



ACT
Government

**Canberra Health
Services**

Model of Service



Family Respite
Lounge

Aug 2022 Version 1.4

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Approvals

Position	Name	Signature	Date
Executive Director Allied Health	Jo Morris	Refer to Executive Minute – Approval for Consultation	01/07/2022
Executive Director Allied Health	Jo Morris	Refer to Executive Minute – Final Approval for Publication	30/08/2022

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 and Consumer Reference Group	Review following user group feedback collation
1.3	June 26, 2022	Rebekah Ogilvie, Senior Change Specialist	Social Work User Group	Review following Executive feedback collation
1.4	Aug 29, 2022	Rebekah Ogilvie, Senior Change Specialist	Jo Morris, Executive Director Allied Health	Review following external consultation feedback collation

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 (CHS).

This MoS provides the basis for how we deliver patient support services to every patient, carer and family, every day through integrated practice and collaboration.

Aimed at Executive and Senior Management within CHS, the MoS describes:

- the overarching mission of the service area
- operational principles, including information on expected consumer journeys (the areas from where consumers enter and exit the service) and service co-ordination
- performance measures that enable efficiency and safety throughout the system of care.

This document is not intended to provide specific details regarding day-to-day activities associated with the MoS. This detail sits within operational manuals, policies, procedures, and guidelines, which are developed and approved via the CHS Policy Committee.

Consumer and carer perspectives bring different and important dimensions to what constitutes safe and quality health care. It is through partnering with consumers and carers, and listening to and learning from them, that it is possible for health services to deliver quality, safe health care. Our goal is exceptional consumer experience through partnership, which we achieve by working with consumer and carer organisations in planning, design, delivery, monitoring, and evaluation of this service. Consumer guiding principles set out in the CHS Partnering with Consumers Framework provide the foundation for this model of care.

Following the relevant consultation, this document and any further updates will be electronically stored on the CHS 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 via the Emergency Department, or an acute inpatient deterioration requiring Intensive Care and/or Perioperative Services.

3. Description of service

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, carers and loved ones of those who are critically unwell or injured, who have been admitted to the Emergency Department (ED), require urgent surgery or who have been admitted to the Intensive Care Unit (ICU) services during their inpatient stay.

Available to families 24 hours per day, seven days per week, the lounge will be specifically promoted by 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's 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 (or acute deterioration).

This space is not accommodation, but a space for long waits of up to 24 hours. CHS staff may need to address the length of people's use of the space from time to time and endeavour to support people in a sensitive and flexible way depending on their needs. At this time, families will be provided options available to them.

Social Work Consultation Office

Within the FRL, the Acute and After-Hours Social Work team and Aboriginal Liaison team have a dedicated private work area to promote trauma-informed practice, visibility and access. The area has 'hot-desk' functionality, as well as the ability to accommodate up to 6 people for private consultation and discussion. Consumers accessing the FRL will be able to request meetings with both SW and ALO staff either in person, or via the Canberra hospital switchboard.

The FRL is not intended to provide an accommodation solution for families, carers and loved ones. It is envisaged that the lounge provides a quiet, calming and sensitive space that support those experiencing a highly stressful and emotional event.

The FRL offers the following facilities:

- Quiet zones
- Spaces to rest, gather and work
- Food storage, preparation, and disposal
- Shower and change rooms
- Pram storage and access to portable cots
- Time/pin code lockers
- Private meeting room within the SW designated space (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 primarily 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 and Loved One 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 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 during the initial 24 hours of admission to ED, or ICU.

Aboriginal and Torres Strait Islander Families

The Wamburrang Room is a dedicated space for Aboriginal and Torres Strait Islander patients and their families as a 'respite' and meeting area. This area can be used for large family meetings with hospital staff or as a 'drop in area' where families can make a cuppa and run into other members of the community. This area is available to families and patients over the entirety of their CHS stay.

The FRL offers all families, including Aboriginal and Torres Strait Islander peoples 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. For families who identify as Aboriginal and Torres Strait Islander, the SW team will refer those seeking emotional, social and cultural support vis the Aboriginal and Torres Strait Islander Liaison Service as part of the FRL orientation process.

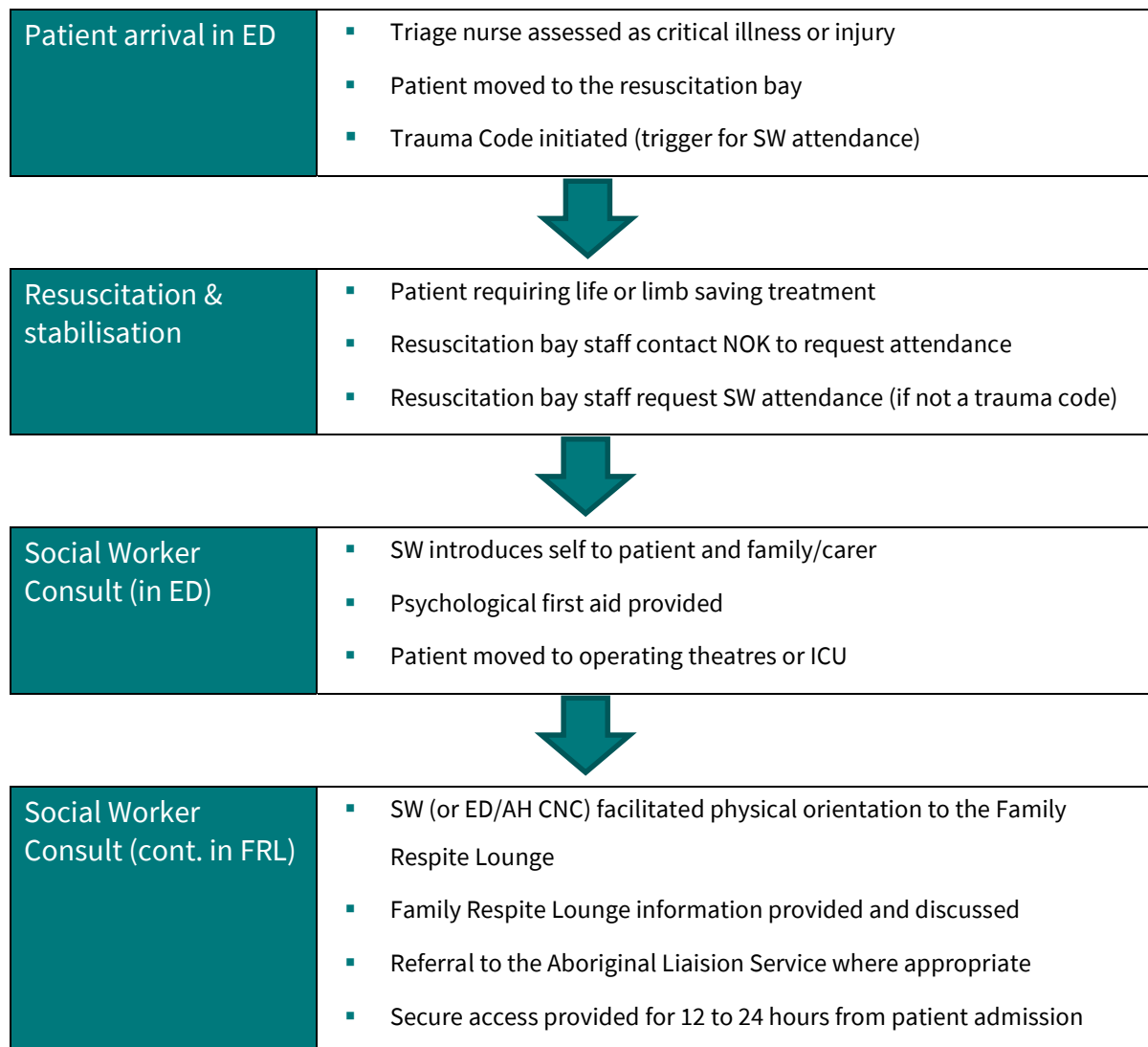
Families with Disability and Special Needs

Within the FRL, accessible toilet and bathroom facilities are provided. Furniture selection will also involve consumer representation and needs assessment to ensure the area is accessible to all.

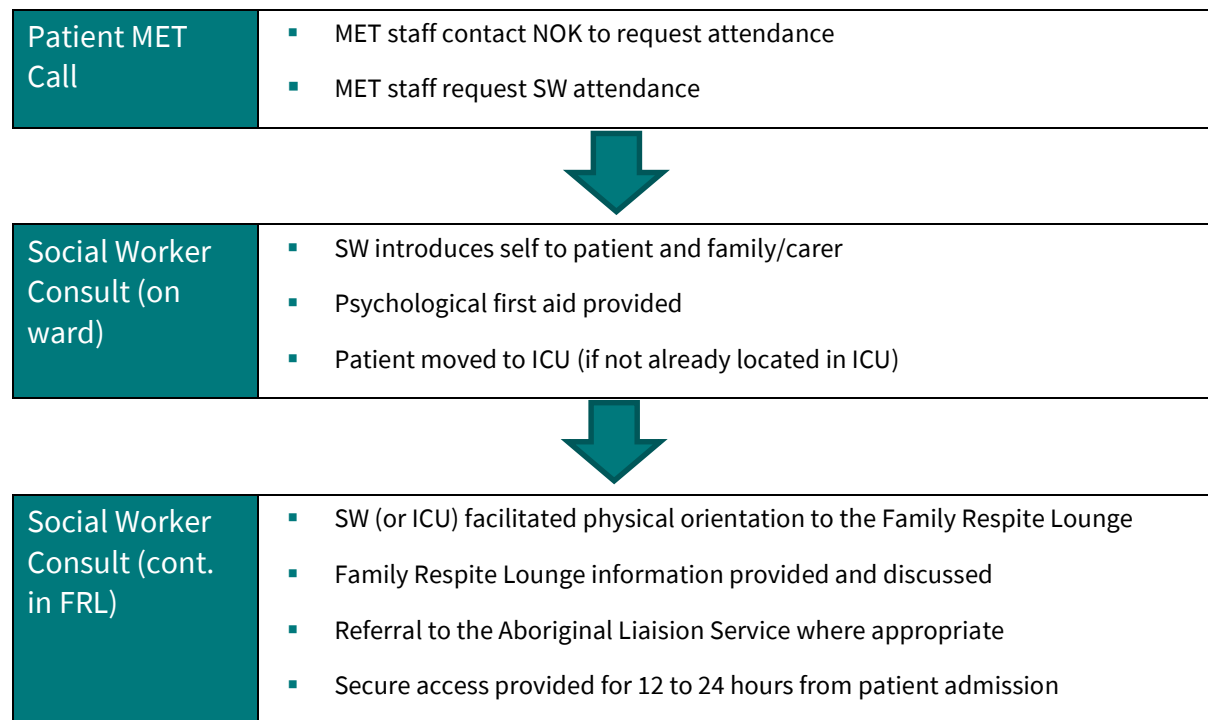
Family, Carer and Loved One Pathways

Access to the FRL is facilitated one of two ways.

Via the Emergency Department



Via the ICU or MET Call



5. Interdependencies

Social Work

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.

Volunteer services

The role and function of the CHS Volunteer network may also be leveraged to support the operation of the facility when they are available (during business hours on weekdays).

Spiritual Support

For those seeking support from CHS Spiritual Support Services, access information will be provided within the FRL to facilitate this. In addition, CHS also offers a space for multi-denominational prayer and reflection that is open 24 hours in Building 3, Level 2. Universal, inclusive and inviting sacred or reflection spaces meet the need of people of all faiths and philosophies, showing respect to all by using appropriate artwork or symbols.

Residential Accommodation

For those that live in a regional and rural area, CHS Residential Accommodation Services provides short-term accommodation for eligible patients. This includes outpatients and carers and family members of inpatients. The accommodation is in Building 9 of Canberra Hospital and offers 12 apartments, each having two individual twin bedrooms with shared kitchens, bathrooms and laundries between two rooms.

Neonatal Respite

The Family Respite Lounge will primarily service family members and carers of patients in the Critical Services Building, who are experiencing major trauma or life-threatening event. CHS recognises that other families accessing our Neonatal Intensive Care Unit (NICU) services also experience significant distress. The NICU is located in the Centenary Hospital for Women and Children (CHWC) which has dedicated respite facilities for parents and carers of admitted neonates and babies. This includes a quiet area for families to rest, as well as dedicated palliative care rooms with an ensuite that enables families and their babies to be accommodated together.

6. Service Support

Security

The FRL will be accessible on a 24/7 basis. Access control will primarily rely upon the Electronic Access Control System (EACS). EACS will be linked to the Security Management System (SMS) and will be monitored from the security control point in the Security Operations Centre (SOC). Closed circuit television (CCTV) coverage of the facility will also be utilised for monitoring by the CHS Security Operations Centre. Duress buttons are installed within the lounge to ensure consumer safety and to call for assistance.

Smoke Free Environment

CHS is a smoke-free environment. Smoking and vaping exposes bystanders to nicotine and known carcinogens and may trigger asthma symptoms in vulnerable people. There is no safe level of exposure to environmental tobacco smoke, therefore smoking products, including e-cigarettes, herbal products or personal vaporisers are not permitted at any ACT Government owned and leased sites, facilities or vehicles at any time without exception.

CHS Security Officers are responsible for informing all people on CHS sites or facilities of their responsibility to comply with the Smoke Free Environment Policy and not smoke on-site. When caring for family members who identify as a smoker all health professionals have a fundamental responsibility to offer support for smoking cessation. This includes asking patients about their smoking status at every visit in every health care setting.

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, Perioperative Services, and ICU, as well as support staff facilitating the day-to-day operations of the lounge. Lead time for this MoS change will be three months prior to 'go live'.

Utilisation and access will be audited three months following implementation, and where there is over or under utilisation, MoS inclusions and access policy documents will be reviewed and updated to ensure this important resource is adaptive to community need.

8. Monitoring and Evaluation

Consumer feedback includes complaints, compliments and comments. All feedback provides valuable insight into the provision of health care from the perspective of those who use services provided by CHS. CHS feedback forms and collection boxes are located throughout the hospitals and community-based facilities.

CHS also 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 FRL experiences will be achieved by seeking direct feedback from families, carers and loved ones who have accessed the lounge.

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. Did the lounge help you to manage your needs (and/or your family's needs) around the admission of your loved one?
3. In what way did it help you?
4. Were you provided with information about other services you may need?
5. What other services did you receive information about or help accessing?
6. How could this area of the hospital better meet family's needs?

9. Definitions & Terms

The following are definitions of terms, abbreviations and acronyms used in this document.

Acronym	Definition
CCTV	Closed Circuit Television
CHS	Canberra Health Service
CHWC	Centenary Hospital for Women and Children
CNC	Clinical Nurse Consultant
CSB	Critical Services Building
EACS	Electronic Access Control System
ED	Emergency Department
FRL	Family Respite Lounge
ICU	Intensive Care Unit
MET	Medical Emergency Team
MoC	Model of Care
MoS	Model of Service
NICU	Neonatal Intensive Care Unit
NOK	Next of Kin

NSW	New South Wales
SMS	Security Management System
SOC	Security Operations Centre
SW	Social Work

Term	Definition
Guideline	Aimed at CHS staff, guidelines detail the recommended practice to be followed by staff but allow some discretion or autonomy in its implementation or use. Guidelines are written when more than one option is available under a given set of circumstances, and the appropriate action requires a judgement decision. Guidelines may also be used when the supporting evidence for one or other course of action is ambiguous.
Model of Service	Aimed at Executive and Senior Management, the Model of Service describes overarching mission of a service area, operational principles, and performance measures.
Next of Kin	Patient nominated next of kin include biological family relations of any degree, but also family of choice who may not be biologically related, carers or loved ones such as friends.
Policy	Aimed at CHS staff, policy documents are an overarching, organisational wide directive about how staff are to act in defined circumstances or regarding a particular situation. Policies are documents based on legislation, Standards, regulations and/or ACT Government requirements and compliance is mandatory. A policy is often, but not always, supported by a procedure or guideline.
Procedure	Aimed at CHS staff, procedures details specific methods or actions staff must undertake to complete required processes within CHS. Procedures inform staff about how to complete clinical or administrative actions consistently across the organisation. The actions are evidence based and informed by staff who are subject matter experts. Non-compliance with a clinical procedure must be clearly documented in the patient's clinical record.

Psychological first aid	Psychological first aid involves humane, supportive and practical assistance for people who are distressed, in ways that respect their dignity, culture and abilities.
Trauma	Trauma is defined by the impact that an experience has had on the individual rather than by the event itself. Trauma may be physical and/or psychological.
Trauma informed care	Trauma-informed care is based on the understanding that trauma may be a factor for people in distress, the impact of trauma may be lifelong, and that trauma can impact the person, their emotions and relationships with others.

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
- CHS Protective Security – Security Design for Facilities

Legislation

- Human Rights Act 2004
- Charter of Health Care Rights
- Workplace Privacy Act 2011

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
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Misty Purdy	Social Worker	Allied Health
Katheryn Kimsey	Social Worker	Allied Health
Cate Parry	Social Worker	Allied Health
Samuel Philip	Social Worker	Allied Health
Rebekah Ogilvie	Senior Change Specialist	IHSS
Kate Gorman	Manager, Consumer and Community Participation	Health Care Consumers 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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