

CEC Model for Comprehensive Care - Minimising Harm

Safety Huddles

Post incident huddle
e.g. Post Fall huddle

Purposeful/Intentional
rounding

Clinical bedside
handover

MDT bedside rounds

Data intelligence



Hydration and
nutrition



Safe and early
mobilisation



Cognitive Impairment



'what matters to me'
Engage patient, family, carer in
care planning



End of life care



Patient care
fundamentals



Medication review

Building Blocks for a Safe Ward

CEC Model for Comprehensive Care - Minimising Harm

Hydration and nutrition

- Enable access to meals
- Assist with meals and opening food packages
- Prompt to drink fluids & consume protein
- Prevent, identify & treat malnutrition

Cognitive Impairment

- Prevent, identify, treat, and manage delirium
- An older patient may have a dementia, anxiety and/or depression
- Intellectual disability

Patient care Fundamentals

- Personal care assist
- Skin Care
- Dental/Oral Hygiene
- Toileting plan & assist
- Showering Environment
- Environment conducive to sleep



Safe and early mobilisation

- Patients out of bed where possible - sit in chair, march on spot, walk to end of bed/toilet – mobility plan in place
- Identify an area that is safe for the patient to walk with family or staff
- Mobility equipment within reach

End of life care

- Recognise early, discuss and document end of life wishes to reduce suffering (symptom control), and promote dignity
- Have social, spiritual and cultural needs addressed,
- Patient and families/carers are involved in decision-making, and bereavement support occurs

Medication review

- Review medications to reduce delirium and fall risk
- Reduction in use of night sedation
- Discuss medications with the patient and family/carer before discharge from hospital