AUSTRALIAN COMMISSION ON SAFETY AND QUALITY IN HEALTH CARE

NSQHS STANDARDS

ADVISORY

TITLE	**Comprehensive Care Standard: Developing the comprehensive care plan**
Advisory number	AS18/15
Version number	2.0
TRIM number	D18-43184[v2]
Publication date	August 2019
Replaces	AS18/15 version 1.0 published on December 2018
Compliance with this advisory	It is mandatory for approved accrediting agencies to implement this Advisory
Information in this advisory applies to	All approved accrediting agencies All health service organisations
Key relationship	Comprehensive Care Standard
Attachment	n/a
Notes	Provides advice on requirements for 2020 and 2021 not included in version 1 of this advisory
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To be reviewed	December 2020

AUSTRALIAN COMMISSION ON SAFETY AND QUALITY IN HEALTH CARE

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ADVISORY

AS18/15: Comprehensive Care Standard: Developing the comprehensive care plan

PURPOSE:

This advisory describes the minimum requirements for Action 5.13 that health service organisations must undertake to demonstrate work towards establishing a comprehensive and individualised care plan for a patient that is shared by the multidisciplinary team.

ISSUE:

The Comprehensive Care Standard requires that clinicians develop and document a comprehensive and individualised care plan for a patient that includes information about the patient's clinical assessment, diagnoses, identified risks, goals of care and preferences. The comprehensive care plan should also reflect decisions jointly shared by clinicians and the patient, carers, family and other support people.

The subject of this advisory is Action 5.13 which states:

Action 5.13: Clinicians use processes for shared decision making to develop and document the comprehensive and individualised plan that:

a. Addresses the significance and complexity of the patient's issues and risks of harm
b. Identifies agreed goals and action with the patient's treatment and care
c. Identifies the support people a patient wants involved in communications and decision-making about their care
d. Commences discharge planning at the beginning of the episode of care
e. Includes a plan for referral to follow-up services if appropriate and available
f. Is consistent with best practice and evidence.

The comprehensive care plan should identify the individuals who are accountable for the actions required to achieve the goals of care, manage clinical risks and ensure safe discharge from the health service organisation.

The complexity of comprehensive care plans will vary depending on the complexity of the patient's circumstances, as well as organisational context.

This action requires clinicians to use the processes described in the Partnering with Consumers Standard to work with patients or substitute decision-makers to reach shared decisions about the comprehensive care plan. It also requires clinicians to use the processes described in the Communicating for Safety Standard to document the comprehensive care plan and communicate its content to relevant members of the workforce.

REQUIREMENTS:

To comply with Action 5.13, health service organisations must:

- By 31 December 2019, complete a gap analysis identifying:
  - Policies and processes for developing, documenting and sharing comprehensive care plans within the health service organisation
  - Policies and processes to support and document shared decision making
  - Any gaps in policies or processes for comprehensive care plans.

- By 31 December 2020, commence developing, or refining, organisation-wide policies and processes or templates for developing comprehensive care plans including:
  - Develop an agreed approach to multidisciplinary care planning within the organisation that individualises the care and interventions to the person
  - Endorse agreed tools and care pathways for use within the organisation
  - Develop models of care that support multidisciplinary care planning within specified clinical areas, service areas or populations
  - Provide access to orientation training or education for the workforce on care planning processes.

- By 31 December 2021, complete the development of an organisation-wide approach to care planning including:
  - Use of care plans, pathways and tools endorsed by the organisation
  - Implementation of models of care that support multidisciplinary care planning as appropriate to the population served and clinical context
  - Provision of orientation education or training on the organisation's approach to care planning
  - Establishment of a system to monitor and evaluate the outcomes of Action 5.13.

Accrediting agencies are required to:

- Review evidence that:
    - By 1 January 2020, the organisation has performed a gap analysis and has commenced developing organisation-wide policies and processes for an individualised and shared comprehensive care plan.
    - By 1 January 2021, the organisation has developed, or refined, organisation-wide policies, processes and tools for developing multidisciplinary comprehensive care plans, models of care to support multidisciplinary care planning, orientation education or training for the organisation's approach and a system for the ongoing monitoring and evaluation of the outcomes of Action 5.13.
    - By 1 January 2022, the organisation has implemented an organisation-wide approach to multidisciplinary comprehensive care planning including use of organisation endorsed tools and models of care and provision of orientation education or training on the approach to care planning and a system for ongoing monitoring and evaluation of the outcomes of Action 5.13.

- Rate Action 5.13 as met only if the organisation demonstrates progress against the specific requirements in the expected timeframe.