

Model of Service



Family Respite Lounge

June 2022 Version 1.3

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Approvals

Position	Name	Signature	Date
Executive Director Allied Health	Jo Morris	Refer to Executive Minute	01/07/2022

Document version history

Version	Issue date	Issued by	Issued to	Reason for issue
1.1	April 26, 2022	Rebekah Ogilvie, Senior Change Specialist	Jo Morris, Executive Director Allied Health	Initial review
1.1	May 17, 2022	Rebekah Ogilvie, Senior Change Specialist	Social Work User Group	Draft development
1.2	June 2, 2022	Rebekah Ogilvie, Senior Change Specialist	Social Work User Group	Review following feedback collation
1.3	June 26, 2022	Rebekah Ogilvie, Senior Change Specialist	Social Work User Group	Review following ED feedback

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

1. Introduction

This Model of Service (MoS) for the **Family Respite Lounge** within the Canberra Hospital Critical Services Building (CSB) sets out the framework for a new innovation in service delivery for Canberra Health Services.

This MoS:

- outlines the principles, benefits and elements of service provision,
- provides the basis for how we deliver patient support services to every patient, every day through integrated practice and collaboration; and
- contains information of workflows and service co-ordination, that is the linkages required for seamless patient treatment.

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.

2. Service Principle

The intent of the Family Respite Lounge (FRL) is to provide a dedicated space for family and carers who are experiencing an unplanned attendance at the CSB, which is attributed to a critical patient admission.

3. Description of service

The FRL is located on level 4 of the CSB, accessible from the main public lifts and adjacent to the retail cafe and outdoor terrace.

The FRL is a free service, dedicated to family members or carers of those who are critically unwell or injured, who have been admitted to the Emergency Department (ED), require urgent surgery or Intensive Care Unit (ICU) services.

The FRL will be specifically promoted by the ED, Perioperative and ICU services for families and carers who are in distress and are experiencing an unforeseen wait at the hospital whilst the patient's surgical procedure is complete and/or the patient' condition is stabilised. The intention of the FRL is that it provides a safe and private retreat area for persons who would benefit from having access to quiet respite, in close proximity to the patient and treating clinical teams within the first 12 to 24 hours of the patient's admission.

Social Work Consultation Office

The Acute and After-Hours Social Work office is located inside the FRL to promote trauma-informed practice and design, visibility and access to social work.

The FRL is not intended to provide an accommodation solution, it is envisaged that it provides a quiet, calming and sensitive space that support families and carers experiencing a highly stressful and emotional event. Noting that single inpatient bedrooms in the new CHE-CSB have carer overnight accommodation.

The FRL offers the following facilities:

- Quiet zone
- Food storage, preparation, and disposal
- Shower and change rooms
- Pram storage and access to portable cots
- Time/pin code lockers
- Private meeting room (4-6 people)

4. Consumer journey

Access to the FRL will be managed primarily via the and Acute and After Hours Social Worker (SW). It is anticipated that patients whose family meet the below criteria will be initially managed within the ED resuscitation bays. Care pathways within these bays are primaryly driven by large multidisciplinary teams that include a SW. As such, SW workflow will include promotion and orientation to the FRL (see the Family/Carer Pathway). Where the SW are unavailable, the ED Navigator, Nursing Team Leader or After Hours CNC will provide this service. It is important to note that support services such as Security and Cleaning also provide oversight of the FRL (see Service Support).

Access considerations to the FRL may include family members:

- that are distressed;
- live outside of Canberra;
- who do not have private transport to travel between the hospital and their home;
- who arrive at the hospital outside of normal business hours, such as evenings and early mornings.
- with young children.
- with disability and or special needs.
- who are likely to have to endure a prolonged wait at the hospital.

Family/Carer Pathway

Emergency Department pathway				
Patient arrival in ED	 Triage nurse assessed as critical illness or injury Patient moved to the resuscitation bay Trauma Code initiated (trigger for SW attendance) 			
Resuscitation & stabilisation	 Patient requiring life or limb saving treatement Resuscitation bay staff contact NOK to request attendance Resuscitation bay staff request SW attendance (if not a trauma code) 			
Social Worker Consult (in ED)	 SW indroduces self to patient and family/carer Psychological first aid provided Patient moved to operating theatres or ICU 			
Social Worker Consult (cont. in FRL)	 SW (or ED/AH CNC) facilitated physical orientation to the Family Respite Lounge Family Respite Lounge information provided and discussed Access provided for 12 to 24 hours from patient admission 			
MET Call/ICU pathway				
Patient MET Call	MET staff contact NOK to request attendanceMET staff request SW attendance			
Social Worker Consult (on ward)	 SW indroduces self to patient and family/carer Psychological first aid provided Patient moved to ICU (if not already located in ICU) 			
Social Worker Consult (cont. in FRL)	 SW (or ICU) facilitated physical orientation to the Family Respite Lounge Family Respite Lounge information provided and discussed Access provided for 12 to 24 hours from patient admission 			

5. Interdependencies

CHS Social work services play a role in providing in reach services including counselling, accommodation support for persons who reside outside of Canberra. The FRL replaces and bolsters previous ad hoc family respite areas, such as corridors outside ED, perioperative services and ICU.

The role and function of the CHS Volunteer network could also be leveraged to support the operation of the facility during business hours on weekdays.

6. Service support

Security

The FRL will be accessible on a 24/7 basis, with access via a keyless pin code lock. CCTV coverage of the facility will be utilised for monitoring by the CHS Security Operations Centre. Duress buttons are installed to ensure consumer safety and to call for assistance.

Other Services

Other CHS support services required for this facility include:

- Capital Linen for the provision of clean towels and collection of used products.
- ISS for the cleaning roster for the facility.
- Food services for the stocking of long-life products, vending machines and provision of frozen meals.

7. Implementation

Implementation will be led by the Office of the Executive Director of Allied Health, Canberra Health Service. The MoS will be implemented through an ongoing training program for staff working within the CSB areas of ED, Preoperative Services, and ICU. Lead time for this MoS change will be X months prior to 'go live'.

8. Monitoring and Evaluation

CHS completes Clinical Audits aligned to the Partnering with Consumers National Standard in accordance with the CHS Clinical Audit Guideline. Clinical audits are monitored by the Our Care committee and responsibility for analysis and improvement by the clinical divisions. In addition to these audits, evaluation and monitoring of Family Respite Lounge experiences will be achieved by seeking feedback from consumer and carer representatives.

Questions representatives may be asked include:

- 1. Do you feel that our team members providing access to 'The Lounge' understand and respect the consumer and carer perspective and situation?
- 2. Do you feel that the services delivered within 'The Lounge' achieve what they are designed to?

9. Definitions

CHS	Canberra Health Service
CSB	Critical Services Building
ED	Emergency Department
FRL	Family Respite Lounge
ICU	Intensive Care Unit
МоС	Model of Care
MoS	Model of Service
SW	Social Worker

10. References, Policy and Legislation

Frameworks

- CHS Exceptional Care Framework 2020-2023
- CHS Clinical Governance Framework 2020-2023
- CHS Partnering with Consumers Framework 2020-2023
- CHS Corporate plan 2020-2021
- CHS Strategic Plan 2020-2023

Policies & Procedures

- CHS Consumer and Carer Participation
- CHS Consumer Feedback Management
- CHS Consumer Handouts
- ACT Health Violence and Aggression by Patients, Consumers or Visitors: Prevention and Management
- ACT Health Work Health and Safety
- ACT Health Work Health and Safety Management System
- ACT Health Incident Management
- ACT Health Language Services (Interpreters, Multilingual Staff and Translated Materials)
- CHS Clinical Records Management

Legislation

- Human Rights Act 2004
- Charter of Health Care Rights

11. Model of Service Development Participants

Name	Title	Division
Jo Morris	Executive Director Allied Health	Allied Health
Patrice Higgins	Social Work Team Lead	Allied Health
Andrew Slattery	Business Manager Allied Health	Allied Health
Phyo Courtis	Social Worker	Allied Health
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Rebekah Ogilvie	Senior Change Specialist	IHSS
Kate Gorman	Manager, Consumer and Community	Health Care Consumers
	Participation	Association (HCCA)
Monica Stonebridge	Administration Officer	HCCA
Jessica Lamb	Project Officer	HCCA
Ivapene Seiuli	Multicultural Liaison Officer	HCCA
Kamla Brisbane	Consumer Representative	Carers ACT
Bianca Rosetti	Consumer Representative	ACT Mental Health Network
Leah House	Consumer Representative	ACT Aboriginal and Torres
		Strait Islander Elected Body

ACKNOWLEDGMENT OF COUNTRY

Canberra Health Services acknowledges the Traditional Custodians of the land, the Ngunnawal people. Canberra Health Services respects their continuing culture and connections to the land and the unique contributions they make to the life of this area. Canberra Health Services also acknowledges and welcomes Aboriginal and Torres Strait Islander peoples who are part of the community we serve.

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