Enhanced Clinical Monitoring services

Module overview

Please note: This module must be read in conjunction with the *Fundamentals* of the *Framework* (including glossary and acronym list).

This module addresses the provision of Level 3 only Enhanced Clinical Monitoring (ECM) services for patients vulnerable to critical illness and focuses on the level of individual patient care. ECM services are characterised by the ability to provide a level of clinical monitoring of a capacity exceeding that routinely provided in a general ward environment. Enhanced clinical monitoring may include:

- more frequent or specialised clinical examination
- more frequent use of investigations such as blood gas sampling
- use of continuous non-invasive monitoring e.g. NIBP, ECG, continuous pulse oxymetry
- use of advanced monitoring equipment such as invasive haemodynamic monitoring.

Additionally, ECM services provide higher levels of individual patient care supervision by nursing and allied health staff (where necessary) than can be offered on a general ward. The ECM service adopted by a health care facility must be appropriate to the medical and/or surgical service provided. ECM services include Close Observation Bays (COB) or High Dependency Units (HDU).

Note: Factors differentiating an ECM service from a HDU, are that HDU services, in addition to providing enhanced monitoring, also have the capability to provide:

- · advanced monitoring equipment such as invasive haemodynamic monitoring
- limited advanced supportive medical treatments to patients in event of increased clinical need or dependency, these supportive treatments including but not being restricted to non-invasive ventilation and/or inotropes.

Further note: IC-13 Guidelines on Standards for High Dependency Units, prepared by the College of Intensive Care Medicine (CICM) of Australia and New Zealand outlines five requirements for High Dependency Units covering operational, staffing, structure, equipment and monitoring matters.

IC-13 is a guideline only. The primary driver underpinning IC-13 is to outline CICM trainee requirements, including requirements relevant to training in High Dependency Units which are part of the intensive care complex of a health care facility. Health care facilities offering Close observation services are under no obligation to meet all requirements outlined in this guideline.

For the purposes of this module, an ECM service requires a designated area which may be located in a general ward for patients who have increased dependence on nursing support, including additional clinical monitoring above general ward baseline resources. ECM services in general wards require designated floor space to accommodate one or more beds and any necessary equipment required to manage patients requiring increased observation.

ECM services do not include care for patients requiring invasive ventilation or dialysis (with the exception of dialysis in a dedicated renal unit).

Patients requiring invasive monitoring should be cared for in an ECM service only when there is an Intensive Care Unit (ICU) or appropriately credentialed registered medical practitioner on-site for consultation and intervention, if required.



ECM services are out of scope of the Intensive Care services modules—adult and children—as Intensive Care services are recognised as Level 4, Level 5 and Level 6 services, with the different service levels taking into consideration the complexity and risks associated with the delivery of a service and the need for specialised support. Although some health care facilities may offer "step down" type care for higher level surgical and other service types e.g. maternity services, these higher level services are considered to be an extension of that higher level service. ECM services tend to be put in place to address the gap between intensive care and general ward-based care therefore are only recognised as Level 3 capability.

Children have specific needs in health services—please refer to the relevant children's services modules.

Servi	ice requirements		
n add	ition to what is outlined in the Fundamentals of the Framework, general service requirements include:		
	resources for immediate resuscitation and management of the critically ill patient		
	equipment available to manage short-term emergencies		
	routine monitoring and support equipment including ECG, oximetry, invasive measurement of blood pressure and non-invasive ventilation		
	may be provided in a discrete unit or single room with appropriate staff		
	relevant clinical indicator data provided to satisfy accreditation and other statutory reporting obligations.		
Spec	sific risk considerations		
	ition to risk management outlined in the <i>Fundamentals of the Framework</i> , specific risk considerations M services include:		
	clear admission criteria to, and discharge criteria from the ECM service		
	clearly documented ongoing professional development program for staff of the ECM service		
	 clear policy defining responsibility, process of reporting, referral and escalation of care in the event of patient deterioration 		
	transfer arrangements with a higher level service in the event a patient's conditions deteriorates.		

Enhanced Clinical Monitoring services	Level 3
Service description	 may be provided to low, medium and/or high risk patients. must be on-site when surgical complexity IV procedures with low to medium anaesthetic risk provided (refer Surgical Services module, specifically Level 3 services).
Workforce requirements	As per module overview plus: Medical access—24 hours a day—to credentialed registered medical practitioner. access—24 hours a day—to anaesthetist and general medicine and/or range of internal medicine specialists. access—24 hours a day—to registered medical specialist with credentials in intensive care if patient requires haemodynamic monitoring, more than a single vital system support treatment, inotropic support and/or non-invasive ventilation. Nursing suitably qualified and experienced registered nurse in charge of area/unit on each shift. each patient provided nursing care by suitably qualified and experienced (appropriate to the service being provided) registered nurse/s at all times when patient admitted to the unit. Allied health access to appropriate allied health specialties as required.
Specific risk considerations	□ Nil.

Support service requirements for Enhanced	Level 3		
Clinical Monitoring services	On-site	Accessible	
Anaesthetic	3		
Intensive care		4	
Medical	3		
Medical imaging	2		
Medication	2		
Pathology		3	
Perioperative (relevant sections)	3		
Surgical	3		

Table note: On-site means staff, services and/or resources located within the health facility or adjacent campus including third party providers.

Accessible means ability to utilise a service (either located on-site or off-site) or skills of a suitably qualified person (who may be either on-site or off-site)—without difficulty or delay—via various communication mediums including but not limited to face-to-face, telehealth, telepharmacy, and/or outreach.

Legislation, regulations and legislative standards

Refer to the Fundamentals of the Framework for details.

Non-mandatory standards, guidelines, benchmarks, policies and frameworks (not exhaustive & hyperlinks current at date of release of CSCF v3.2)

In addition to what is outlined in the *Fundamentals of the Framework*, the following are relevant to Enhanced Clinical Monitoring services:

- Australasian Health Infrastructure Alliance. Australasian Health Facility Guidelines v2.0. Part B-Health
 Facility Briefing and Planning, 360 Intensive Care-General.
 www.healthfacilityguidelines.com.au/AusHFG_Documents/Guidelines/health_facility_guidelines
 _complete.pdf
- College of Intensive Care Medicine of Australia and New Zealand. Guidelines on Standards for High Dependency Units for Training in Intensive Care Medicine. CICM; 2013. http://www.cicm.org.au/Resources/Professional-Documents