

Observation medicine self-assessment tool

Accessibility

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Victorian Government Department of Human Services, Melbourne Victoria.

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Using the Observation Medicine self-assessment tool

This self assessment tool is intended to assist public hospitals in Victoria to implement the *Observation Medicine Guidelines 2009*. It provides a guide for self-assessment as part of your ongoing quality monitoring processes for observation medicine units (e.g. Short Stay, Medical Assessment and Planning). The self-assessment tool will assist you to identify priority elements for action and a process to facilitate implementation of a service that is well aligned with the guidelines.

Who should use the self-assessment audit tool?

The tool is designed to be used by those responsible for managing observation medicine units; including Short Stay Units (SSU), Medical Assessment and Planning Units (MAPU), paediatric or psychiatric short stay units.

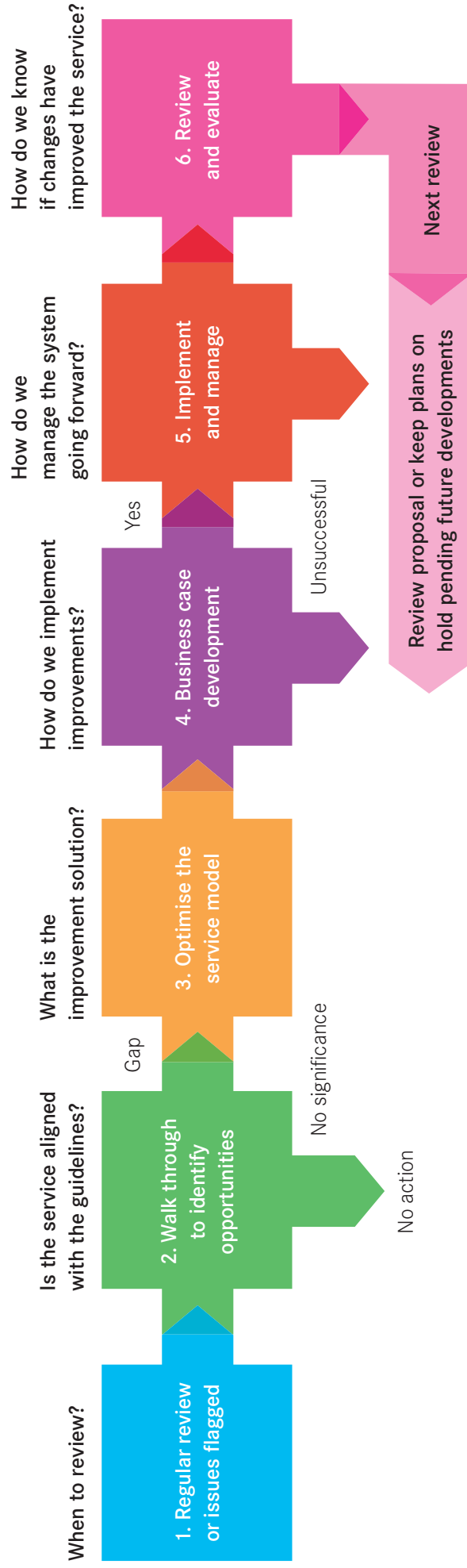
Guidance notes

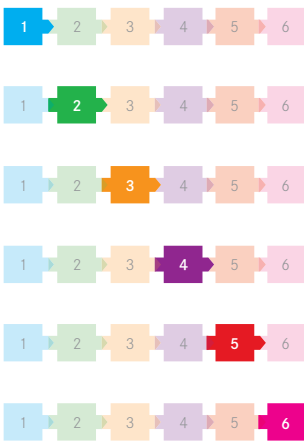
This document is a practical tool to guide hospitals to conduct a self-assessment of each observation medicine unit. It is not intended as a specific prescription for an individual hospital, but rather as a set of principles to be adapted to each unique hospital. It is expected that the findings can be used to inform service improvement, development and planning.

What is Observation Medicine?

Observation medicine delivers intensive short-term assessment, observation or therapy to optimise the early treatment and discharge of selected emergency patients. The model is an alternative to extended stays in hospital EDs and/or the use of multi-day inpatient beds for short-term care. The observation medicine unit is a ward-like setting usually located near an ED or specialty inpatient ward (for example medical, paediatric, psychiatric).

The self-assessment process





1 Regular review and issues flag

The publication of the new *Observation Medicine Guidelines 2009* is an appropriate time to undertake a self-assessment of your service. Other events that may also trigger the need for self-assessment of observation medicine unit/s include:

- redevelopment or relocation of the observation medicine unit
- an increase in the number of patients or change in patient casemix
- patients are spending increased time in the unit or increased length of stay
- feedback from staff that there are opportunities to improve.

2 Walk through

The walk through will examine current facilities, documents and data. What you will need:

- a local assessment team who will conduct the assessment. The ‘walk-through’ can be conducted individually or as a team.
- copies of the self-assessment worksheet for each team member (included over page).

Compare the team reviews with the recommendations outlined in the *Observation Medicine Guidelines 2009* to identify if there are any opportunities for improvement.

3 Optimise the service model

Use the *Observation Medicine Guidelines 2009* to identify opportunities to improve the existing service model. The optimal service model will fully align with the guidelines and deliver the best possible results in terms of patient flow, quality of care, staffing levels and mix, general operations of the unit and cost efficiency. Next, test the identified improvements with the team who completed the assessment. Review or refine if required.

4 Business case

A business case will help to justify any investment required to change the existing observation medicine unit and may be required to assist in prioritising resource allocation. Outcomes from steps 1-3 will largely contribute the business case content. A typical business case may cover limitations of the current system, limitations and costs, gaps between the current system and best practice, expected benefits of proposed solution/s, expected resources required to implement the solution and plans for ongoing management and control, including responsibilities.

5 Implement and manage

To ensure the observation medicine unit continues to deliver high quality patient care and services, devise an action plan that assigns responsibility for management and ongoing maintenance in the future. This plan will include how progress will be monitored, how potential triggers for re-assessment will be monitored and scheduling of future self-assessment.

6 Review and evaluate

Monitor and periodically undertake assessment to measure the effectiveness of the observation medicine unit and evaluate if changes have positively impacted the service.

Guide to the self-assessment process

A self-assessment using the criteria outlined below enables individual hospitals operating observation medicine units to identify how well they are operating against the principles and guidance provided in the *Observation Medicine Guidelines 2009*. The self-assessment supports analysis that can be used as a basis for planning and improvement. In the self-assessment, hospitals can rate themselves against each element of the *Observation Medicine Guidelines 2009*, by summarising evidence to support their rating, identifying any gaps and developing a solution and action plan.

The criteria are not an audit checklist, rather they describe the practices that contribute to the achievement of good practice models of care. Implementation of each element may differ between hospitals. What is important is that hospitals align their services and their practices with the intent of *Observation Medicine Guidelines 2009*.

Using the guidelines and criteria effectively will assist hospitals to:

- self-assess the operation and performance of observation medicine units
- undertake a needs analyses
- identify major areas of achievement
- identify opportunities to improve the quality of care delivered
- identify opportunities for improvement.

If you would like to fill out an electronic version of the self-assessment worksheet it is available at: <www.health.vic.gov.au/emergency>

Self-assessment worksheet 1/4

Name of hospital:		
Information about the Observation Unit SSU <input type="checkbox"/> MAPU <input type="checkbox"/> SPECIALTY <input type="checkbox"/> (Tick one box only)		
Location in the hospital		
Number of beds <ul style="list-style-type: none"> Registered beds (funded) Additional (e.g. increase on registered number, flexible to meet change in demand) 		
Hours of operation		
Daily admissions <ul style="list-style-type: none"> Average length of stay (hours) % destination home (including residential aged care) Top 5 DRGs 		
Staffing EFT <ul style="list-style-type: none"> Medical Nursing Other (eg Allied Health) 	Dedicated	Shared
Information about the self assessment		
Name of person completing self-assessment		
Assessment team members		

Rating	Awareness (A)	Implementation (I)	Evaluation (Eval)	Excellence (Exc)	Leadership (L)
Assessment Criteria	The organisation has an awareness and knowledge of the responsibilities and systems that need to be implemented but has only basic systems in place.	Has implemented the systems, but there is little or no monitoring of outcomes or efforts for continuous improvement.	Each element is achieved and efficient systems are in place. Data are collected and evaluation occurs to ensure the unit works effectively and efficiently. Methods of improvement are in place	Performance is benchmarked against other organisations. Research and/or advanced implementation strategies and/or excellent outcomes are achieved	Can demonstrate outstanding performance and is a peer leader.

Self-assessment worksheet 2/4

Guidelines	Self-assessment						Gap identification	Action/Solution
	N/A	A	I	Eval	Exc	L		
1 Planning								
1.1 Vision statement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
1.2 Operational protocols	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
1.3 Clinical protocols	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
1.4 Policy manual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
1.5 Quality improvement program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2 Leadership								
2.1 Clinical leaders participate in strategic and operational issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2.2 Medical (clinical) responsibility lies with most appropriate specialty unit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2.3 Management of operational policies in place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2.4 Escalation plan for rapid issue resolution has executive support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3 Service Parameters								
3.1 Number of beds meets demand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3.2 Specialty beds to meet specific local demand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3.3 Unit staff are trained in rapid assessment and decision making for patient group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3.4 Specialist staff are available in specialty unit/s	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3.5 There is access to senior clinicians to review patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

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Self-assessment worksheet 3/4

Guidelines	Self-assessment						Gap identification	Action/Solution
	N/A	A	I	Eval	Exc	L		
3.6 Frequent (>daily) consultant/ senior registrar ward rounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3.7 Service level agreements exist with hospital frequently used specialities/services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4 Facilities and Equipment								
4.1 Unit is located in a distinct geographic area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4.2 Unit is located near (or co-location) with ED or specialty unit?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4.3 Beds are quarantined	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4.4 Unit is close or has prioritised and accessible investigative facilities (pathology, radiology)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4.5 Ward facilities available (Hospital bed, privacy, bathroom, storage for personal belongings)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4.6 Environment is designed to meet needs of specific patient population (e.g. mental health, paediatric)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
5 Model of Care								
5.1 Criteria used to predict suitability early in hospital care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
5.2 Targets high volume/rapid discharge conditions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
5.3 Inclusion and exclusion criteria for admission	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
5.4 Patient meets admission criteria	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
5.5 Streamlined admission procedures (administrative/clinical)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

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Self-assessment worksheet 4/4

Guidelines	Self-assessment						Gap identification	Action/Solution
	N/A	A	I	Eval	Exc	L		
5.6 Escalation processes to manage length of stay (<24-48 hours)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
5.7 Patient care pathways for managing clinical conditions (evidence based)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
5.8 Support by a multidisciplinary care team	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
5.9 Streamlined discharge/transfer procedures (administrative and clinical)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
5.10 Discharge criteria	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
5.11 Statements of operational responsibility for patient movement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
6 Quality Improvement								
6.1 Measure/ monitor of patient experiences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
6.2 Monitoring KPI's include: <ul style="list-style-type: none"> Length of stay (<24-48 hours) Departure destination 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
6.3 Outcome measures used to monitor performance and change over time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
6.4 Regular review cycle in relation to operational protocols	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

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