

CHANGE IMPACT STATEMENT



Campus	Albury Community Health
Department (if applicable)	Sexual Assault Service
Program	After Hours Crisis On-call
Brief Description of the Change proposal	<p>Redesigning the current after-hours crisis sexual assault counselling service to deliver an integrated model of Domestic and Family Violence (DFV) and Sexual Assault (SAS) crisis support. This redesign is being driven by the implementation of the NSW Violence Abuse & Neglect (VAN) integrated service model & Vic Strengthening Hospitals Response to Family Violence (SHRFV) initiatives.</p> <p>Proposed pilot of the new model for 3 months to evaluate the model efficacy including demand & resourcing needs. Using information gained from the pilot will assist with determining further details to consider for future after hours service</p>
Current Situation	<p>Business hours response for patients presenting to Albury Wodonga Health (AWH) emergency departments or admitted to AWH hospitals with Domestic and Family Violence (DFV) or Violence Abuse or Neglect (excluding sexual assault) is currently led by the admitted Social Work (SW) team at AWH. No change is proposed to this pathway of care.</p> <p>Business hours response for patients presenting to AWH Emergency Departments (EDs) with Elder Abuse is led by the AWH inpatient Social Work team or Aged Service Emergency Team (ASET). No change is proposed to this pathway of care.</p> <p>There are existing, state based, pathways of care for patients presenting to AWH EDs in business and after hours for recent sexual assault. Psychosocial and forensic response is available for recent sexual assault committed in NSW is led by AWH sexual assault service (SAS). For assaults committed in Victoria the lead service provider is Centre Against Violence (CAV).</p> <p>There are existing, state based, pathways of care for patients presenting to AWH ED's for DFV after-hours. For Victorian residents there is phone consultation through Safe Steps and escalation to face-to-face care through CAV on-call. For NSW residents there is phone consultation for crisis support to arrange basic needs support (e.g. food and accommodation) through Yes</p>

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Unlimited but there is no after-hours face-to-face psychosocial support for Domestic and Family Violence crises.

Rationale

In 2017, NSW Health commenced implementation of service redesign across the state to deliver an integrated framework for Prevention and Response to Violence, Abuse and Neglect (PARVAN). This included redesign of SAS after-hours on-call to an after-hours on-call crisis response for psychosocial support of patients presenting with DFV. AWH did not receive any funding to support this redesign.

AWH has been in receipt of enhancement funding to implement service improvement under the Strengthening Hospital Response to Family Violence (SHRFV). 2122FY & 2223FY funding has been allocated to a service development lead to deliver the redesign of the SAS after hours on-call to an after-hours DFV on-call. This initiative enables AWH to deliver against program priorities for DFV in both NSW and Victoria.

The national data illustrates the incidence and impact of DFV on individuals & families including the high burden of disease experienced by women and children victim survivors.

There are approximately 35 000 presentations (inclusive of all presenting reasons) to Albury ED each year. Based on prevalence data, there is a relatively low referral rate for DFV crisis support and medical record audit yields relatively low number of documented presentations against these 35000 presentations. The current data suggests that AWH is not currently positioned to be responsive to predicted demand for crisis support related to DFV.

This proposed service redesign and the associated partnering with ED & AWH Admitted Social Work service will support AWH ED teams to respond to patients presenting with DFV crisis in both business hours and after-hours.

The recent employment of a Social Worker specifically for Albury ED will provide a linkage and partnership between the inpatient Social Work department and the proposed on-call after hours DFV service.

There is currently no standardised or audited screening and identification of DFV (procedure and documentation) across AWH. It is anticipated that once the new referral pathways are established the AWH FV policy and procedure can be updated and redistributed.

After Hours referral pathways are complex due to cross border jurisdictional variances and are not accurately documented for staff. In the staff wide survey completed in August 2022 (via survey monkey) the themes identified were that staff were not confident to enquire or to respond to DFV; there are significant barriers to identifying and responding to DFV (lack of education & training,

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	<p>unclear screening process/procedure, lack of privacy, unsure what to do if patient identifies) and that if staff had more guidance and support this would make it easier to identify and respond.</p> <p>No psychosocial response for DFV is currently available out of hours for NSW residents. This means that timely and appropriate response to patients is not available. A review of ED presentations indicated that medical needs are met but generally limited other referrals made or support provided beyond this.</p> <p>Accurate data for number of DFV presentations to both ED's is difficult to obtain due to coding differences across the 2 patient administration systems and clinical documentation practices. Presentations to ED are given a primary code that may not indicate cause of injury.</p> <p>No additional concurrent funding is currently available to enhance service provision. AWH will be using existing resources to implement the pilot which will potentially provide service demand data. This may then be used to complete further budget bids for increased service provision/workforce.</p>
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Proposed Situation	<p>NSW resident presents to ED after-hours with injuries indicating and/or has disclosed DFV. Alternatively DFV is identified through screening and sensitive enquiry.</p> <p>VIC resident presents to ED after-hours with injuries indicating and/or has disclosed DFV. Alternatively DFV is identified through screening and sensitive enquiry.</p> <p>It is proposed under the new model the following response will take place:</p> <ol style="list-style-type: none">1. ED to manage medical needs as priority.2. Mandatory reporting process followed.3. Further questioning re: safety and level of support needed.4. If unsafe to return home, or at high distress – <p><u>NSW resident pathway</u> - ED contact on-call Van On-Call clinician to discuss needs, at this time on-call clinician will determine need for face-to-face response. It may be appropriate at this time to activate state based referrals for practical emergency support & follow-up.</p> <p>On-call crisis worker is supported by senior on-call clinician for matters requiring clinical or operational escalation or On-call crisis clinician is supported by the ADoN for matters requiring clinical or operational input not related to psychosocial response.</p> <p><u>VIC resident pathway</u>- ED follow existing referral pathway to SafeSteps.</p> <p>Indications for face-to-face response:</p> <ul style="list-style-type: none">- high level of distress- unable to determine current risk/ability to return home- require assistance to activate service response and/or police report <ol style="list-style-type: none">5. For any call outs - handover next business day to VAN Service Development officer or Counselling Service Intake.6. If patient remains in ED overnight (until business hours) handover to admitted SW via email (distribution list to be developed).7. Admitted SW may also provide handover to VAN on-call if business hours presentation requires any after-hours support.
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<p>Benefits of proposed change (Cost Savings, etc.)</p>	<p>Improved access to care for consumers impacted by DFV attending AWH in crisis to an AWH Emergency Department. Care will respond to medical needs as well as psychosocial support and referrals. By intervening earlier it creates the potential to minimise harm for the consumer and decrease re-presentations due to health issues associated with and/or as victims of DFV.</p> <p>Safety planning with victim to decrease risk of significant harm or death due to violence.</p> <p>Improve working relationships within and outside AWH – i.e. EDs, SW department, ACIS, YES Unlimited, CAV/The Orange Door, Police, WDVCS, The Women’s Centre, AWAHS etc</p>
<p>Potential effects on employees</p> <p>Could include, but not exclusive to:</p> <ul style="list-style-type: none"> • EFT increases or decreases • Shift or penalty changes • Location changes • Should include a list of employees who are potentially impacted • Potential impact on workload • Other potential safety or wellbeing impacts on employees. 	<p>Current service is provided 24 hours a day, 7 days a week. It is proposed that the current roster of 1 x staff member is maintained, with the expectation that there will be greater demand in the after-hours space in order to respond to DFV.</p> <p>Current on-call payment schedule under NSW award (as per SAS on-call) to continue and apply to staff performing these duties after hours.</p> <p>Position Description to be reviewed and rewritten to include DFV. Classification and level to be reviewed by P&C to determine if current grading and remuneration is adequate.</p> <p>The change in scope of our after-hours crisis response from SAS to SAS and DFV is expected to increase the number of call-backs and demand for clinical escalation due to new scope of role.</p> <p>Senior clinical support during the after-hours service will be provided through a formal roster of appropriate senior clinical staff who will be remunerated for the on-call. Currently there is no formal roster and senior clinical staff make themselves available on good will. Senior escalation point position description is being developed and budgeting has been confirmed.</p> <p>Further recruitment to on-call team will be required to create a sustainable workforce model and minimise impact on the business hours services our on-call clinicians deliver. The pilot will inform future decisions about the FTE needed for a sustainable workforce.</p>

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<p>Wellbeing & Safety impacts on employees (including Occupational Violence & aggression implications for employees</p> <p>Where an OHS, safety, wellbeing or OVA is identified, a risk assessment of the potential effects of the changes on health and safety of employees should be undertaken in consultation with HSR's and the proposed mitigation actions which will be implemented to prevent such effects.</p>	<p>On call – after hours roster requires a period of 1700 – 0830 weeknights and weekend commencing 1700 Friday – 0830 Monday shift.</p> <p>Following a call out there is a minimum rest period of 8 hours prior to commencing next rostered shift. As such should a person be called out overnight, this may impact the time they can commence work the next day</p>
<p>Measures to mitigate effects on employees</p> <p>Outline the measures which will be taken to mitigate or avert the effects of the proposed change.</p>	<p>Opportunity to contribute to new position description; model of care and clinical guidelines.</p> <p>Access to EAP (Benestar phone 1300 360 364), your relevant union and/or AWH Safety & Wellbeing for assistance and support</p> <p>Access to debriefing and real-time support through escalation pathway roster and next business day handover</p>
<p>Communication Plan - Notification to affected employees on proposed change.</p> <p>Including notification that any affected employee will have the right to have a representative including a Union Representative or support person.</p>	<p>On call meeting – advise of plans</p> <p>Email from Director Community Care</p> <p>CIS distribution – staff and unions</p> <p>New Position Description development and distribution for review and feedback</p> <p>Feedback sessions to be scheduled or information obtained via email. Group or individual feedback opportunities</p>

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<p>Learning and Development Plan for effected employees</p> <p>Consideration of whether employees will need to be retrained due to the proposed changes?</p>	<p>Support, education and training to build capacity in wider scope of practice. There will be education sessions offered in the lead up to the go live date.</p> <p>Forensic Medical Lead for AWH has been employed.</p> <p>Clinical support/debriefing/handover to be available as per SAS on call process to VAN Service Development Officer or Counselling Services Manager.</p> <p>Access to Education Centre Against Violence (ECAV) training. www.ecav.health.nsw.gov.au</p> <p>Guidelines and training sessions for VAN On-call staff will be implemented prior to service commencing.</p>
<p>Effect of the proposed changes on other AWH services, employees, Departments or locations?</p>	<p>Impact on next day business – minimum time off between shifts, following call out. Currently lost hours of work from one cost centre is covered by SAS cost centre to ensure minimum rest period is maintained.</p> <p>Improved awareness of referral pathways and support to ED staff. Training and education for ED and ACIS staff will be provided.</p> <p>Escalation pathway – roster of senior staff back up on-call to be developed.</p>

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<p>Timeframes and dates for proposed changes</p> <p>In line with the relevant EBA /Award Clause around consultation design a communication timetable not exclusive to:</p> <ol style="list-style-type: none"> 1. Steps 2. Phase 3. Action 4. Timeframe (dates) <p><i>Include any details of staff / union consultation conducted to this date.</i></p>	<ol style="list-style-type: none"> 1. CIS and proposed Position Description finalised 10/8/23 2. Brief re: service proposal completed by 1/5/23. 3. Brief provided to Chief Operations Officer 2/5/23 4. Identification of clinical escalation pathway and discussion re: roster of senior staff. Position Description to be developed and EOI advertised 5. CIS and Position Description provided in writing to affected staff members 25/8/23 6. CIS and Position Description provided to unions by AWH P&C 25/8/23 7. Staff meeting discussion 2/5/23 & 20/6/23 8. Written responses from staff and/or unions to counselling services manager received by 8/9/23 (2 weeks from step 6) 9. Staff consultation meetings to be convened 9/10/23 – 20/10/23 - by counselling services manager & service development officer (7-14 days from step 8. Dates pushed back due to Service Development Officer planned leave) 10. Alternative proposals received from staff and/or unions by 3/11/23 (2 weeks from step 9) 11. Recruitment of Senior escalation point 23//10/23 – 4/11/23 12. Development of project steering group has occurred and 4 weekly meetings commenced 13. Development of education package, delivery of education for expanded role to be completed 13/11/23 – 24/11/23 14. Go live date for pilot project approx. 27/11/23 (3 months) 15. Review of pilot project by approx. mid-March 2024
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Attachments Include any other written material relevant to the reasons for the proposed change (such as consultants reports), excluding material that is Commercial in Confidence or cannot be discussed under privacy legislation.	VAN On-call Position Description draft Clinical Escalation point Position Description draft
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