered; the Procedure to be performed, and the care to be provided, including discharge instructions.
4. Relevant, adequate, appropriate, and complete documentation.
5. Medical Record remains with the patient.
6. Patients/parent(s)/legal representative are actively involved in the decision making process of their procedure and care.
7. Effective communication with the patient/parent(s)/legal representative.
8. Effective communication between members of the work force.
9. Appropriate numbers and skill mix of the work force.
10. Members of the work force work within their scope of practice
11. Formal education of members of the work force in Patient Centred Care
12. Formal Orientation Programme
13. Formal systems and processes are in place to monitor and report, including work practice.

14. Formal systems and processes are in place to follow-up and improve.
15. Effective Governance systems are in place.

DEFINITION:

Model of Patient Care: broadly defines the way health services are delivered. It outlines best practice care and services to patients.

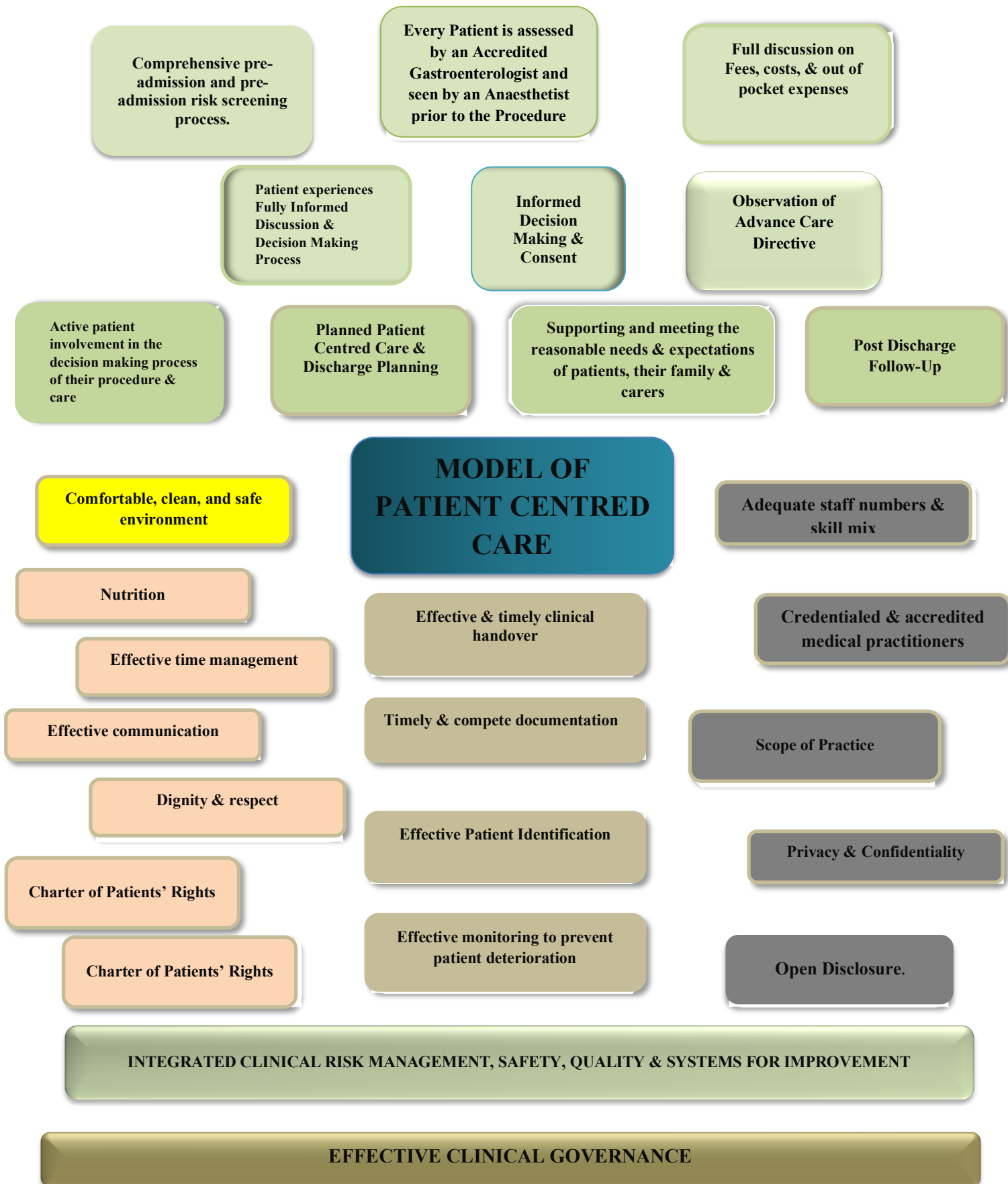
Patient Centred Care: an approach to the planning, delivery, and evaluation of health care that is founded on mutually beneficial partnerships among clinicians and patients. Person-centred care is respectful of, and responsive to, the preferences, needs and values of patients and consumers. Key dimensions of person-centred care include respect, emotional support, physical comfort, information and communication, continuity and transition, care coordination, involvement of carers and family, and access to care.

POLICY:

A Model of Patient Centred Care within the context of GIH Access Endoscopy Day procedure Centred has been developed which is inclusive and comprehensive. There is an expectation that all members of the work force, and Visiting Accredited Medical Practitioners, will comply with the Model of Patient Centred Care.

The Model of Patient Centred Care is closely linked, and integrated with, all clinical policies and procedures; as well as Quality, Risk, and Safety systems, processes, and programmes. Particular mention is made of Coordinated Patient Centred Care and Patient Safety.

The Patient does not exist in isolation and is, for the most, part of a family and/or community network. Consideration of the context of the Patient is essential.



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TABLE 1: Framework

TABLE 2: Flowchart

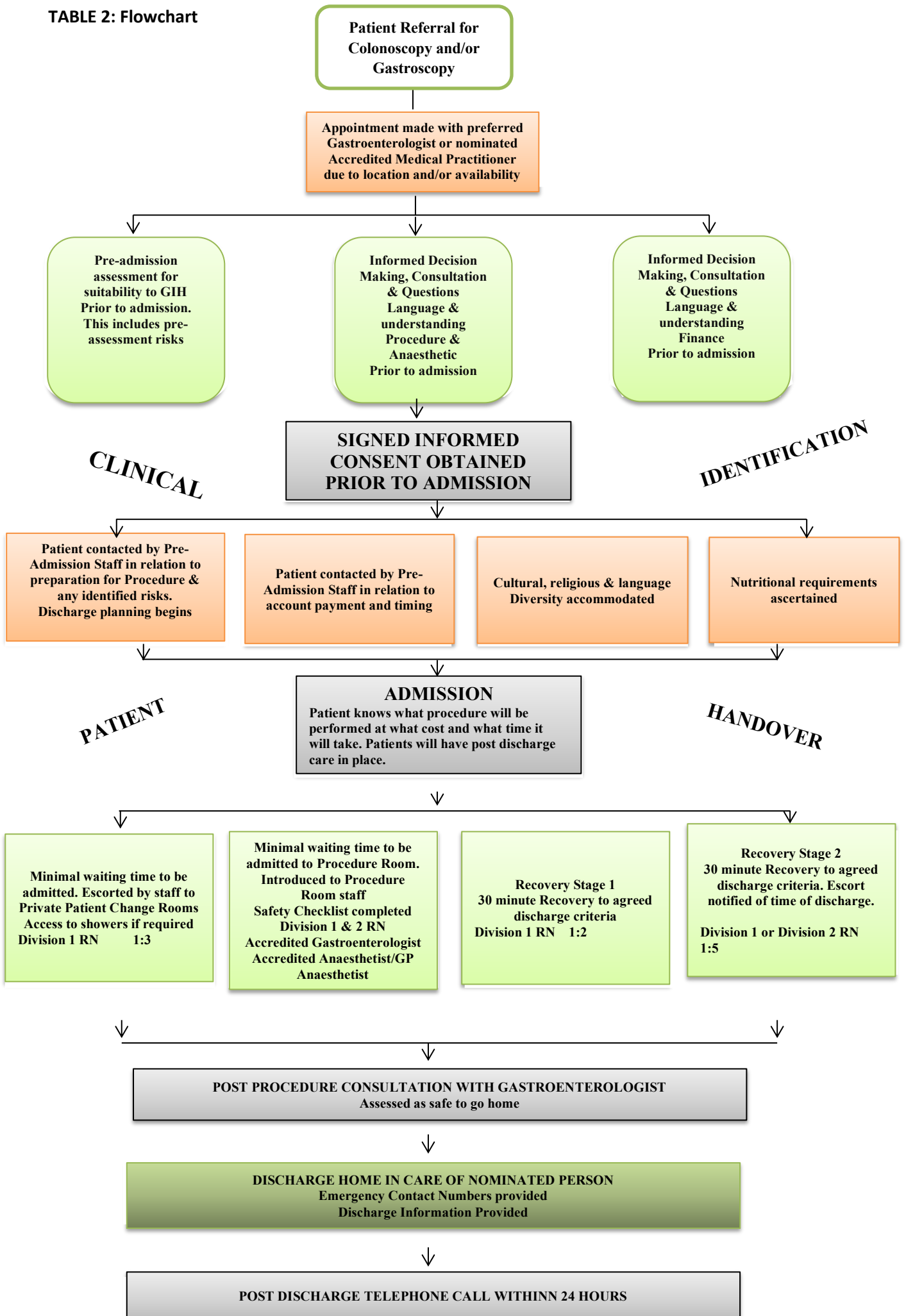
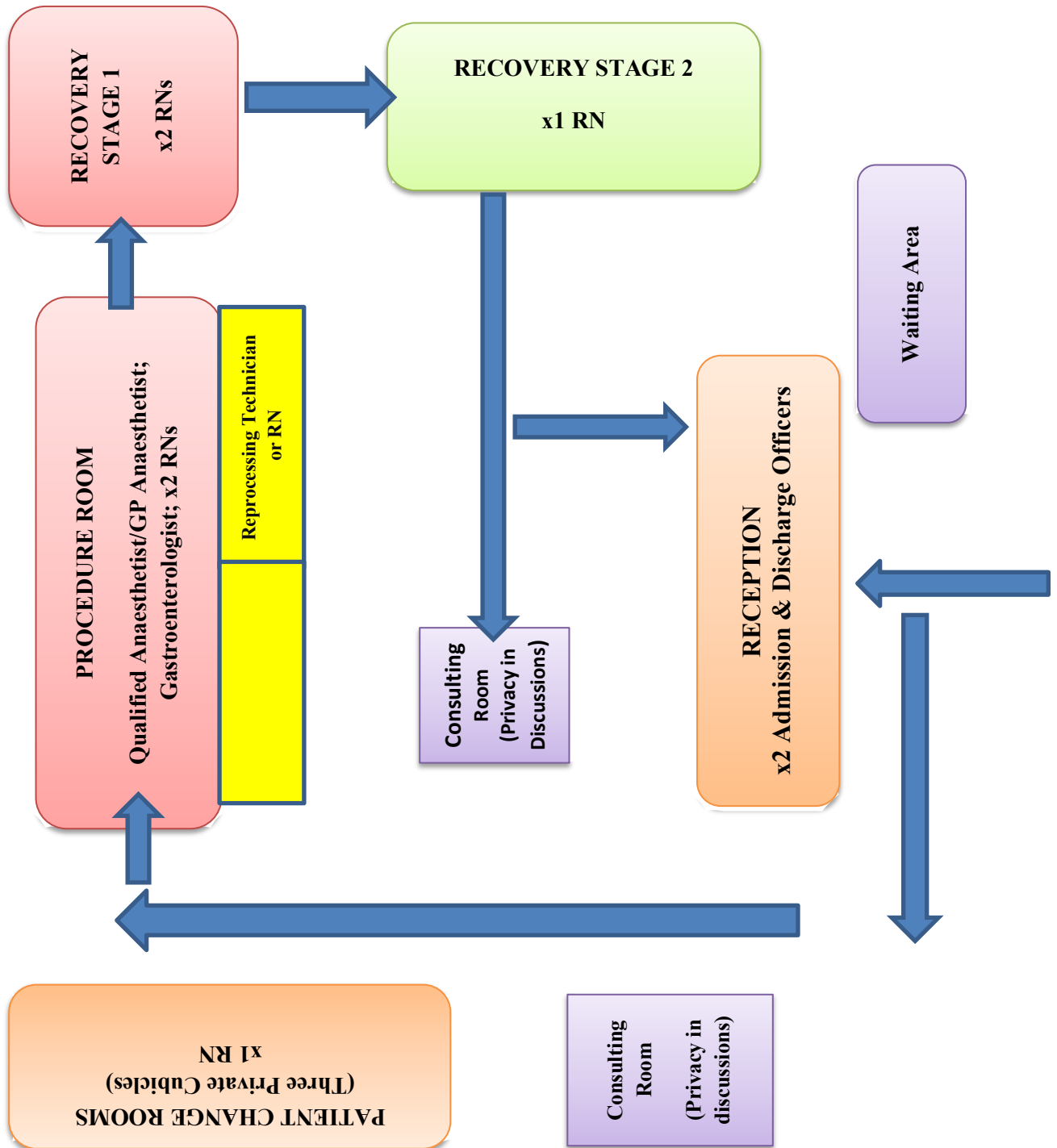


TABLE 3: Patient Flow



All forms will be completed prior to admission.

Expected time parameters are 2 hours duration per patient.

Approximately 30 minutes between admission and transfer to the Procedure Room

30 minutes in Recovery Stage 1

30 minutes in Recovery Stage 2

(these times are subject to Patient Variance)

All patients will be offered food and beverage in Stage 2 Recovery as tolerated.

Patient “escort” will be notified when Discharge of Patient is imminent.

EXPECTED OUTCOMES:

- Responsibility & Accountability
- Effective Consultative approach with Patients/Parents/Carers/Legal Representative
- Patient Safety
- Effective Risk Management
- Quality & Continuous Improvement of Care & Service provision
- Consistency in Care & Service provision
- Transparency
- Open Disclosure
- Prevention of an incident or adverse event.
- The maintenance of excellence in quality & safe service delivery.
- Informed Decision Making and Consent
- Coordinated Patient Centred Care
- Compliance with Governing legislation, standards, codes of conduct, codes of practice, and evidence based best practice.
- Effective Clinical Governance
- A Positive Patient Experience within the health care industry

SUPPORTING REFERENCES:

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DOCUMENT CONTROL: Q: POLICIES 2021

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2	May 2021	Initial document	May 2019	Director of Clinical Services	May 2024

