Central Highlands Rural Health

Audrey Jamieson, Coroner

Coroner's Court of Victoria

Melbourne

Your ref: COR 2018 005655

Dear Ms Jamieson,

Re: Response to Coroner's Investigation into the death of Irene F Curran.

Thank you for the opportunity to respond to your findings into the death of Irene Curran at Hepburn Health – Trentham Aged Care on 9 November 2018.

With respect to the recommendations made, please see our response below.

Please note, and by way of explanation, since amalgmating with Kyneton District Health in December 2019, Hepburn Health Service is now known as Central Highlands Rural Health (CHRH).

Recommendation 1:

With the aim of promoting public health and safety, I recommend Ballarat Health Services reassess their system for ensuring discharge summarues are drafted and sent out to relevant recipients in a timely manner, which I consider to be within the 24 hour period post discharge.

Response 1:

For response by Ballarat Health Services.

Recommendation 2:

With the aim of promoting public health and safety, I recommend Ballarat Health Services extend the importance of completing discharge summaries within a timely manner hospital wide, rather than those solely on orientation.

Response 2:

For response by Ballarat Health Services.

Recommendation 3:

With the aim of promoting public health and safety, I recommend Hepburn Health – Trentham Aged Care discuss concerns relating to patient transfer on public holidays with Ballarat Health Services. Namely that a memorandum of understanding is agreed upon to ensure the health and safety of future patients.

Response 3:

The Coroner's recommendation were implemented on 21 September 2020.

Hepburn Health Services (HHS) has always preferred that transfers from other Health Services occur only within business hours, and not after 14:00 hours on a Friday or the eve of a public holiday, as this could compromise patient care. We also preferred that all available paperwork and documentation, including but not limited to medical histories, medication histories, discharge summaries and approriate clinical handover, be completed prior to accepting a transfer.

On review we have realiseed that whilst this preference was commonly acknowledged and accepted, it had not been formally documented.

These preferences have now been documented ***in CHRH Admission, Transfer and Discharge – Residential Aged Care procedure*** (attachment 1). Key details from this procedure will also be included with any information provided to potential residents.

A Memorandum of Understanding (MOU) with BHS has been drafted, proposed and is in negotiation (attachment 2). This MOU will also be established with other acute Health Services from which transfers are accepted, including but not limited to Bendigo Health.

HHS also acknowledges the absence of policy regarding the transfer of post-operative patients from an acute hospital setting to a Residental Aged Care Facility (RACF) versus the acute wards at the Daylesford or Creswick campuses. Transfer to the acute ward would have ensured a step-down level of care prior to return to the RACF, and may have resulted in earlier recognition and management of Ms Curran's ischaemic bowel.

Recommendation 4:

With the aim of promoting public health and safety, I recommend Hepburn Health – Trentham Aged Care reassess the workings of their iCare® medication management system to ensure there is capability to enter medication prompts in the event that dispensation through a pharmacy is not required.

Response 4:

The Coroner's recommendation were implemented on 21 September 2020.

iCare® Medication Management (iCare®MM) is a module of the iCare® 'clinical, care and medication management solution' used at Trentham Residential Aged Care (TRAC). This is an electronic system that enables staff to administer medication at the point of care via an electronic device.

Trentham Pharmacy is the primary dispensing pharmacy to TRAC and as such, enters and updates prescribed medication into iCare®MM for TRAC.

Nursing staff at TRAC are able to sign for administered medication in iCare®MM however they do not have access to enter or adjust prescriptions, or to document or initiate prompts within the system.

TRAC staff and managers have been involved in a review of TRAC medication management processes and were engaged in identifying strategies to address gaps. As a result, an alternative to documenting prompts directly into iCare®MM was established.

The new process involves nursing staff setting up an 'alert' in the aligned iCare® Clinical/Care system (iCare®). Whilst iCare® and iCare®MM are separate systems, nursing staff access both throughout their shift and are

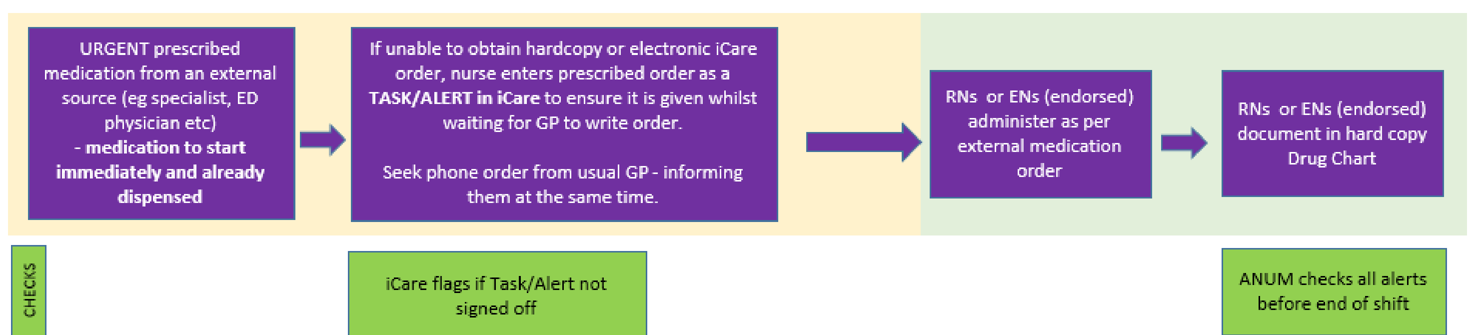
familiar with iCare® alerts reminding them of clinical tasks to complete during their shift. To ensure all tasks are completed as scheduled, a report is generated at the end of each shift by the nurse-in-charge, listing tasks and their status (i.e. completed or overdue). The nurse-in-charge is then responsible for following up any 'overdue' tasks with relevant staff before their shift finishes.

An alert in iCare® for non-iCare®MM medication order including details of when and how to administer (and reference to the original external prescription), aligns well with an existing practice that is proven to be effective.

A medication management flowchart to help guide staff has been developed and incorporated into the *CHRH Medication Management – Residential Aged Care procedure*.

It includes a section (below) on the process for prompting administration of a medication that has been prescribed externally (e.g. by a consultant) AND when the prescription is dispensed externally (i.e. not through Trentham Pharmacy).

Excerpt from *CHRH Medication Management – Residential Aged Care procedure: iCare® Medication Management flow*



This new process has been flagged with all managers at CHRH sites which use iCare®MM for dissemination and education to all staff. Additional education sessions in the using iCare® have also been scheduled and flagged as mandatory training for all staff working in areas which use iCare®.

Kind regards

Sophie Ping

Director of Medical Services
Central Highlands Rural Health

Central Highlands Rural Health

Admission, Transfer and Discharge - Residential Aged Care Procedure

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Definitions and Acronyms

Appendix A – Transfer within CHRH Flowchart

Appendix B – Transfer from external health service to CHRH RAC Flowchart

PURPOSE

The purpose of this procedure is to describe the entry, transfer and discharge processes of permanent and respite residents to and from Central Highlands Rural Health (CHRH) Residential Aged Care (RAC) facilities.

TARGET AUDIENCE and SETTING

Target Audience: Directors of Nursing, Manager Integrated Community Aged Care (ICAC – RACF Waitlist Manager), Aged Care Finance Officers and Nurse Unit Managers and those under their direct supervision.

Setting: This procedure applies to potential, respite and permanent care residents of CHRH Residential Aged Care facilities located at Creswick, Daylesford and Trentham.

PRECAUTIONS

An Aged Care Assessment Service (ACAS) approval is required for Australian Government subsidised aged services under the *Aged Care Act* and includes Residential Aged Care (permanent and/or respite), Home Care or some forms of Flexible Care.

PROCEDURE

1. Pre admission and Admission

A prospective resident must have an Aged Care Assessment completed to confirm eligibility.

1.1 Director of Nursing or delegate:

- Confirm entry with prospective resident or their nominated representative, and arrange day and time of entry;

NOTE: Day and time of admission must be within the following parameters:

- Admission must be between 0700 and 1700 Monday to Thursday, or
- Admission must be between 0700 and 1400 on Fridays.
- No admissions on weekends or public holidays.

1.2 Nurse Unit Manager (NUM) has an important role in coordinating the admission process, and providing support to the resident and their representative throughout the admission process. Key steps:

- Request medical information from resident's (current) treating medical officer;
- Confirm credentialed Medical Officer who has agreed to take on the medical care of the resident;
- Arrange a signed, current Medication Chart to be completed prior to or upon entry. Send Chart to pharmacy for uploading into iCare® Medication Management system;
- Commence and oversee the process of completing documentation related to entering the facility;
- Provide any additional information the resident or their representative requires.

1.3 Ward Clerk

- Notify Aged Care Finance Officer and Manager IAC of date of entry;
- Provide Resident Handbook to resident and/or representative;
- Enter details into electronic documentation software (iCare).

1.4 Aged Care Finance Officer

- Prepare Resident Agreement and Financial Information;
- Be available to answer financial questions they resident and/or their representative may have in relation to Resident Agreement and ongoing fees/charges.

2. Transfer within CHRH acute units and other CHRH residential aged care facilities

Refer to *Appendix A* for *Flowchart*

2.1 Transfer from any of the CHRH acute units and residential aged care facilities must be accepted by the resident's GP **and** the Nurse in Charge of the accepting facility.

Aged Care Finance must be contacted prior to transfer.

The following considerations are to be made prior to the admission or transfer of any resident:

- RAC facility's ability to care for the resident if there is an immediate increase in care needs;
- Changes to medication that cannot be managed immediately on return to facility (eg supply not available).

NOTE: Day and time of admission must be within the following parameters:

- Admission must be between 0700 and 1700 Monday to Thursday, or
- Admission must be between 0700 and 1400 on Fridays.
- No admissions on weekends or public holidays.

If transfer is not accepted by the resident's GP or the nurse in charge, or the parameters are not met, the CHRH service NUM may escalate to a decision maker:

- In hours – Director of Nursing;
- After hours – Executive on Call

2.2 On acceptance of transfer

- Nursing staff from transferring Unit must complete a *Nursing Transfer form* and send to the nurse in charge of the RAC facility
- RAC facility to notify resident's GP of agreed time and date of transfer.

2.3 Prior to transfer (within 24 hours), the transferring service must:

- Fax resident's Medication Chart and Medication Reconciliation form to the receiving RAC facility;
- Send Medical Discharge Summary to receiving facility.

2.4 On day of transfer, the transferring service must

- Contact must be made between transferring facility and receiving facility for an ISBAR handover.
- Documentation to be sent with resident
  - Medical Discharge Summary
  - Nursing Transfer form
  - Medication Chart and Medication Reconciliation, including last dose of medication(s) administered.

3. Transfer to an external health service (hospital) from CHRH RAC facility

3.1 Decision to transfer can be made by the treating doctor and/or the nurse-in-charge.

For **urgent** transfers (including suspected fractures or head injuries), call '000' and request an urgent ambulance.

For **non-urgent** transfers, call AV transport booking officer to arrange transfer

3.2 Notify:

- Where practicable, notify hospital of transfer and provide an ISBAR handover prior to transfer;
- Next of Kin;
- GP (if not already aware).

3.3 Prepare transfer documentation

- Nursing Transfer form
- Relevant iCare® documents
- Copy of Medication Chart, including iCare® record of last dose of medication(s) administered.

3.4 Ward Clerk or nurse in charge to advise Aged Care Finance Officer to record leave dates.

4. Transfer from an external health service to CHRH residential aged care

Refer to *Appendix B* for *Flowchart*

4.1 Transfer from an external health service to a CHRH RAC facility must be accepted by the resident's GP or on-call GP **and** the Nurse in Charge of the accepting facility.

NOTE: Day and time of admission must be within the following parameters:

- Admission must be between 0700 and 1700 Monday to Thursday, or
- Admission must be between 0700 and 1400 on Fridays.
- No admissions on weekends or public holidays.

The following considerations are to be made prior to the admission or transfer of any resident:

- RAC facility's ability to care for the resident if there is an immediate increase in care needs;
- Changes to medication that cannot be managed immediately on return to facility (eg supply not available).

If transfer is not accepted by the resident's GP or the nurse in charge, or the parameters are not met, the CHRH service may escalate to a decision maker

- In hours – Director of Nursing
- After hours – Executive on Call

4.2 On acceptance of transfer, nursing staff from receiving facility must

- complete a *Preadmission Checklist* and follow up on any issues identified.
- RAC facility to notify resident's GP of agreed time and date of transfer.

4.3 Prior to transfer (within 24 hours), the receiving facility's nursing staff should request from the transferring service:

- Fax resident's Medication Chart and Medication Reconciliation form to the receiving RAC facility;
- Medical Discharge Summary if completed.

4.4 On day of transfer:

- Contact must be made between transferring facility and receiving facility for an ISBAR handover.
- Medical staff from transferring service should contact resident's treating GP to provide an ISBAR handover either via phone and/or by faxing a Discharge Summary.
- Documentation to be sent with resident:
  - Medical Discharge Summary
  - Nursing Transfer form
  - Medication Chart / Reconciliation, including last dose of medication(s) administered.

5. Discharge from RAC facility

5.1 To community

- Discuss with resident or representative the process for discharge and refer to community based aged care services where applicable
- Notify Aged Care Finance Officers and Manager ICAC of date of discharge and enter details to electronic documentation software (iCare).
- Complete and send documentation detailing current care requirements, intended care proposal and client requirements, including medications to relevant community support services and update iCare.
- Complete transport arrangements.
- Complete Discharge Summary / Transfer letter.

5.2 Resident initiated discharge from RAC facility

- If expressed wish of resident to discharge from permanent care, ensure competency and inform resident's representative to ascertain discharge arrangements.
- Inform the medical officer and document the discharge process in medical record.

5.3 Facility initiated discharge from RAC facility

All permanent residential aged care is provided on an 'ageing in place' basis. If a resident's care needs change after entry to the service, the Director of Nursing may ask the resident to leave only in accordance with the circumstances and procedures relating to security of tenure, set out in sections 6 and 7 of the *User Rights Principles 2014*.

There are other special circumstances in which the Provider can ask a resident to leave a facility. Ensure these criteria are met and the required process according to legislation is followed prior to discussing discharge with resident or their representative.

RELATED DOCUMENTS

Procedure: Waitlist management for residential aged care

Form: Nursing Transfer
Long term Medication Chart

KEY STANDARDS, GUIDELINES or LEGISLATION

Aged Care Quality Standards 2019 – Standard 8 Organisational Governance

Aged Care User Rights Principles 2014

REFERENCES

ISBAR handover – Standard 6 Communicating for Safety *National Safety and Quality Health Service Standards 2nd edition.*

DEFINITIONS

Term, acronym or abbreviations	Definition
ISBAR	Handover process: Introduction, Situation, Background, Assessment, Recommendation
ISBAR handover	Clinical handover is the effective "transfer of professional responsibility and accountability for some or all aspects of care for a patient, or group of patients, to another person or professional group on a temporary or permanent basis". Clinical Excellence Commission accessed vua 2020

Document Governance	
Executive Sponsor	Executive Director, Clinical Operations
Document Author	Director Quality Safety & Risk
Approving Committee	Clinical Practice Committee – Aged Care
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APPENDIX A Admission, Transfer and Discharge - Residential Aged Care

DECISION PROCESS for **TRANSFER** of residents

Within CHRH Acute Units and other **CHRH Residential Aged Care facilities**

CHRH Acute inpatient ward requests admission or transfer of resident to CHRH RAC facility

Transfer must be accepted by
1. Resident's GP / On call GP
AND
2. RAC Nurse in Charge

Not Accepted → Escalate to Decision Maker:
1. Director of Nursing (in hours)
2. Executive on Call (after hours)

Accepted

Negotiate day, date and time of transfer

NOTE: Must be within the following parametres:

- **Between 0700 & 1700 Monday to Thursday.**
- **Between 0700 & 1400 on Fridays.**
- **No transfers** to be accepted on **weekends or public holidays.**

Agreement within parametres NOT reached → Escalate to Decision Maker

Agreement within parametres reached

Step 1 On acceptance of Transfer	Step 2 Prior to Transfer	Step 3 On day of Transfer	Step 4 Documentation to be sent with patient on Transfer
• CHRH acute ward nursing staff to complete Nursing Transfer form and send to RAC. • CHRH RAC to notify resident's GP of agreed time and date of transfer.	Acute ward must • Fax Medication Chart to RAC facility. • Fax Medication Reconciliation. • Send medical Discharge Summary	• Contact must be made between acute ward and RAC nursing staff for an ISBAR handover.	• Medical Discharge Summary • Nursing Transfer Document • Medication Chart / Reconciliation, including last doses of medication administered.

DECISION PROCESS for **ADMISSION / TRANSFER** of residents

From an **External Health Service (EHS)** **to** a **CHRH Residential Aged Care (RAC) facility**

External Health Service (EHS) requests transfer of patient (admitted or non admitted) to CHRH

Transfer must be accepted by
1. GP / On call GP
AND
2. Nurse in Charge

Not Accepted → Escalate to Decision Maker:
1. Director of Nursing (in hours)
2. Executive on Call (after hours)

Accepted ↓

Negotiate day, date and time of transfer
NOTE: Must be within the following parametres:

- **Between 0700 & 1700 Monday to Thursday.**
- **Between 0700 & 1400 on Fridays**.
- **No transfers** to be accepted on **weekends or public holidays.**

Agreement within parametres NOT reached → Escalate to Decision Maker

Agreement within parametres reached ↓

Step 1 On acceptance of Transfer	Step 2 Prior to Transfer	Step 3 On day of Transfer	Step 4 Documentation to be sent with patient on Transfer
CHRH nursing staff to complete Pre Admission Checklist	EHS must • Fax Medication Chart • Fax Medication Reconciliation (if transferring from ward)	• Contact must be made between EHS and CHRH nursing staff for an ISBAR handover. • EHS medical staff should contact treating GP and provide ISBAR handover either via phone and/or faxing of Discharge Summary.	• Medical Discharge Summary • Nursing Transfer Document • Medication Chart / Reconciliation, including last doses of medication administered.

Central Highlands Rural Health

Attachment 2

MEMORANDUM OF UNDERSTANDING

between

Central Highlands Rural Health (CHRH)

and

Ballarat Health Services (BHS)

1. Purpose of the document

This document constitutes a Memorandum of Understanding (MoU) between Central Highlands Rural Health (CHRH) and Ballarat health Services (BHS) regarding the transfer of patients and or Aged Care residents from BHS to CHRH.

The key objective of the MoU is to establish the arrangements between the parties to:

- Ensure continuity of care of patients and or Aged Care residents
- Ensure the safety of patients and or Aged Care residents

2. Background

Following the death of a CHRH resident who had been transferred from BHS to Trentham Residential Aged Care (TRAC) after a surgical procedure in 2018, the Coroner's Court of Victoria made recommendations that a MoU be established to ensure safe transfer of patients between Health Services.

CHRH includes three (3) Residential Aged Care Facilities (RACFs) at the following geographical locations: Creswick, Daylesford and Trentham. This MoU applies to the transfer of patients and or residents from BHS to all of these CHRH RACFs. This MoU between CHRH and BHS also serves as a template for equivalent MoU's between CHRH and any other Health Services transferring patients and or residents to CHRH from another site.

For the purposes of this MoU, patients and or residents will be referred to as 'patients'.

3. Agreements

CHRH will accept the transfer of patients from BHS when:

- The regular General Practitioner (GP) or GP on-call has accepted the patient AND
- The Nurse in Charge (NIC) of the accepting facility has accepted the patient
- Comprehensive handover to relevant parties regarding the patient's current medical condition and ongoing care requirements has occurred
- A complete and accurate discharge summary relevant to the patient's ongoing care and including changes to medications, is provided to the receiving facility and GP prior to transfer of the patient
- Based on the information provided, the receiving facility is satisfied that safe and appropriate car can be provided to the patient

This information should be provided at least 24 hours prior to the patient being transferred.

CHRH will only accept transfer of patients within the following parameters:

- Admission must be between 0700 and 1700 Monday to Thursday
- Admission must be between 0700 and 1400 on Fridays and the eve of public holidays
- No admissions on weekends or public holidays

Guidelines and parameters for transfer to CHRH are outlined in the attached flowchart.

4. Escalation

If a transfer is not accepted by the GP, GP on-call or NIC, or a transfer is required outside the above list parameters, the request for transfer should be escalated to:

- In hours: the Director of Nursing at the accepting facility
- Out of hours: the Executive on Call

5. Documentation

CHRH and BHS acknowledge that detailed records of discussions regarding patient transfers and the provision of required documentation and information to the accepting facility will be included in the medical record.

6. Related Agreements

This MoU is designed to accompany and complement any other Agreements between CHRH and BHS, and in no way overrides or negates any other agreements between the parties. This MoU does not preclude the rights of either party to engage in other partnerships and alliances.

AGREED BY:

Signed on behalf of: **Central Highlands Rural Health**

by the CHRH representative

Signature: ………………………………………………

Full name: ………………………………………………

Position: ………………………………………………

Date: ………………………………………………

Signed on behalf of: **Ballarat Health Services**

by the BHS representative

Signature: ………………………………………………

Full name: ………………………………………………

Position: ………………………………………………

Date: ………………………………………………