

## NEWS FLASH

### **NEW RELEASE VERSION 3.5.1**

An email has been sent to all TrendCare sites informing them that the 3.5.1 upgrade is now available to download for all sites who have completed their 3.5.1 UAT testing.

The upgrade used for UAT testing must not be used to upgrade the live / production system. A new password is required to download the live / production upgrade.

TrendCare sites who have not completed their 3.5.1 UAT testing can contact the TrendCare office for detailed information on UAT testing if they have not already received it.

For detailed Upgrade instructions refer to the TrendCare Upgrade – General Checklist for IT & TrendCare Co-ordinators or contact us at [Support@TrendCare.com.au](mailto:Support@TrendCare.com.au).

### **ACUITY REFRESHER**

An acuity tool **must** be practical, absorb minimal time and provide a reasonable **average** time for each category which reflects the **average** time to give care to the patients in that category. Some patients within a category will absorb **more** time than the category average. Other patients will absorb significantly **less**.

Activities included in baseline timings (Cat. 1) for patients will vary depending on the individual patient needs. All category timings have been developed over a wide cross section of patients who require different combinations of activities and varying concentrations of time related to each activity.

**All** activities completed while providing patient care **cannot** be included in an acuity tool. (However, these activities **are** captured during timing studies).

### **Activities included in baseline timings for TrendCare categories**

Below are some examples of patient care activities covered in baseline timings. Higher categories generally include more of these in their baseline.

#### **Documentation:**

Routine documentation for the shift Includes:

- Assessment, care plan / clinical pathway updating
- Patient progress notes
- Fluid balance charts / Observations etc
- Routine electronic patient data entry and retrieval for the shift
- Routine ordering of patient tests, diets, referrals, etc

#### **Liaison / Communicating:**

- Routine doctor's rounds, allied health discussions, etc
- Liaising with support staff who assist with patient care - orderlies, PCA's, AIN's, clerical staff, etc.

#### **Mobility:**

- Handing patients mobility aids, crutches / sticks, etc where patient can then mobilise independently
- Assisting patient to stand – patient is then fully mobile
- Re-positioning of a patient for comfort – re-arranging bedding

#### **Environmental Tasks:**

- Some general environmental tasks required to be completed mainly on the evening / night shift when support staff are not available.  
eg: Basic clean up of spills / Putting flowers in a vase.

#### **Hygiene:**

- Taking patient toiletries to shower
- Supply patient with hygiene aids e.g. towels, etc.
- Putting plastic bag on limbs, etc.

#### **Nutrition:**

- Checking patient has correct meal
- Ordering patient diet
- Assisting patient access meal

#### **Communication:**

- Taking patient enquiry telephone calls from relatives, etc for a low acuity patient (Cat. 1)
- These are generally less frequent and less time consuming
- General communication with patient with no communication difficulties

#### **Observations:**

- Routine observations, 2 – 4 hrly, BD, daily, etc.
- Very short periods of frequent obs e.g. (1/4 hrly for 1 hr)
- Routine patient checks / ward rounds
- Routine measuring / testing urine / faeces

#### **Medications:**

- Average oral medications for patient type
- Daily, BD and 8/24 injections and infusions / IV line flush

#### **Transfer:**

- Receiving patients transferred from other units
- Transferring patients to and from O.T., Xray, etc

#### **Treatment:**

- Simple dressing/procedure less than 30 mins, setup, completion & clean up
- ECG
- Insertion / removal of IV cannula
- Removal of IDC, NG, epidural, etc
- Simple blood collection

#### **Teaching / Counselling / Emotional Support:**

- Routine teaching / counselling pre and post op (less than 30 mins)
- Routine teaching / counselling pre and post procedure (less than 30 mins)
- Routine teaching / counselling of relatives / carers (less than 30 mins)
- General patient checks, reassurance and support (less than 30 mins)

#### **Isolation:**

- Standard pre-cautions used for all patients

#### **Discharge Planning:**

- Completion of routine discharge assessments, etc.

## WHERE CAN YOU SEE TC

**3 AUG 2015 BRISBANE CONVENTION & EXHIBITION CENTRE, AU**

Nursing Informatics Australia Forum (NIA)

**3-5 AUG 2015 BRISBANE CONVENTION & EXHIBITION CENTRE, AU**

Health Informatics Conference (HIC) - Booth 43

**14-16 OCT 2015 BRISBANE CONVENTION & EXHIBITION CENTRE, AU**

National Nursing Forum (ACN) – Booth 21

**19-22 OCT 2015 WIGRAM AIR FORCE MUSEUM, CHRISTCHURCH, NZ**

Health Informatics New Zealand (HiNZ) – Booth 18

