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in safe hands  
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# ACC&R

## Community Based health Services

- Community Care Team
- Community Visitors Scheme
- Aged care Assessment Team
- Home Based Therapy Team
- Day Centres
- Dementia Support Services
- Dementia Advisory Services
- Chronic Care Program

## Inpatient wards

- 14 aged care awards across the district

## Discharge Services

- ComPacks
- TACP

## Outpatient Services

- Day Therapy services
- Clinics:
  - Falls
  - Geriatrics



WESTERN SYDNEY LHD

NORTHERN SYDNEY LHD

GPs

Service Providers

Clients/carers

SOUTH WESTERN SYDNEY LHD

SOUTH EASTERN SYDNEY LHD



| Local Government Areas | SLHD Hospitals and Other Facilities            |
|------------------------|--|
| Ashfield               | <b>1</b> Balmain Hospital                      |
| Burwood                | <b>2</b> Canterbury Hospital                   |
| Canada Bay             | <b>3</b> Concord Centre for Mental Health      |
| Canterbury             | <b>4</b> Concord Repatriation General Hospital |
| City of Sydney         | <b>5</b> Dame Eadith Walker                    |
| Leichhardt             | <b>6</b> Royal Prince Alfred Hospital          |
| Marrickville           | <b>7</b> Sydney Dental Hospital                |
| Strathfield            | <b>8</b> Thomas Walker (Rivendell)             |
|                        | <b>9</b> Tresillian Family Care Centres        |
|                        | <b>Major Community Health Centres</b>          |
|                        | <b>10</b> Camperdown                           |
|                        | <b>11</b> Canterbury                           |
|                        | <b>12</b> Croydon                              |
|                        | <b>13</b> Marrickville                         |
|                        | <b>14</b> Redfern                              |



# Where's the integration?



- CEC Executive Clinical Leadership Program in 2013/14.
- (CEC) - presentation on in safe Hands
- Programs designed for in-patients not rolled out to community health services
- CEC - “lets fix that”

# In Safe Hands

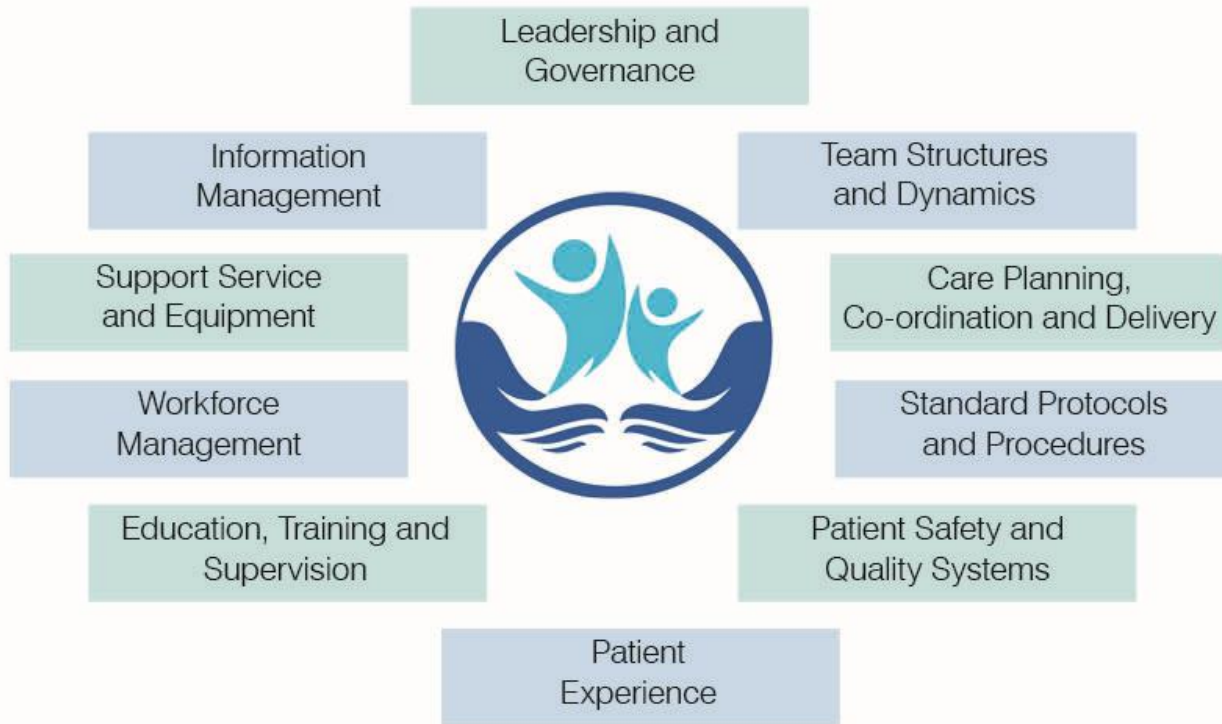
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- The 'In Safe Hands' program aims to build and sustain effective health care teams. It is designed to give health care teams the structure and tools to redesign their units into strong, interdisciplinary teams that work together to deliver highly reliable, planned care to all patients.



# In Safe Hands

## Ten Functions of In Safe Hands



# Issues identified by In Safe Hands

All issues that can  
impact on  
community clients



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# Our 'where to from here' moment...



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# Clinical Microsystems

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*The quality and value of care produced by a large health system can be no better than the services generated by the small systems of which it is composed.*

Quality By Design – A Microsystems Approach Nelson, Batalden, et al



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# SIBR

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- Structured Interdisciplinary Bedside Rounds (SIBR) is one component of the In Safe Hands program. SIBR is a process where nursing, medical and allied health professionals involved in the care of the patient meet together daily with the patient and family to discuss the patient's care.



# SIBR

- SIBR has been shown to:
  - improve patient safety
  - improve communication
  - promote a patient centred approach to care
  - develop and improve team structures

Beneficial to  
the  
community  
setting



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## Interteam Multidisciplinary Ambulatory Structured Handover



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# Adapted to iMASH

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- Interteam Multidisciplinary Ambulatory Structured Handover (iMASH) was created in August 2014, in partnership with Aged, Chronic Care & Rehabilitation (ACC&R) and the Clinical Excellence Commission (CEC), by utilising the 'In Safe Hands' program, and modifying the Structured Interdisciplinary Bedside Round (SIBR) model to become more community focused.



# Aims of iMASH

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- The development of iMASH aims to:
  - enhance client care via increased communication and multi-team care planning across ACC&R teams
  - improve employee job satisfaction via increased collaboration and working relationships
  - monitor client outcomes via achievement of client-centred goals
  - reduce re-presentation of clients to hospital
  - monitor the outcome of the safety checklist



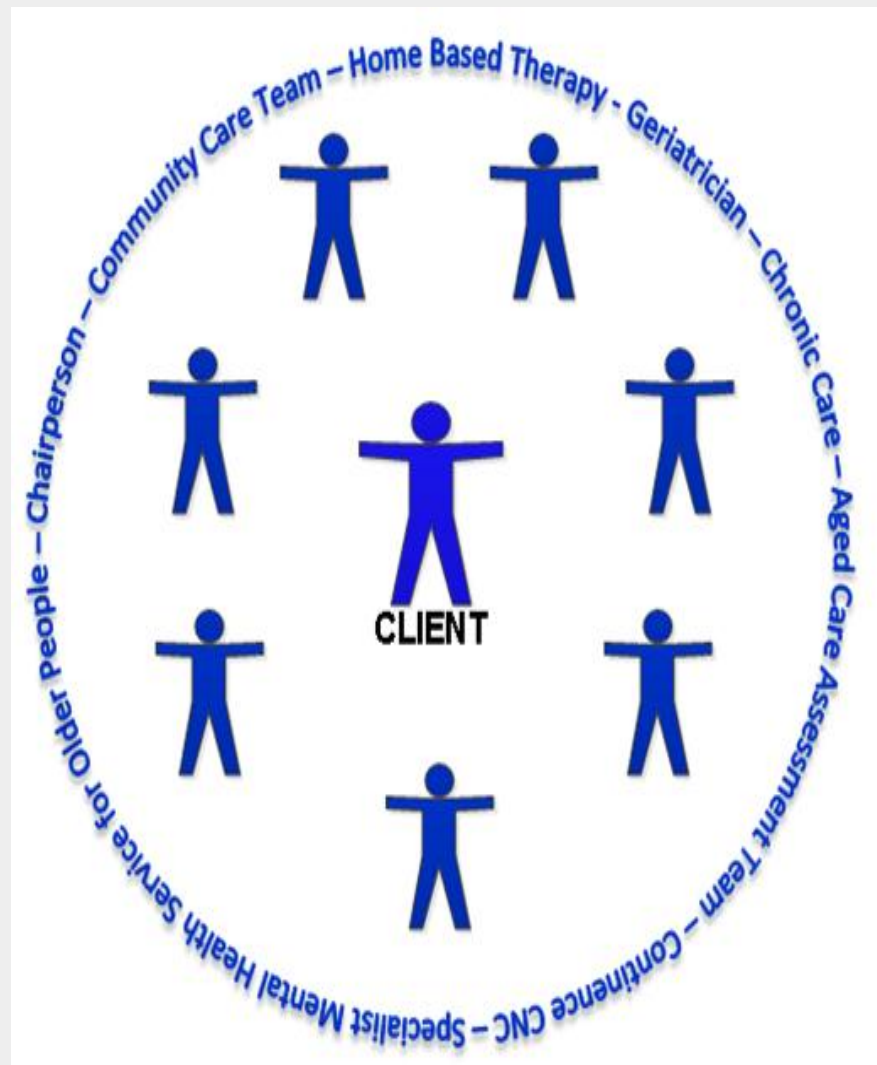
# Initial Trial Meeting



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- Client Eligibility

- Unclear care plan and need for interteam multidisciplinary case discussion
- Complex psychosocial/functional/medical issues
- Client of an ACC&R team participating in iMASH
- Identified reason for need to discuss at iMASH
- Multiple current ACC&R team involvement or possible need for interteam intervention





# iMASH nomination template

Dear Chairperson,

My name is \_\_\_\_\_ and I work with \_\_\_\_\_ as  
a/an \_\_\_\_\_.

I would like to discuss \_\_\_\_\_ (MRN: \_\_\_\_\_) at iMASH for the  
following reason/s:

- 
- 
- 
- 

The teams and clinicians currently involved in (client's) care are:

- 
- 
- 

The client's goal is:

- 

Please let me know if you require more information and if my client has been selected for  
the next iMASH meeting.

Yours sincerely,

\_\_\_\_\_



# iMASH: Ground Rules

i

iMASH for each client ends only after the care plan is completed

The iMASH form is completed in real time during iMASH

M

Mutual respect is required and opinions of members are valued



All members are punctual and prepared to discuss their clients

S

Suitable clients are selected and appropriate members are informed of their need to participate in iMASH

H

Have all members follow the communication protocol



# iMASH: Roles and Responsibilities



Members

- All members follow the iMASH ground rules
- All members arrive to iMASH on time and are prepared to discuss their client
- All members aim to work towards achieving goals set out during iMASH
- All members must follow the script
- All members must notify Chairperson if they will be attending iMASH

# iMISH: Communication Protocol

I

## **INTRODUCTION**

- The Chairperson introduces client via Name, MRN and age.
- Staff introduce themselves via Name, Role and Team

S

B

## **SUMMARY & BACKGROUND**

- The Key Worker states the client's current medical history and summarises active psychosocial/functional background using script

A

## **ASSESSMENT**

- Update current status (Allied health/Nursing/ Medical input) using script

### **Client Safety Checklist Completed**

1. Suicide Risk Assessment?
2. Non-Response Plan?
3. Care Plan with SMART Goals?
4. Consent Form Signed?
5. Medication review Required?

R

## **REVIEW**

- Summarise care for plan

# iMASH: Script

**I**

Client name, MRN,  
The Key Worker is....  
Who else is involved?  

---

The reason I have identified (client) to be discussed at iMASH is:

**S**  
**B**

Current medical issues impacting on (client's) wellbeing are:  
Psychosocial issues impacting on (client's) wellbeing are:  
Functional issue impacting on (client's) wellbeing are:  
The interventions I have undertaken are:  
The interventions I plan on undertaking are:

**A**

Update from the different teams. Please use script on right hand side  
  
**Client Safety Checklist**  
1. Suicide Risk Assessment?  
2. Non-Response Plan?  
3. Care Plan with SMART Goals?  
4. Consent Form Signed?  
5. Medication review Required?

**R**

The patient goal is:  
  
The identified action plan is:

  
Chairperson

  
Client

  
Key worker

  
HBT OT/PT/DT/SP

-The OT/PT/DT/SP issues I have identified are:  
-The OT/PT/DT/SP interventions I have undertaken are:  
-The OT/PT/DT/SP interventions I plan on undertaking are:

  
ACAT Assessor

-The issues I identified during my assessment include:  
-(client) was approved for the following care:-I have referred, or will refer, (client) to the following services:

  
CCT CM

-The issues I identified during my assessment include:  
-The CM interventions I have undertaken are:  
-The CM interventions I plan on undertaking are:

  
Continence Nurse

-The continence issues I identified during my assessment include:  
-The continence interventions I have undertaken are:  
The continence interventions I plan on undertaking are:

  
Chronic Care GM

-The issues I identified during my assessment include:  
-The interventions I have undertaken are:  
-The interventions I plan on undertaking are:

  
SMHSOP GM

The mental health issues I identified during my assessment include:  
The mental health interventions I have undertaken are:  
The mental health interventions I plan on undertaking are:

  
Geriatrician

The medical issues I can identify are:  
The recommendations I would make are:

Completes "Script data entry" into measurement tool  
Completes iMASH form in real time

  
Scribe

  
Navigator

Navigates Cerner



## Inter-team Multidisciplinary Ambulatory Structured Handover (iMASH) Form

Affix identification label

Date:

Time:

**Team Members Present:** CCT Care Manager  HBT OT  HBT PT  HBT SP  HBT DT   
ACAT Assessor  Chronic Care CM  SMHSOP CM  Geriatrician  Contingence CNC

Key Worker:

Chairperson:

Scribe:

Identified need for iMASH inclusion:

Summary of current medical issues (include Chronic diseases, falls, pre cognition):

Summary of active psychosocial/functional issues :

Team Interventions :

**Completed  
by Key  
Worker  
prior to  
iMASH**

|                         |  |  |   |  |   |
|-------------------------|--|--|---|--|---|
| Client Goal             | Actions needed to support client goal  |  |   |  |   |
| Action plan             |  |  | Time Frame  | Person Responsible   |   |
| 1.                      |  |  |   |  |   |
| 2.                      |  |  |   |  |   |
| 3.                      |  |  |   |  |   |
| 4.                      |  |  |   |  |   |
| 5.                      |  |  |   |  |   |
| Client Safety checklist | 6. Suicide Risk <u>Ax</u><br>Yes <input type="checkbox"/><br>No <input type="checkbox"/> | 7. Non-Response Plan<br>Yes <input type="checkbox"/> No <input type="checkbox"/> | 8. Care plan with SMART goals<br>Yes <input type="checkbox"/> No <input type="checkbox"/> | 9. Signed consent form<br>Yes <input type="checkbox"/> No <input type="checkbox"/> | 10. Medication review required?<br>Yes <input type="checkbox"/> No <input type="checkbox"/> |
|                         | Action Plan:   |  |   |  |   |
|                         |  |  | Review Date:  |  |   |

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Designation: \_\_\_\_\_





## Inter-team Multidisciplinary Ambulatory Structured Handover (iMASH) Review Form

**Date:**

**Time:**

**Team Members Present:** CCT Care Manager  HBT OT  HBT PT  HBT SP  HBT DT   
ACAT Assessor  Chronic Care CM  SMHSOP CM  Geriatrician  Contenance CNC

Key Worker:

Chairperson:

Scribe:

Date of last iMASH :

Update on current medical issues:

Update on Psychosocial/functional issues:

**Completed by  
Key Worker prior  
to iMASH**



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| Previous Action Plan | Achieved?<br>Y/N | Outcome |
|----------------------|------------------|---------|
| 1.                   |                  |         |
| 2.                   |                  |         |
| 3.                   |                  |         |
| 4.                   |                  |         |
| 5.                   |                  |         |

| Current Client Goal                             | Achieved?<br>Y/N                      | Outcome    |
|---|---------------------------------------|------------|
|   |                                       |            |
| Actions needed to support client goal           | Actions needed if goal not achieved:  |            |
| Updated Client Goal (if previous Goal achieved) | Actions needed to support client goal |            |
| Updated Action Plan:                            |                                       | Time Frame |
| 1.  |                                       |            |
| 2.  |                                       |            |
| 3.  |                                       |            |
| 4.  |                                       |            |
| 5.  |                                       |            |

Review date:

# iMASH: Measurement Tool

| Chairperson Data Entry |     |                |           |            |   |  |   |
|------------------------|-----|----------------|-----------|------------|---|--|---|
| Client name            | MRN | Teams involved | Clinician | Key Worker | Number of presentations to hospital pre iMASH | Number of presentations to hospital post iMASH | Date of most recent hospital presentation |
|                        |     |                |           |            |   |  |   |
|                        |     |                |           |            |   |  |   |

| Scribe Data Entry               |  |   |   |                                    |                              |                                       |                                |                             |
|---------------------------------|--|---|---|------------------------------------|------------------------------|---------------------------------------|--------------------------------|-----------------------------|
| Length of time client discussed | Re-Referrals to same service within 3 months | Number of goals achieved from iMASH care plan | Number of referrals to other services after iMASH | Client Safety Checklist            |                              |                                       |                                |                             |
|                                 |  |   |   | Suicide Risk Assessment Completed? | Non-response plan completed? | Care Plan with SMART goals completed? | Consent form signed by client? | Medication review required? |
|                                 |  |   |   |                                    |                              |                                       |                                |                             |
|                                 |  |   |   |                                    |                              |                                       |                                |                             |



# Feedback from participants

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## Positives

- Interteam multidisciplinary involvement.
- Medical viewpoint
- Clear, structured guidelines to the meeting

## What we need to work on

- Pre-planning
- Streamlining
- Efficient communication improvement
- Enablement focus/goal planning
- technology



# Feedback from Pre-iMASH Job Satisfaction Survey

- 48 people undertook survey (low response rate)
- Overall, majority of feedback was positive
- Of the low satisfaction responses
  - TCH: 10 participants **15/430 (3.5%)**
  - RPAH: 13 participants **57/559 (10%)**
  - CRGH: 21 participants **137/903 (15%)**
- Need to undertake Post-iMASH survey



# Future direction



# iM SH: Stakeholder Chart



**Community Services**



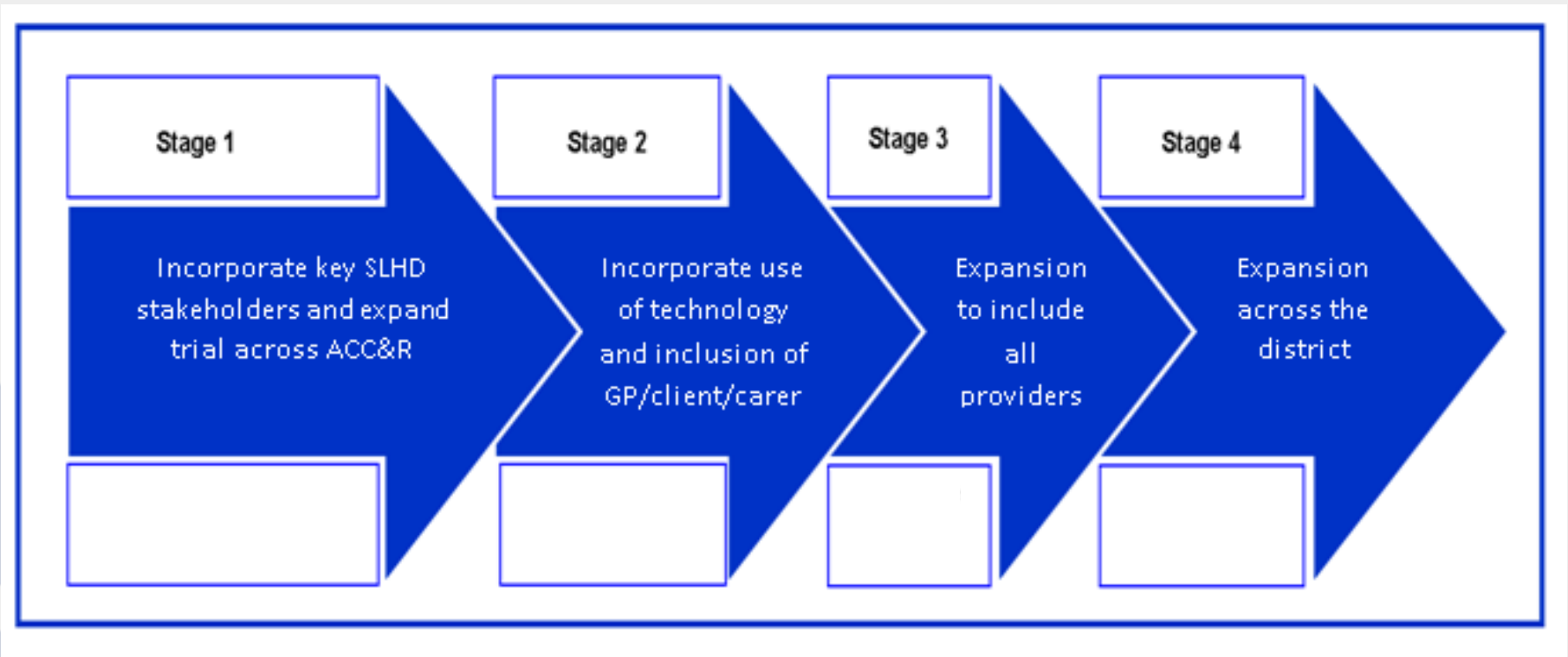
**Carer & Family**

**GP**

**Hospital**

**CLIENT**

# Plan ahead



# Challenges



Embracing  
Change





# Acknowledgements

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- Wilson Yeung and John Sammut (CEC)
- Elizabeth Ramsay and Julie-Ann O’Keeffe (ACC&R)
- Those that have participated in iMASH



# Thank-you and Questions?

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