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CONFERENCE ABSTRACT

An Integrated Clinical Risk Screening to Meet the National Standards on Safety & Quality in Healthcare 2nd edition - Standard 5

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Introduction & Aim: In January 2019 the 2nd edition of the National Safety & Quality Health Service Standards was published, with a new standard 5 - Comprehensive Care. This standard required a more integrated approach to assessment of patient clinical risk. The aim of this project was to meet the requirements of the new standard, and also reduce unnecessary duplication in paperwork for hospital direct care staff.

Method/Change: A new comprehensive clinical risk screening was designed as a standard tool for Healthscope hospitals, aimed at a general medical/surgical overnight patient population. The 4-page fold-out form comprised integrated risk screening in the areas of falls, pressure injury, cognitive impairment, malnutrition, venous thromboembolism, behavior, mental health and medication management. These areas were previously assessed across multiple forms, many of which contained duplicate documentation fields. Specialised versions of the form were modified for paediatric, obstetric and day procedure populations.

A formal evaluation was undertaken to ensure that removal of a numerical risk assessment scale did not result in an increase in falls. Throughout the process, the value of expert clinical judgement was recognized and emphasized, while still retaining checklists to ensure consistency of practice. The form contains both risk screening and prevention strategies, and is typically filed at the point of care, alongside the Nursing Care Plan, observation chart and medication chart. The comprehensive risk screening allows all clinical risks to be evaluated in a more integrated way, with strategies for prevention optimized. The paper form was also transferred into a format suitable for an Electronic Medical Record.

Outcomes & Lessons Learnt: The new form was designed, implemented and evaluated with active involvement of direct care nurses, consumer representatives, allied health and nurse managers. The first draft of the form, with risk mitigation strategies within the care plan, was unsuccessful, and both forms were remodeled in line with user feedback, before a second multi-hospital trial was undertaken. Lessons learnt from the first trial were applied in the second trial form which has now been successfully implemented in 10 hospitals. From trial to implementation was approximately a 12 month period. The form will roll out to 43 Healthscope hospitals in all Australian states, showing broad applicability and transferability. The new tool will be sustainable, as multiple previous forms will be withdrawn as the project rolls out to all hospitals.

A highlight of the new tool has been the integration with both the Patient Health History (completed by the patient before admission) and the Nursing Care Plan. Updating these forms concurrently

has allowed further removal of duplication of fields, which has increased staff satisfaction and acceptance of the form.

The new comprehensive risk screening form resulted in a reduction in paperwork from 10 pages to 4. This is a reduction in time spent on paperwork, as well as enhanced compliance with standards and best practice in risk screening and assessment. Clinical risks are identified in a timely way on admission, and risk mitigation strategies implemented, allowing comprehensive care to be the focus for all patients.