ACT Government | Canberra Health Services

Model of Care

Child and Adolescent Short Stay Service

September 2023 Version 1.6

1. Table of Contents

Approvals

Position	Name	Signature	Date

Document version history

Version	Issue date	Issued by	Issued to	Reason for issue
V1.3	18/07/2023	Mark Gaukroger	WG	Initial consultation
V 1.4	25/07/2023	Mark Gaukroger	WG	Change of naming of CA – Assessment unit to CA- Short Stay Unit
V1.5	15/08/23	Mark Gaukroger	WG	Inclusion of admission criteria
V.1.6	07/09/23	Mark Gaukroger	ED	Approval for consultation

*Once this document has been approved, please remove the DRAFT watermark.

2. Introduction

This Model of Care (MoC) for Child and Adolescent Short Stay Service (CA-SSS) sets out the evidence-based framework for describing the right care, at the right time, by the right person / team and in the right location across the continuum of care. A clearly defined and articulated MoC helps ensure that all health professionals are 'viewing the same picture', working towards common goals and most importantly evaluating performance on an agreed basis.

This MoC:

- outlines the principles, benefits and elements of care,
- provides the basis for how we deliver evidence-based care to every patient, every day through integrated clinical practice, education and research; and
- contains information of patient/client flows (the areas from where patients enter and exit the service) and service co-ordination, that is the linkages required for seamless patient treatment.

A MoC is a dynamic document and will be updated over time to support new evidence and improved ways of working. Any updates will include relevant change management principles and processes to ensure clear engagement and communication.

This MoC should be stored on the Canberra Health Services (CHS) 'Models of Care' intranet site. It will be reviewed and updated regularly through consultation and the relevant communication.

3. Principles

Our vision and role reflect what we want our health service to stand for, to be known for and to deliver every day. The vision and role are more than just words, they are our promise to each other, to our patients and their families and to the community. We all have a role to play in delivering on this promise:

- Vision: Creating exceptional health care together
- Role: To be a health service that is trusted by our community

Our values together with our vision and role, tell the world what we stand for as an organisation. They reflect who we are now, and what we want to be known for. They capture our commitment to delivering exceptional health care to our community. Our values:

- We are reliable - we always do what we say
- We are progressive - we embrace innovation
- We are respectful - we value everyone
- We are kind - we make everyone feel welcome and safe.

Our Strategic Plan sets out our path forward as an organisation for the next three years. It is values driven—it outlines how we will deliver against our vision of 'creating exceptional health care together' for our consumers, their families, and carers.

Our Partnering with Consumers Framework provides clear principles for a shared understanding of our approach and what is required from all team members for effective partnerships with consumers and carers in line with our organisational values. The principles have been developed in collaboration with our consumer and carer organisations and underpin this Framework.

This MOC will support the Best Start Action Plan by implementing a ***connected and collaborative service system that is strengths based, inclusive, accessible, restorative, therapeutic and works with children in the context of their families. (Best Start Action 3)***

This MOC also supports the intentions outlined in the Draft - Child and Adolescent Clinical Services Plan (act.gov.au), in particular, Objective 3 ***Improve care and services for children requiring local outpatient and community based services.*** "Priority should be given to the immediate establishment of a paediatric Hospital in the Home service and an acute outpatient review clinic." (p9)

4. Benefits to be realised

This model will amalgamate several paediatric services into a Child and Adolescent – Short Stay Service (CA-SSS) that provides short term acute services for children and adolescents into a model that is integrated, coordinated and flexible.

There is a need for increased options for treating children with acute conditions that require medical and nursing interventions who may not require extended stays in hospital. Hospital in the Home (HITH) has been well established as an alternative for the provision of acute care services within a home care setting or HITH unit.

Currently, children who require short term acute care from CHS access services through the emergency department, paediatrics day stay unit, and outpatients' clinics. Children returning from interstate care will also gain access to CA-SSS through one of these services. Neonates have a home-based care program that is capped at three months and very occasionally a child might be referred to CHS Adult HITH program for ongoing care.

This MOC expands the options for the management of children with acute care needs who do not require full time hospitalisation. A hybrid model of care incorporating the Paediatric Day Stay Unit (existing service) a HITH unit (proposed - early implementation) and an Short Stay Unit (<23hrs) (proposed - medium term implementation) would form the unit. This is a shared model of care allowing for flexibility and integration.

Benefits:

- Integrates short term acute services into one integrated model of care
- Provides early exit options for patients presenting to ED
- Provides flexible options for inpatient care
- Reduce inpatient bed pressures
- Provides opportunities for children to be cared for in the environment that suits their individual and clinical needs
- Optimal utilisation of staff skill mix
- Promotes skill expansion and developmental and diverse work opportunities for staff
- Effective and efficient use of existing infrastructure

5. Description of service

The CA-SSS will expand the options for delivery of acute care for children and adolescents.

Initially, the service will provide a Child and Adolescent HITH (CA-HITH)program (Phase 1)(both outreach and clinic based). This program will establish the HITH unit and allow for incremental development of resources, protocols and clinical operations.

In the medium term (Phase 2), the CA-SSS model will deliver a hospital in the home (CA-HITH), a day stay unit (CA-DSU) and a short stay unit (CA-SSU).

The CA- SSS will be located in the existing Centenary Hospital Day Stay Unit and paediatric surgical surge ward which and will have a total of 28 beds. 12CA-DSU beds, 4 CA- HITH clinic beds and 12 CA-Shot Stay unit beds (maximum stay 24 hours).

Admission pathways to the unit include:

Direct – GP – paediatrician ⟹ CA-SSS

ED- ED paediatrician ⟹ CA-SSS

Inpatient Unit ⟹ CA-SSS

PLaNS ⟹ CA-SSS

NAPSS ⟹ CA-SSS

Paediatric Assessment Unit (when operable end of 2023) ⟹ HITH (internal)

Day Stay unit ⟹ HITH (internal) (implemented in Phase 2)

This model will also link into the following services:

* NAPSS – providing a pathway out of the NAPSS if required into ongoing care
* Paediatric Liaison and Navigation Service (PLaNS) – provision of short-term acute care
* WYC Community Health Program for longer term care
* Link Community nursing

The Child and Adolescent - Short Stay Service (CA-SSS) description (brief)

The CA-SSS will provide a broad range of paediatric services.

1. The Child and Adolescent - Day Stay Unit (CA-DSU) will provide both acute care for elective and emergency surgery and a variety of booked and emergency specialised medical procedures, including oncology and immunology services that cannot safely be provided in the home.

2. The Child and Adolescent-HITH unit will provide outreach services to a defined patient cohort. Children with the following conditions will be considered for admission to the CA-SSS - HITH service: (Phase 1)

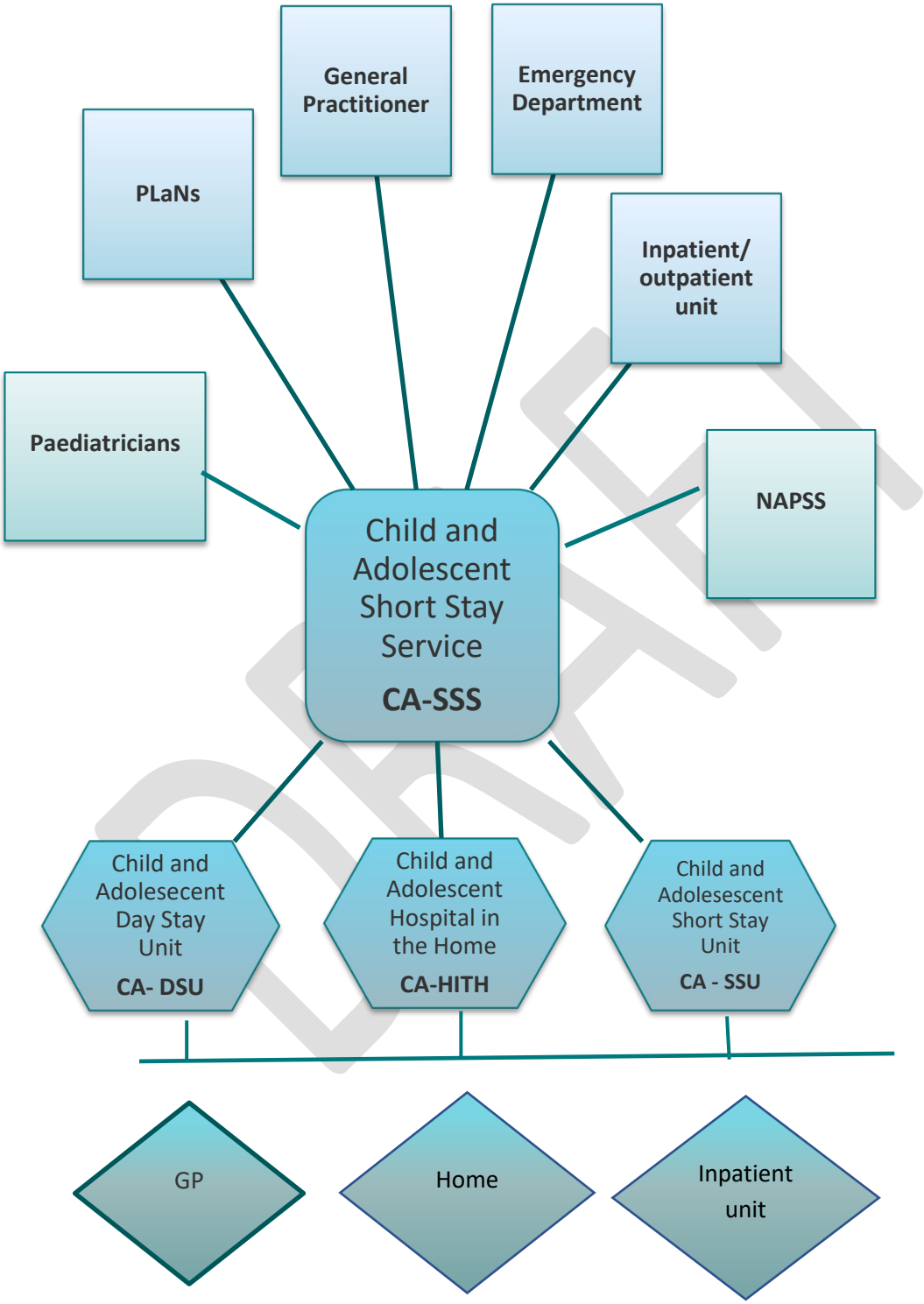
P-HITH eligible conditions
Management of minor skin conditions
Osteomyelitis (Mediation/IVAB administration with CVAD)

Oximetry
Wound dressings, including Burns not requiring medical review
CVAD Care
Medication administration via CVAD/IM/SC within the following criteria: Low risk medications/procedures Maintenance dosing (not including induction) Infusions <60minutes duration
Initial management of Enteral Feeding (post-inpatient admission) NG/NJ TPN Gastrostomy Administration of Factor products via CVAD
Cellulitis
Urinary Tract Infections

* Phase 2 will have an expansion of services offered after a review of the Child and Adolescent Short Stay Service.

3. The Child and Adolescent – Short Stay Unit (CA-SSU) will be staffed 24 hours a day and will provide short term acute care for no greater than (23 hours). If patients require a longer admission, they will be transferred to an inpatient unit.

6. Patient/client journey



Children and adolescents will be admitted into the CA-HITH program who meet the following criteria:

- Approval by an authorising paediatric medical officer
- Is following an expected disease trajectory
- Requires daily or twice daily medication administration or intervention.
- Has a condition (Section 4) and venous access appropriate for care at home (Phase 1 long line or port)
- Lives within the ACT
- Patient agreement to having their treatment provided via the CA-HITH service (or agreement may be via a substitute decision maker)
- Be clinically stable with a Paediatric Early Warning Score (PEWS) < 4, and any one core vital sign to be i a PEWS range of 0-1 respectively. Refer to *Vital Signs and Early Warning Scores Procedure.*

Note: Fever in an otherwise "stable" patient does not necessarily exclude CA-HITH admission

- The patient is self-caring or supported at home for activities of daily living.
- There is mutual recognition of goals of care (parents, child and clinical team)
- The patient or carer can partner in the delivery of care. The patient and/or carershould be able to communicate effectively and follow instructions and know when and how to escalate their care or have a live-in carer who takes this responsibility.
- The patient has access to a reliable landline or mobile telephone.
- For paediatric patients (under 16 years old), a guardian or nominated adult must be available and present during treatment.
- The patient must meet the criteria for admission according to the CHS admission processes.
- Medicare eligibility or a reciprocal agreement. For medicare non-eligible patients – see appropriate CHS policy.
- The patient's place of residence is suitable for the delivery of CA-HITH care (see also exclusions below).

Relative Exclusions

Refers to criteria that require further discussion with the CA-HITH team to decide if the patient may be suitable for the service.

Relative exclusion criteria:

- Travel time between the patient's place of residence and Canberra Hospital (CH) exceeds 45 minutes. The patient may however be able to attend the CA-HITH clinic or Day Stay Unit instead.
- Inability to attend medical reviews at CH. The CA-HITH Consultant or Registrar may provide a medical review at home for some patients. At home medical reviews may be facilitated using Telehealth for some patient. For transport issues consideration will be given to provision of a taxi voucher or other appropriate transport arranged.
- Patients with multiple/unstable co-morbidities are generally not appropriate for CA-HITH, however a discussion should be considered between the referral source and the CA-HITH Team to consider acceptance to the Service.

Absolute Exclusions

Refers to criteria that will make CA-HITH admission unsuitable and other options should be considered.

Absolute exclusion criteria:

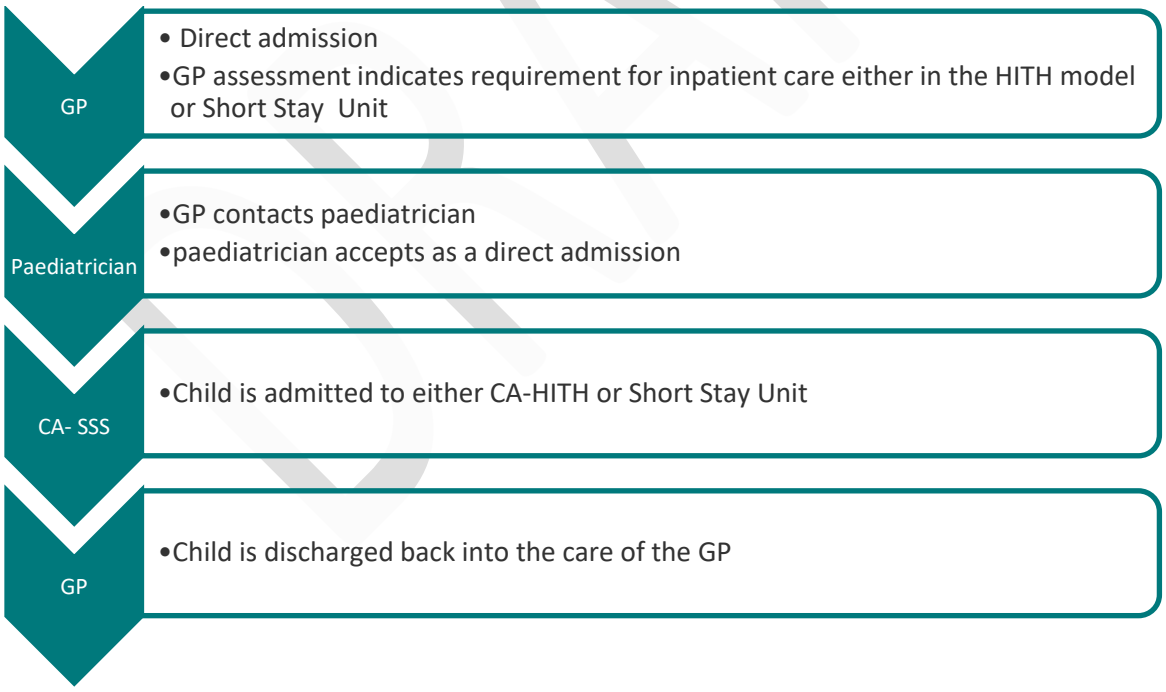
- The patient's place of residence is considered unsafe for a lone health professional and the patient is unable to attend the CH CA-HITH clinic (as an alternative to a home visit), including those patients that have an identified "Behaviour and Safety" alert. Refer to *Alerts Management Procedure* and *Home Visiting Procedure*.

Note: See Attachment 2 "Referral and Consent for Treatment, Hospital in the Home" form for details on the assessment of the safety of an individual patient's home, for the purposes of a staff home visit.

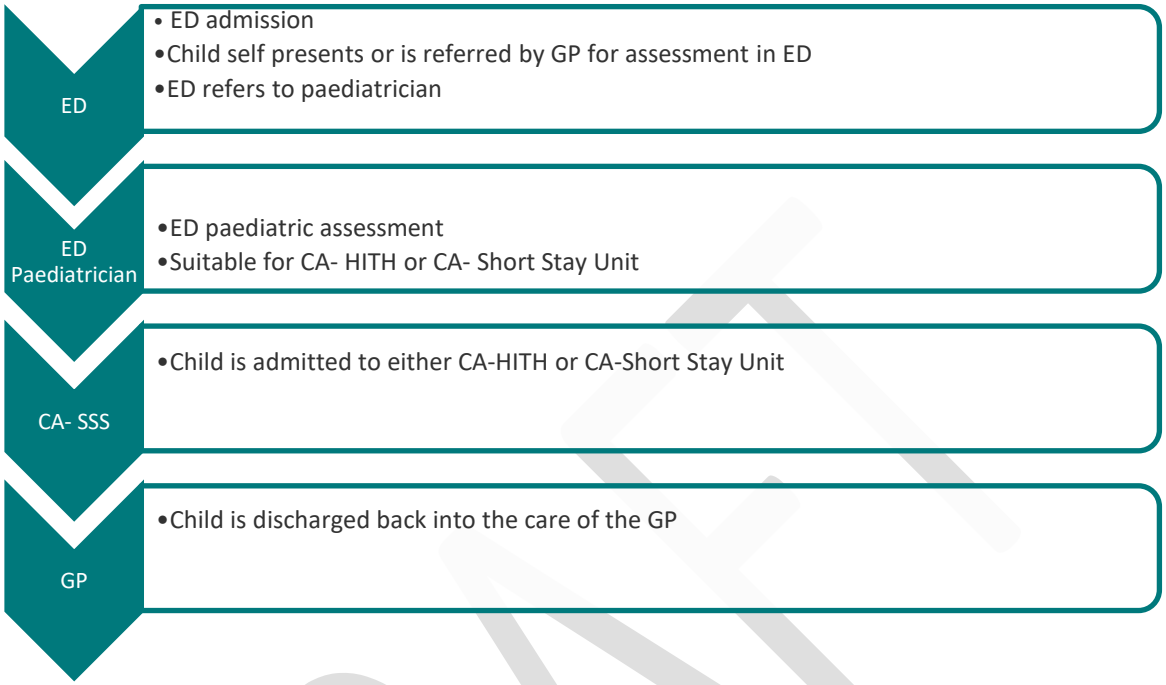
Admission to the CA-SSS service can be through multiple pathways.

Admission pathways to the unit include:

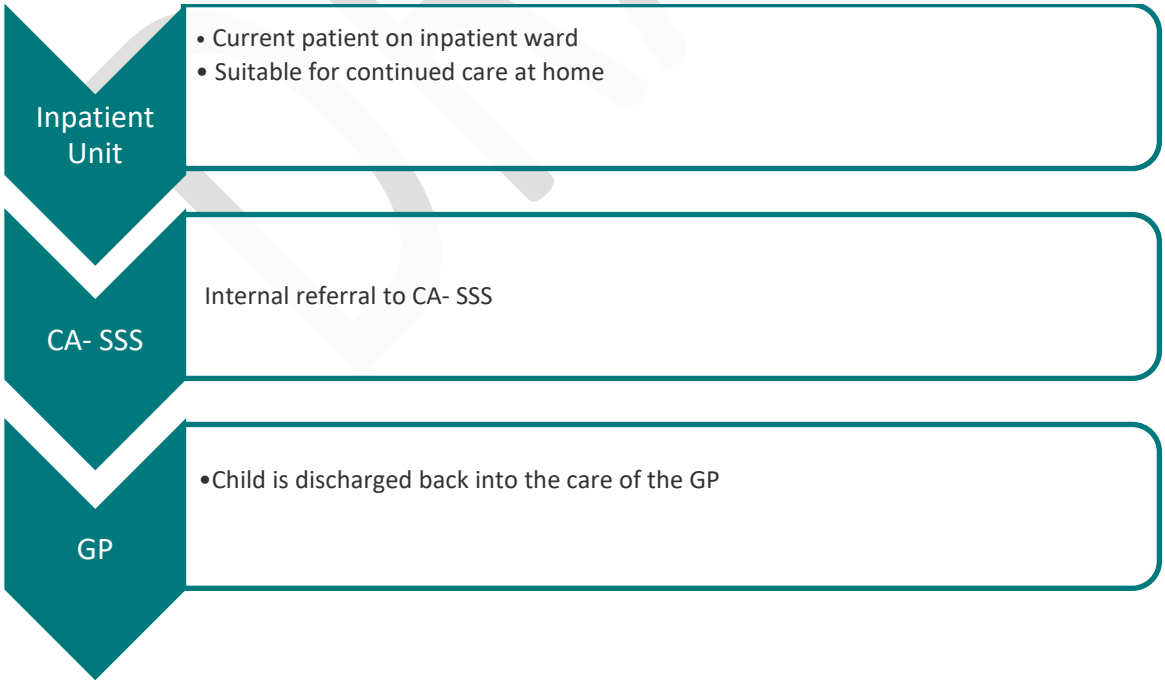
GP – paediatrician ⇒ CA-SSS



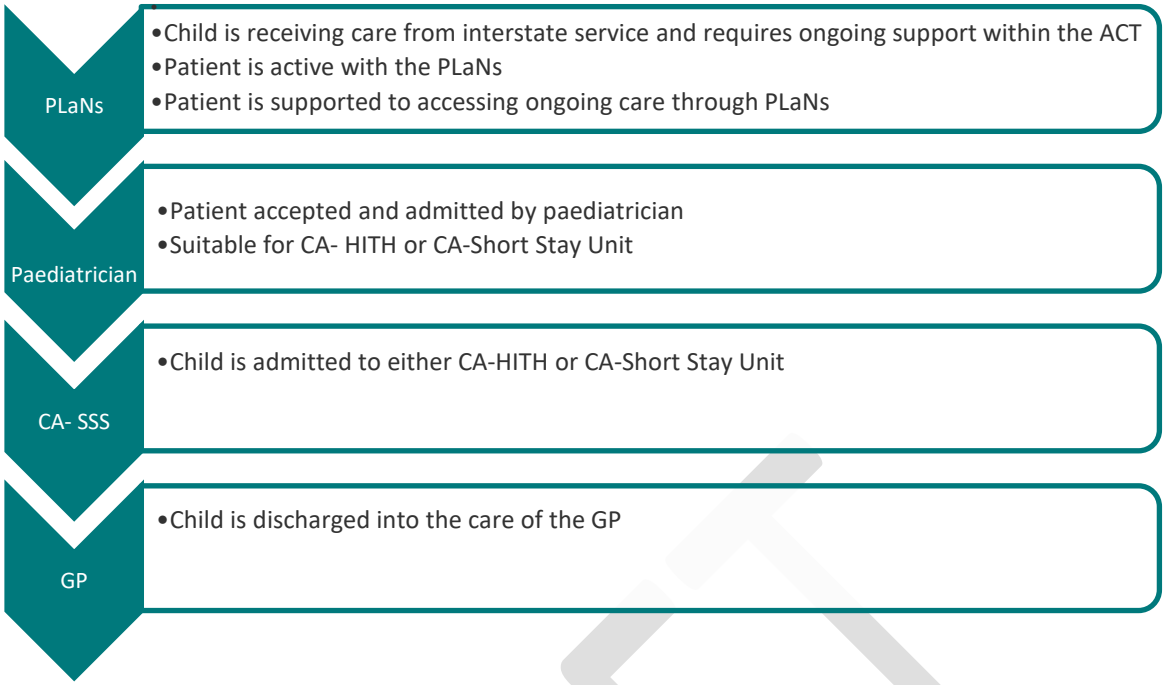
ED- ED paediatrician → CA-SSS



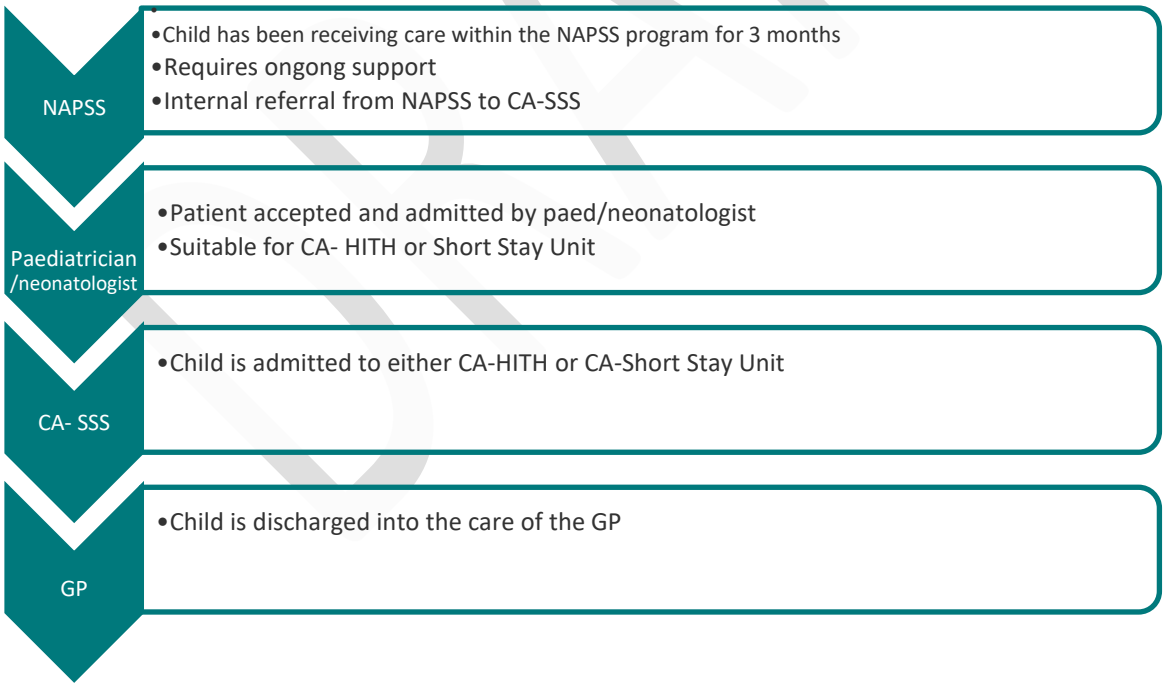
Inpatient Unit - → CA-SSS



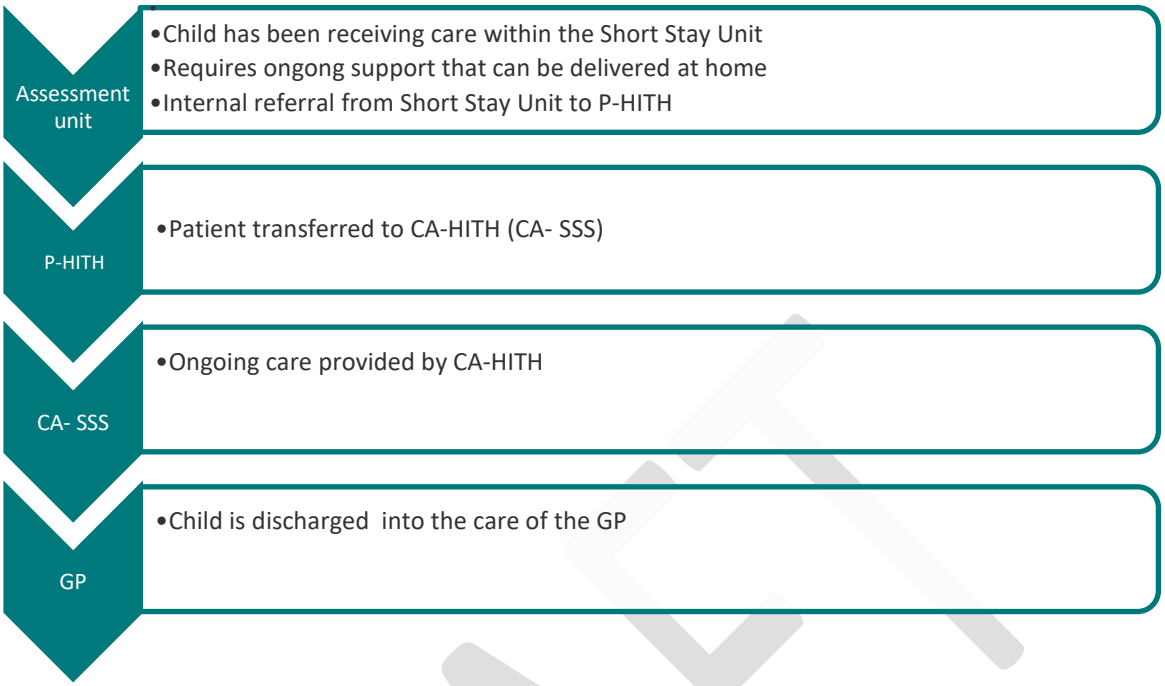
PLaNS → CA-SSS



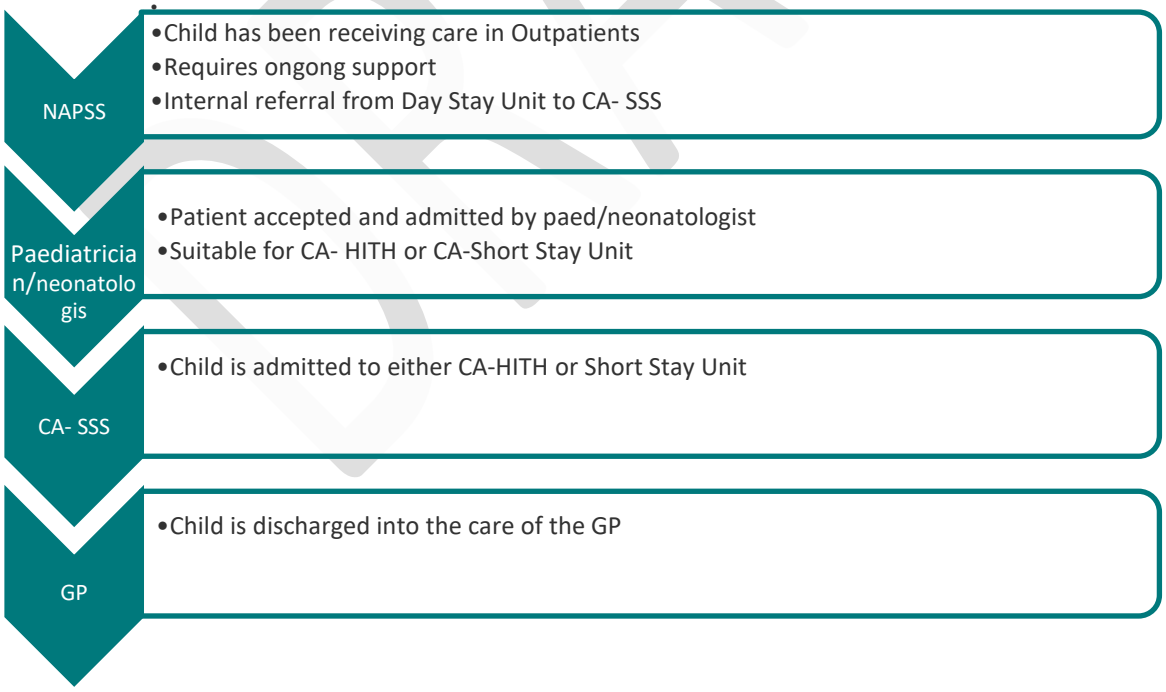
NAPSS → CA-SSS



CA- Short Stay Unit → CA- HITH (internal)



Outpatients → CA-SSS (internal)



This model will also link into the following services:

* WYC Community Health Program for longer term care
* Link Community nursing

7. Interdependencies

The Child and Adolescent– HITH will work closely with Child and Adolescent Day Stay Unit and the proposed Child and Adolescent – Short Stay Unit. The units will share resources and care will be based on shared clinical guidelines and operating procedures. Nursing Staff will be rostered separately for each service and will fall under the manager of the CA-SSS.

The CA-SSS will continue and build relationships with its internal and external partners in providing for the health care needs of children and adolescents – including general practitioners, Sydney Childrens Hospital Network, CHS and Northside Hospital emergency departments, Paediatric Liaison and Navigation Service, Newborn and Parent Support Service, WYC Community Health Programs and Link Community Nursing.

8. Service support

This section describes the services which support the operations of the unit.

- *Bedside Data Entry, Patient Journey Boards and the Electronic Medical Record*

  Clinicians (midwives, doctors, allied health, etc.) have access to computers to enter relevant patient information into the Digital Health Record, order tests, review results of investigations, send outpatient referrals, provide discharge emails (to patient and General Practitioners). This includes a combination of fixed computers located within the staff base and wall-mounted workstations within each patient bay. Staff who provide an outreach service use portable devices, 4G Rovers and 4G laptops to access and input into patient clinical files.

  Patient Digital Journey Boards are located within the staff workstation and provide real-time information regarding the patient's demographic information, location, alerts and transport needs. They are a communication tool designed to increase awareness of a patient's status at any given time and assist with care planning and the discharge process. Nurses are responsible for updating the journey board.

- *Biomedical Equipment Management*

  Biomedical Equipment Management services are provided by Healthcare Technology. The CA-SSS will contain:

- *Communication*

  Staff have access to telephone communications through the internal phone systems and the public via a Distributed Antenna System which provides access to carrier mobile phone networks within the building. The wireless access points will operate for up to 30 minutes in the event of a power failure to provide continued communications during systems failure or a disaster response. Staff providing outreach services will carry mobile phones with them at all times. Duress alarm systems known as the Safe T Card

- *Infection Control*

  CA-SSS will comply with the National Safety and Quality Health Service (NSQHS) Standard on Prevention and Control of Healthcare Infections, CHS policy and procedure and work with the Infection Prevention and Control Unit to minimise the risk of health care related

infection. Processes on the ward will include hand hygiene practices, standard precautions, additional precautions, environmental cleaning, isolation of children with infectious diseases, quarantine of children during pandemics or with listed diseases requiring quarantine, use of negative and positive pressure rooms and management of children with multi-resistant organisms.

- *Food Services*

  A full meal service will not be provided in the CA-SSS. Light snacks, such as sandwiches, and drinks will be available and supplied by CHS food services.

- *Interpreter Services*

  Interpreter services are available to children, their families and their carers through the Translating and Interpreting Service (TIS). The level of maturity of the child when deciding if interpreters should be provided to speak directly to children. Families should not be used for explaining critical procedures and obtaining consent from children who are capable of understanding and providing their own consent.

- *Linen*

  Supplies are delivered by the CHS linen contractor and delivered daily. Clean linen supplies are stored on trolleys in the designated linen bay. The linen supply is restocked by a trolley exchange system. Dirty linen is stored in dirty linen hampers in the dirty utility room. Collection and transfer to a central location for collection occurs daily.

- *Medical Imaging*

  Patients requiring medical imaging investigations will be referred to the medical imaging department.

- Pathology

  Pathology services are provided by the ACT Pathology Service located in the adjacent building. Nurse and medical staff will collect samples and specimens and forward to ACT pathology for processing via the pneumatic tube system.

- *Pharmacy*

  Pharmacy services are provided by the Canberra Hospital Pharmacy Service.

- Medications are administered in CA-SSS. Medication management will be consistent existing policies and guidelines. The CA-SSS will share medications with Day Stay Unit, Paediatric-HITH and Assessment Unit. within a clean utility room. Access to medication storage is controlled and limited to authorised persons.

- *Printer*

  A multifunction printer and a pharmacy printer are located within staff work areas. A multifunction printer is also located within the reception area.

- *Security*

  The CA-SSS location is secured by with swipe access

  Duress buttons within the staff base and reception may be used to activate the centralised hospital duress system.

- *Stores*

  Supplies are provided using an imprest system. Stock levels are monitored by the purchasing and inventory system.

- *Wi-Fi*

  Free Wi-Fi internet and networking access is provided throughout the ward for use by staff and visitors.

- *Waste Management*

  Waste is managed as per the CHS Policy for Waste Management.

9. Workforce

Phase 1: CA-SSS unit (Day Stay unit + HITH)

Role	Level	FTE	Hours (wk)
RN	**2**	**2.42**	**38**
RN	**1**	**2.42**	**38**
Medical	**1x Reg (Day unit and HITH)**	**1.0**	**38**
CNM	RN 3.2 (new position)	1.0	38
CNS	**RN 3.1**	**1.0**	
RN	**RN 2**	**3.39**	**38 – shift M & E**
RN	**RN 1**	**3.39**	**38 – shift M & E**
AH	**HP3**	**0.5 (shared Physio/Nutrition)**	**20**
Paediatrician		**0.6**	**24**
Administration	**ASO 2**	**1.0 (cover Day Stay and HITH)**	**40**

Role	Level	FTE	Hours
CNM	**RN 3.2 (new position)**	**1.0**	**38**
CNS	**RN 3.1**	**1.0**	**38**
RN	**2**	**2.42**	**38**
RN	**1**	**2.42**	**38**
Medical	**2 x Reg**	**1.0**	**38**
RN	**RN 2**	**3.38**	**38 – shift M & E**
RN	**RN 1**	**6.767**	**38 – shift M & E**
AH	**HP3**	**0.5 (shared Physio/Nutrition)**	**20**
Paediatrician		**1.0**	**38**
Administration	**ASO 2**	**1 (cover Day stay and HITH)**	**38**
RN	**RN 2**	**5.498**	**38 – shift M & E & N**
RN	**RN 1**	**8.498**	**38 – shift M & E & N**
EN	**EN**	5.498	38- shift M & E & N
Medical	**Current on call cover**		

The CA-SSS will provide multidisciplinary services for children up to the age of 16 years unless they are a known patient currently receiving care for complex/chronic medical problems and have yet to transition to adult services. The service will initially focus on delivering an outreach and day stay service with the intention that it will grow into also including a Short Stay Unit. These services will increase the acute care options for children within the ACT.

Leadership and governance of CA-SSS

The Clinical Director of Paediatrics and the Assistant Director of Nursing Paediatrics are responsible for the governance of the CA-SSS.

The CA-SSS Clinical Nurse Manager leads the nursing team.

Nursing

Nursing staff are responsible for:

Triaging, assessment and nursing care of children

Referral to the multidisciplinary team as required

As outlined in the table above, registered nurses will be rostered initially on day and evening shifts 7 days per week, extending into 24 hour shifts when the Short Stayunit becomes operational.

A new Clinical Nurse Manager (CNM) position will be implemented. The CNM provides leadership in the planning, coordination and operational day to day management of CA-SSS. The CNM will provide a strong child and adolescent focus and employ advanced problem-solving skills to coordinate the consumers care journey through CA-SSS. The role will report directly to the Assistant Director of Nursing – Paediatrics. The position is a Monday to Friday position. After hours, CA-SSS will be supported by the Paediatric After Hours Clinical Nurse Consultant.

The Clinical Development Nurses to facilitate education and skill development for staff working within the CA-SSS.

Medical staffing

Medical staffing will include:

Weekdays 0800 to 1600 CA-SSS (CA- Day Stay and CA- HITH) will be covered by FTE paediatric registrar. This will increase to 2 registrars and 24 hours cover once Phase 2 is implemented.

Paediatrician cover will be 0.6 FTE for Phase 1 and 1.0 FTE for Phase 2.

After hours support will be provided by the paediatrician on- call

Allied Health

Allied Health services will be provided by the Acute Allied Health service. It is anticipated that physiotherapy and nutrition will be the main services required. Initially 0.5 FTE will be allocated to this service.

Referrals to Allied Health services, will be made by the CA-SSS medical and nursing team as indicated.

Ward Clerk

A Ward Clerk will be located within the CA-SSS reception office. The Ward Clerk's duties will include admitting and discharging children to the unit, general administrative duties for the units and liaison with children and families.

The ward clerk hours of operation will be from 0800-1630 7 days a week.

10. Accreditation and Training

Teaching, training and development opportunities are a vital part of the CA-SSS MoC. Teaching and education include activities undertaken through targeted in-service education, short courses, conferences, university and higher education institutions, the Staff Development Unit and on the ward training.

All staff will be required to complete the mandatory training that is assigned to their position as well as the requirements of their professional bodies as appropriate. Mandatory registration and competencies will be assessed and reported annually.

Multidisciplinary learning and development opportunities are promoted and encouraged. Staff will also be encouraged to complete professional development packages to continue to evolve their skills and knowledge.

Nursing education will be facilitated by a Clinical Development Nurse (CDN) and the Clinical Support Nurse (CSN). Nursing in-service education is provided regularly within the Paediatric Department. Clinical placement for students from universities will also be provided for nursing, allied health and medical students.

11. Implementation

The MoC will be implemented in a phased approach.

Phase 1.

Incorporating a HITH unit into the existing **Child and Adolescent Day Stay Unit** – creating the new entity of the CA- SSS unit. **HITH** activity will be scaled, expanding over time as resourcing and confidence in the service grows. Therefore – the budget requirement for Phase I HITH component will be less. Timeframe = 3-6 months following budget allocation.

Phase 2.

Expanding the CA-SSS unit to incorporate a CA- Short Stay Unit. Located in the current Paediatric Surgical Surge Ward.

Timeframe = 12 -18 months following budget allocation.

This Model of Care will be accessible to all relevant stakeholders via the electronic policy/ guideline register on the ACT Health intranet. Education on the implementation of the Model of Care will be provided at appropriate multidisciplinary education sessions.

The MoC will be reviewed and updated regularly through consultation with all key stakeholders.

12. Monitoring and Evaluation

Monitoring and evaluation of the CA-SSS will occur through a range of mechanisms, including:

CHS's Clinical Governance Structure Committees;

CHS's Rick Management process;

CHS's structures for Morbidity and Mortality (Meetings);

Operational and management performance monitoring processes that indicate effective measures; and

Australian Council of Healthcare Standards (ACHS) against the National Safety AND Quality Health Services (NSQHS) Standards set by the Australian Commission on Safety and Quality in Healthcare (ACSQHC).

Canberra Health Services is committed to using quality and safety data obtained from a range of systems and sources to monitor the safety and quality of care provided and continuously improve the quality of care.

Priority Key Performance Indicators for CA-HITH

CA-HITH Activity:

CA- HITH separations – The number of CA-HITH separations should be measured routinely. The number of patients admitted to CA-HITH as a percentage of the total acute overnight hospital separations indicates the extent to which the service is used.

Occasions of Service-

Home visits: Total number of home visits for the period under review.

Phone Calls: Reporting how many occasions of service CHS provides via phone and how many days this service is provided for.

This KPI will Improve the patient experience through a more flexible and person-centred approach to care, lower cost and release hospital bed capacity, track CA-HITH expansion performance against budget commitment.

Length of stay – Acute patient length of stay is a key driver of hospital costs. It also affects the capacity of the health system in terms of bed availability and costs. Services should aim to minimise the time patients spend in CA-HITH without compromising health outcomes. Services should monitor length of stay against hospital length of stay for the same diagnostic related groups.

Bed days – Bed days are a function of separations and length of stay. The measure may be used to quantify release of physical capacity within a health service for patients who require admitted care.

HITH Percentage readmissions within 28 days: Same DRG – HITH v Hospital Comparable or reduced re-admission rates for the same DRG under CA-HITH care compared to inpatient treatment for the same condition for the period under review.

Numerator - Total number of patients in the CA-HITH program with a readmission to hospital for the same DRG within 28 days for the period under review **excluding same day cases.**

Denominator - Total number of patients managed in the CA-HITH program (all DRGs)

Compared to

Numerator - Total number of patients readmitted to hospital for the same DRG within 28 days of patients with no CA-HITH component **Denominator** - Total acute patients with no CA-HITH component to their episode of care (all DRGs)

Reporting Clinical Incidents– Clinical incident management is a process that allows us to improve the clinical care we provide. We do this by identifying and reporting clinical incidents and near misses on RISKMAN, investigating actual or near-miss incidents, supporting a culture of safety, learning and improvement by understanding how and why incidents occur, implementing changes to assist in reducing the likelihood of the incident reoccurring.

Common incident measures while patients are under CA-HITH care:

Venous/pulmonary embolism and bleeds from anticoagulants: Any significant unexpected change in a patient's condition relating to VTE prophylaxis including embolism and bleeding, should be considered an adverse event, and recorded in RISKMAN.

Pressure areas: All pressure injuries must be reported in RISKMAN and on DHR and reported to the appropriate medical team. This includes pressure injuries present on admission, new pressure injuries, and those that have significantly deteriorated (progressed to the next stage of pressure injury) since admission.

Falls: Some patients are at greater risk of falling, particularly those in rehabilitation and palliative care in the home. Patients flagged as high-risk in DHR or at time of admission to CA-HITH, should have a falls risk management plan. Any reported falls, even if not in the presence of the CA-HITH clinician, should be reported in RISKMAN.

Healthcare acquired infections: Any healthcare associated infections and the transmission of multi-resistant organisms should be documented in DHR. Treating patients in CA-HITH significantly reduces the risk of hospital acquired infections. This measure shows the benefits of treating patients in CA-HITH.

Drug pharmacodynamics and pharmacokinetic events: A large proportion of CA-HITH patients require regular drug level monitoring. Anaphylaxis, severe drug reactions requiring alerts, drug related events such as interactions resulting in hospital admissions/ morbidity for patient must be recorded in RISKMAN. Adverse pharmaceutical events may indicate inadequate monitoring or dosing errors.

Medication/IV fluid errors and near misses: A large proportion of CA-HITH patients receive IV medication. Low IV errors in HITH demonstrate that intravenous care out of hospital is suitable and safe. All medication errors should be recorded as a RISKMAN.

Quality Monitoring and control:

Retrospective review of clinical records (minimum 10 per year) to ensure correct referral and admission process has been followed and present at final CA-HITH team meeting for each calendar year.

Review of CA-HITH patient hospital presentations that occur via the emergency department with presentation of same at bimonthly HITH Morbidity and Mortality meeting.

Review of all CA-HITH patient MET calls with presentation and discussion of same at bimonthly Morbidity and Mortality meeting.

Percentage of CA-HITH patient discharge referral letters written within 48 hours of patient

13. Records management

Following the relevant consultation, this finalised document and any further updates will be electronically stored on the Canberra Health Services intranet site – 'Models of Care', to ensure accessibility for all staff.

14. Model of Care Development Participants

Position	Name
Director of Nursing and Midwifery	Donna Cleary
Assistant Director of Nursing – Paediatrics	Shannon Reakes
Quality Business Partner	Mellissa Gaudry
Innovation and Service Development Manager	Mark Gaukroger
Working Group	