

Guideline for the Development of Corporate Units Of Care

1. Potential Corporate UOC identified by Clinical Standards (Excelcare) Subcommittee

- The Clinical Standards Subcommittee is to determine UOC's for review/development. Impetus for review may originate from clinical indicator, clinical incident reporting, practice development or in a strategic pattern of common unit of care review.
- A listing of potential groupings of Corporate UOC's is to be developed by the Chair of the Clinical Standards Subcommittee in consultation with the Joanna Briggs Institute, Safety and Quality, and the Clinical Standards Subcommittee twice per annum.
- The listing will be circulated to each member of the Clinical Standards Subcommittee.
- Each System Coordinator member of the Clinical Standards Subcommittee will nominate a group of Corporate UOC's from the listing to review and provide an expected date of completion (within a maximum timeframe of 6 months). It is anticipated that this review will complement the review process within each health unit.
- For each selected UOC from the listing for review, each health unit is to provide a copy of:
 - UOC Standards Manual,
 - UOC O/I Detail and
 - Procedure if applicable.(Note: The procedure is to be used by the Clinical Standards Subcommittee Reviewer, where applicable, as a guide in the development of the Corporate Standards. It is not the role of the Clinical Standards Subcommittee Reviewer to develop Corporate Procedures, however, recommendations for procedural review at health units where evidence supports change may be made in the UOC Review Report.)

2. Joanna Briggs Institute is to provide a literature search for each of the UOC's for review.

3. The Clinical Standards Subcommittee reviewer is to critically reflect on current practice and ensure that a literature search is undertaken to determine Best Practice (evidence).

Refer to the NHMRC guidelines:

The NH&MRC Circa 1998 Guidelines were selected as a framework to rank evidence of clinical effectiveness as opposed to the current NH&MRC recommendations, based on the inclusion of clinical expertise as a level of evidence.

Recommended by the NHMRC (Circa 1998).

Level I

Evidence obtained from a systematic review of all relevant randomised controlled trials.

Level II

Evidence obtained from at least one properly designed randomised controlled trial.

Level III.1

Evidence obtained from well designed controlled trials without randomisation.

Level III.2

Evidence obtained from well designed cohort or case control analytic studies preferably from more than one center or research group.

Level III.3

Evidence obtained from multiple time series with or without the intervention. Dramatic results in uncontrolled experiments.

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Level IV

Opinion of respected authorities, based on clinical experience, descriptive studies, or reports of expert committees.

- If a Corporate UOC development is determined by the Clinical Standards Subcommittee reviewer to be unachievable, then the following is to be documented and displayed on the DHS website:
 - statement why the process was abandoned and
 - evidence to support the abandonment of the process.
- Corporate UOC' s are to be reviewed every three years or when practice changes.

4. The Clinical Standards Subcommittee reviewer is to develop the Corporate UOC

- Corporate UOC Title to be in the following format;
GENERIC, SPECIFIC, FREQUENCY
- Language used is to address issues such as:
 - use of abbreviations;
 - use generic medication names rather than trade names; and
 - use of product names.
- The Process Standard and the Outcome Standard of the Corporate UOC should be measurable with the ability to audit clinical practice.
- Level of Evidence is determined and documented. If no Level of Evidence is available then consensus of current practice is to be used.
- The range, mode (the value of the variable having the greatest frequency) and mean (average) of the UOC timing will be calculated from the existing health unit UOC's. This information is to be provided on the Corporate UOC Template and the Corporate UOC Review Report.
- Times and frequency associated with UOC are to be reviewed and managed according to the "ExcelCare Timing Definitions and Methodology" document; and a recommendation made to the Clinical Standards Subcommittee.
- Recommendations for procedural review at health units where evidence supports change are identified and documented in the UOC Review Report.
- The Corporate UOC is to detail both the date of endorsement and the next review date.
- The Clinical Standards Subcommittee Reviewer is to submit the draft Corporate UOC (Refer Corporate UOC Template) and UOC Review Report (Refer to UOC Review Template) to the Chair, Clinical Standards Subcommittee.

5. Draft UOC to be submitted to Clinical Standards (Excelcare) Subcommittee and circulated to Health Units for comment

- Following submission to the Chair, Clinical Standards Subcommittee, the Clinical Standards Subcommittee Reviewer is to table the draft Corporate UOC(s) and the UOC Review Report to the Clinical Standards Subcommittee for discussion.
- The draft Corporate UOC(s) is distributed for comment to clinicians at each health unit (refer to the Operational Issues Associated with ExcelCare, Agreed to by the Department of Human Services and ANF Oct 2002). Consumer review is sought where possible. The Director of Nursing at each health unit will be notified via letter of the draft UOC for distribution. Clinician comments are to be forwarded to the Clinical Standards Subcommittee.
- The draft UOC will remain as a standing agenda item for feedback and discussion, with a turnaround time of 8 weeks.
- The Clinical Standards Subcommittee may recommend that the Clinical Standards Subcommittee Reviewer action feedback and recommendations made by health units, at which point the above process is repeated with the second draft of the Corporate UOC.

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6. UOC Endorsed

Final draft Corporate UOC (with supporting UOC Review Report) to be tabled for endorsement by:

- Clinical Standards Subcommittee
- Nursing Information Systems Advisory Committee
- Metropolitan and Remote and Rural Directors of Nursing forums

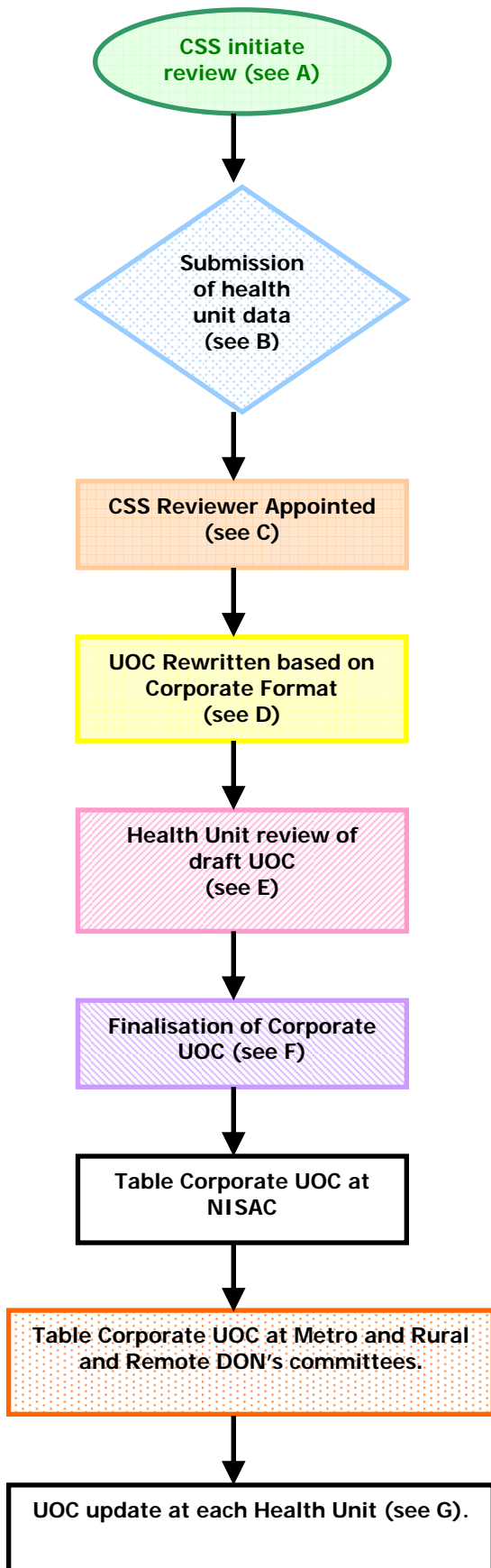
7. Corporate UOC's available on DHS Internet/Intranet site

- Following corporate UOC being tabled at Nursing Information Systems Advisory Committee and the Metropolitan and Remote and Rural Directors of Nursing forums, UOC to be made available on DHS Internet/Intranet site.
- Evidence associated with the development of the Corporate UOC is to be included in the information available on DHS Internet/Intranet site.

8. Implemented at each health unit

- Following endorsement of the Corporate UOC, the DHS Nursing Office will notify the CEO or the Regional Manager at the applicable health units regarding implementation of the UOC(s).
- Implementation at each health unit is to occur within 8 weeks.
- The short version of the UOC is to be corporate and long version to be site specific.
- As per the Corporate UOC Template it is recommended that the Goal reflect the Standard Statement, the O/I short text reflect the process standard, and the Outcome reflect the Outcome Standard.
- Each health unit will manage the Corporate UOC's using their current coding practices in relation to the number of O/I's and the O/I codes per UOC.
- Timings are to be attached as per the ' ExcelCare Timing Definitions and Methodology' document.

Process for development of Corporate Units of Care



A. Clinical Standards Subcommittee (CSS) determines UOC for review/development. Impetus for review may originate from clinical indicator, clinical incident reporting, practice development or in a strategic pattern of common unit of care review process.

B. Each health unit to submit Excelcare Standards Manual, Excelcare O/I Detail and any associated procedures/policies to the Chair of CSS. All nurses are notified when a particular UOC is placed under review (as per the 'Operational Issues Associated with ExcelCare' agreed to by the DHS & ANF Oct 2002).

C. A CSS Member will review the grouping of UOC's

D. Evidence (where available), current practice and existing health site units of care are reviewed and the unit of care rewritten based on the Corporate Format (see template). The short text of the UOC is to be corporate and the long text site specific. The unit of care is assigned a level of evidence (Refer NH&MRC Guidelines, 1997). Recommendations for procedural review at health units where evidence supports change. Timing of the UOC are to be reviewed as applicable (as per 'Operational issues Associated with ExcelCare' agreed to by the DHS & ANF Oct 2002 and 'ExcelCare Timing Definitions and Methodology' document).

E. The draft Corporate UOC and UOC Review Report is submitted to the CSS for distribution to all health units (as per 'Operational Issues Associated with ExcelCare' agreed to by the DHS and ANF Oct 2002). Consumer review is sought where possible.

F. Review comments from the various Health sites are submitted to the CSS. Where necessary the CSS will re-draft the Corporate UOC(s) and redistribute as in point E. When the draft UOC has reached consensus, it is submitted to NISAC and DON's for endorsement

G. Implementation at each health unit is to occur within 8 weeks of endorsement.