

**AUSTRALIAN COMMISSION
ON SAFETY AND QUALITY IN HEALTH CARE**



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Comprehensive Care Standard: Review of implementation

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Background

The Australian Commission on Safety and Quality in Health Care's (the Commission) role is to lead and coordinate national improvements in the safety and quality of health care. The Commission works in partnership with the Australian Government, state and territory governments and the private sector to achieve a safe, high-quality and sustainable health system. In doing so, the Commission also works closely with patients, carers, clinicians, managers, policymakers, and healthcare organisations.

Key functions of the Commission include developing national safety and quality standards, developing clinical care standards to improve the implementation of evidence-based health care, coordinating work in specific areas to improve outcomes for patients, and providing information, publications and resources about safety and quality.

The Commission works in four priority areas:

1. Patient safety
2. Partnering with patients, consumers and communities
3. Quality, cost and value
4. Supporting health professionals to provide care that is informed, supported and organised to deliver safe and high-quality health

The National Safety and Quality Health Service (NSQHS) Standards were developed by the Commission in collaboration with the Australian Government, states and territories, private providers, clinical experts, patients, and carers. The primary aims of the NSQHS Standards are to protect the public from harm and to improve the quality of health service provision. The NSQHS Standards provide a quality-assurance mechanism that tests whether relevant systems are in place to ensure expected standards of safety and quality are met.

The second edition of the NSQHS Standards includes eight standards:

- Clinical Governance Standard
- Partnering with Consumers Standard
- Preventing and Controlling Infection Standard
- Medication Safety Standard
- Comprehensive Care Standard
- Communicating for Safety Standard
- Blood Management Standard
- Recognising and Responding to Acute Deterioration Standard.

The Comprehensive Care Standard relates to the delivery of comprehensive care for patients within a health service organisation. Safety and quality gaps are frequently reported as failures to provide adequate care for specific conditions, or in specific situations or settings, or to achieve expected outcomes in particular populations. The Comprehensive Care Standard was developed to address the cross-cutting issues underlying many adverse events in health care. It recognises the need for care to be centred on patient goals and wellbeing. It also addresses important issues not included in the first edition of the NSQHS Standards, such as mental health, cognitive impairment, health literacy, end-of-life care, and Aboriginal and Torres Strait Islander health. These have the potential for significant improvements in care.

The new standard aims to ensure that a patient's goals and risks of harm are identified so that comprehensive care plans can be developed and delivered to meet their needs. It also recognises the importance of teamwork and collaboration to provide comprehensive care. Along with new actions, the new standard includes actions from the Preventing and Managing Pressure Injuries Standard and the Preventing Falls and Harm from Falls Standard from the first edition.

Two advisories (see below) were released to allow for staged implementation of the Comprehensive Care Standard until December 2022.

[AS18/14: Comprehensive Care Standard: Screening and assessment for risk of harm](#)

[AS18/15: Comprehensive Care Standard: Developing the comprehensive care plan.](#)

Purpose

The Commission is committed to reviewing the implementation of the Comprehensive Care Standard and the use and usability of guidance to support delivery of comprehensive care as part of the organisational work plan.

This report presents the results of a survey provided to health service organisations (HSOs) that had undergone assessment to the NSQHS Standards and had completed accreditation processes from December 2020 to March 2021. The report also includes information about awareness of Commission resources, how they are being used, and website traffic to determine how often resources were accessed.

About the survey

A survey was developed to gather information from health service organisations about their experience implementing the Comprehensive Care Standard. The survey (Appendix 1) aimed to determine the progress of comprehensive care implementation and to identify challenges and ongoing stakeholder needs. The survey was distributed via SurveyMonkey alongside a standard post assessment survey that is sent regularly by the Commission to HSOs undergoing accreditation. The routine survey seeks to review experiences of the Australian Health Service Safety and Quality Accreditation Scheme. It does not usually include questions about experiences of implementing the actions in the NSQHS Standards, so this was an additional voluntary task for recipients. The group was uniquely suited to provide data about the experience of implementing the Comprehensive Care Standard.

The survey was distributed to all HSOs that had undergone assessment to the NSQHS Standards between 1 December 2020 to 29 March 2021. In addition, a modified version of the survey was made available on the Commission's website, to allow general access by HSOs that may be implementing the Comprehensive Care Standard but were yet to undergo assessment. This was to capture experiences of HSOs that have commenced their planning for comprehensive care and may have feedback to offer about their experience implementing the standard to date. No responses were received via this portal.

The survey was sent to 327 contacts for the 459 HSOs that completed assessment to the NSQHS Standards. The same person was often nominated as contact person for multiple HSOs. The survey received 106 responses over four months. Not all questions were answered by all responders.

Survey results

The survey data was used to identify:

- HSO types and localities and their experiences of implementing the Comprehensive Care Standard
- Areas or actions within the Comprehensive Care Standard that HSOs find challenging to implement
- Actions or resources that support consumers, when implementing the standard.

Demographics

The majority of responses were received from public hospitals (n = 60) followed by private hospitals (n = 18) and day procedure services (n = 12). Other sites (n = 13) included dental and community services and other types of services that may be accredited to the NSQHS Standards either voluntarily or as a requirement of their funding agreements (Figure 1).

Not all states and territories responded most likely due to the number of HSOs that had completed assessment. The majority of respondents were from metropolitan areas (n = 52) and 38 responses were from a single state (See Figure 1b and 1c).

Figure 1a: Number of respondents by service type

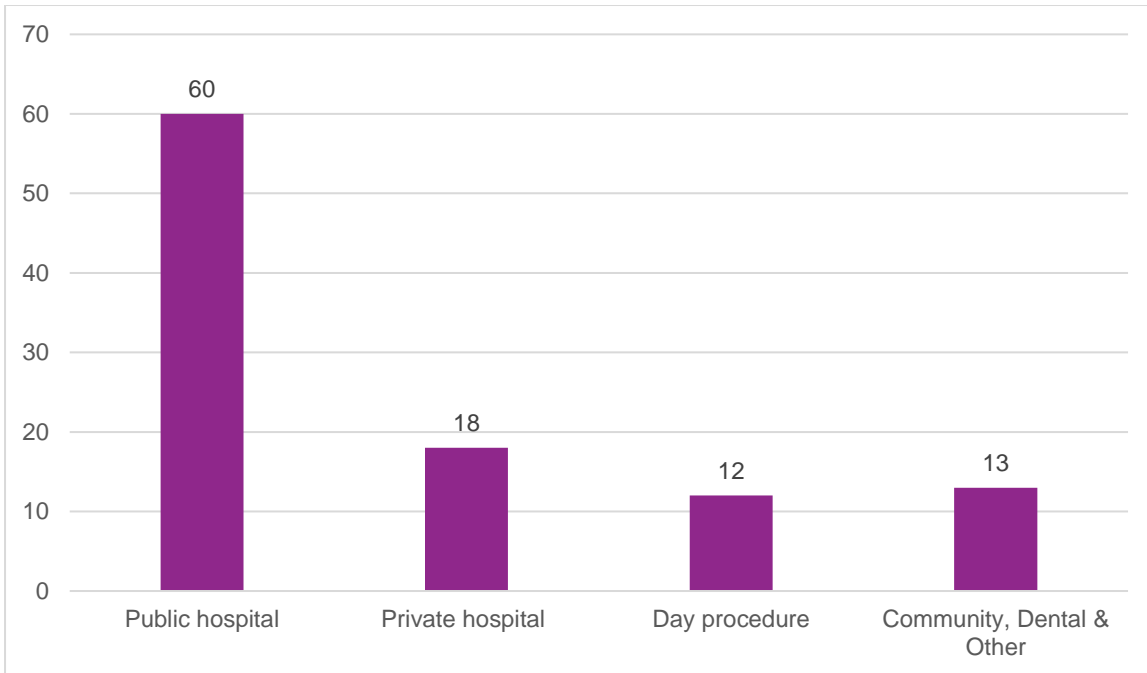


Figure 1b: Number of respondents by metro, regional, rural or remote

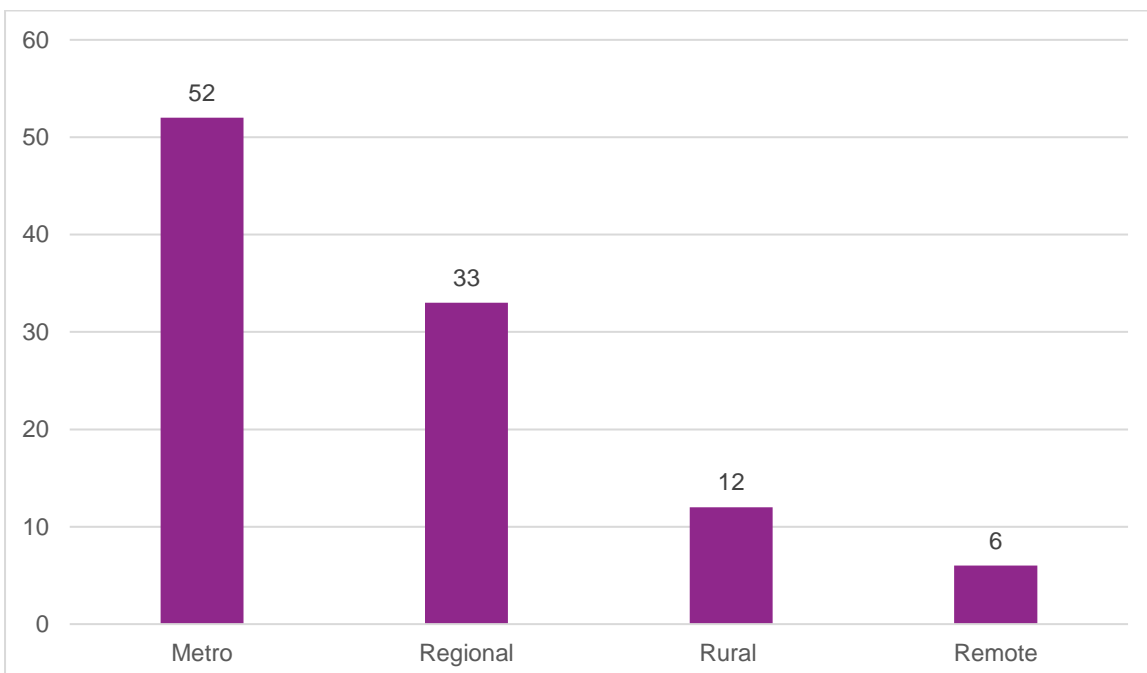
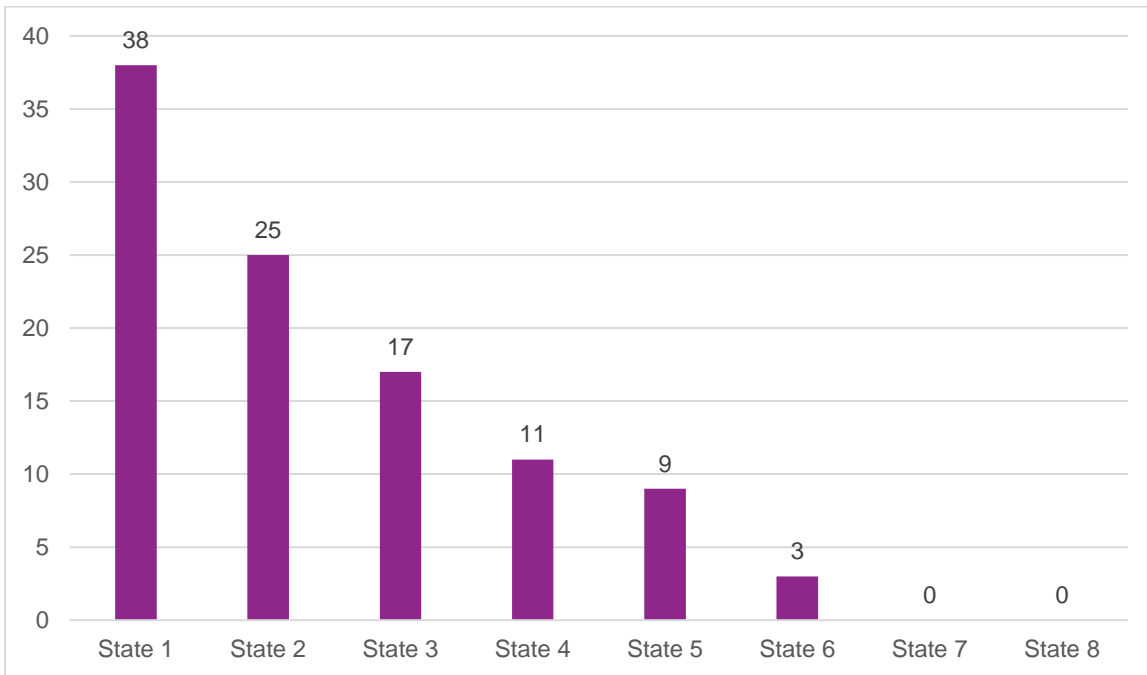


Figure 1c: Number of respondents by state

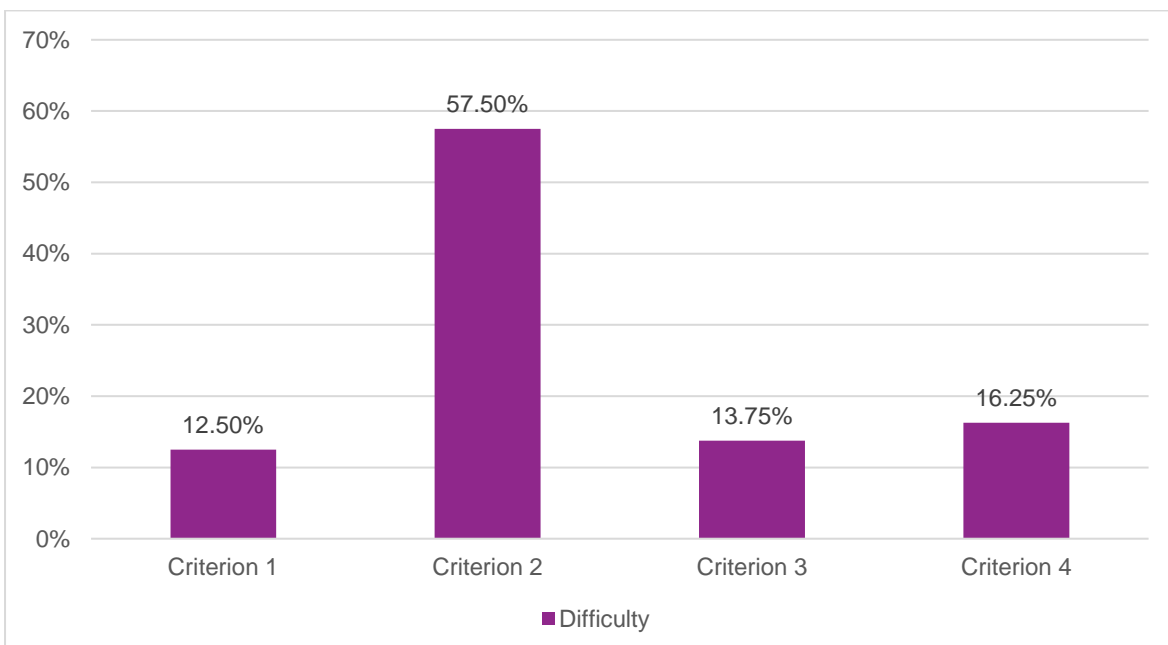


Criterion reported as most challenging

The survey asked respondents to nominate the most challenging criteria to implement.

There were 80 responses to this question (Figure 2). Only one answer was permitted. A significant proportion of respondents (57.5%) identified Criterion 2: Developing a comprehensive care plan. This is in keeping with feedback to the Commission through other sources as HSOs had identified care planning as an area for improvement during gap analysis activities. This criterion was also supported through staged implementation set out in [Commission advisory 18/15: Comprehensive Care Standard: Developing the comprehensive care plan](#).

Figure 2: Criterion nominated as the most challenging (% of respondents)



Criterion 1: Clinical governance and quality improvement to support comprehensive care

Clinical Governance and quality improvement was selected as the most difficult to implement by 12.5% of respondents (n = 10). The respondents were asked to provide further information about their challenges (Figure 3).

The items in the criterion were ranked by respondents in the following order:

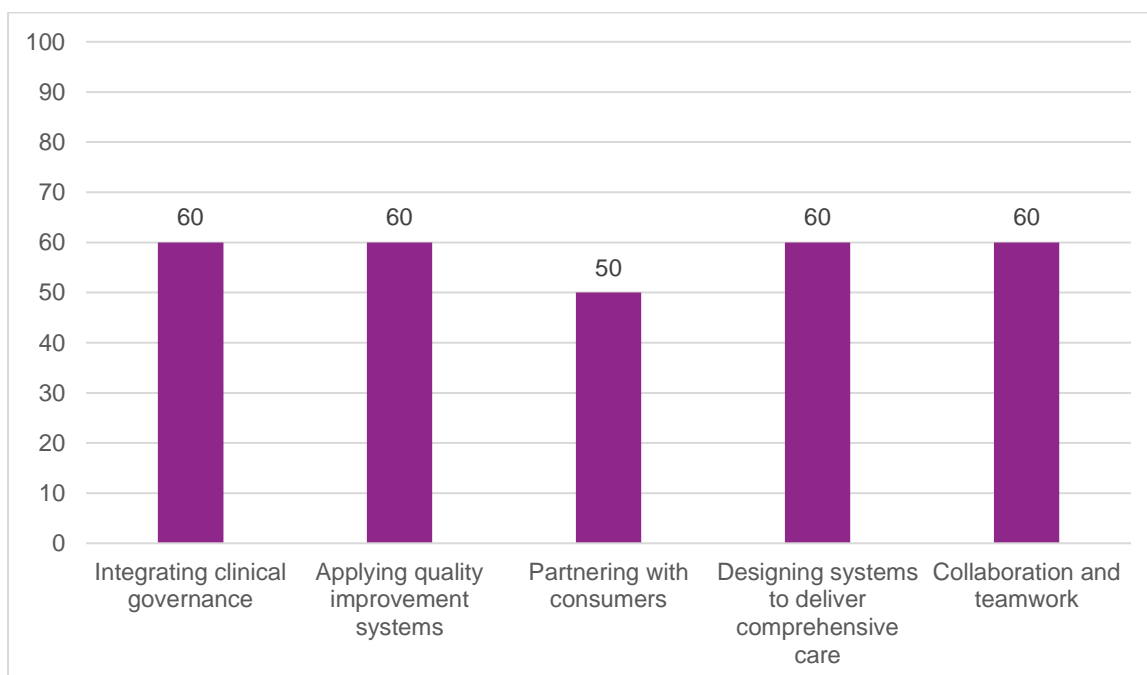
- 60%*
 - Integrating clinical governance
 - Applying quality improvement systems
 - Designing systems to deliver comprehensive care
 - Collaboration and teamwork
- 50%* Partnering with Consumers.

**Note: HSOs could select multiple options/causes.*

Some of the reasons provided were:

- Absence of an audit tool for remote multi-purpose services
- Limited guidance from the state health department on state-wide approach
- Inconsistency with collaboration and implementing policies across the HSO
- Developing a process for goal setting in community services
- Documenting when goals of care and shared decision making had occurred.

Figure 3: Criterion 1 items identified by respondents as the most challenging (%)



Criterion 2: Developing the comprehensive care plan

Developing the Comprehensive Care Plan was selected as the most difficult to implement by 57.5% (n = 43) of respondents. The respondents were asked to provide further information about their challenges (Figure 4).

The items in the criterion were ranked by respondents in the following order:

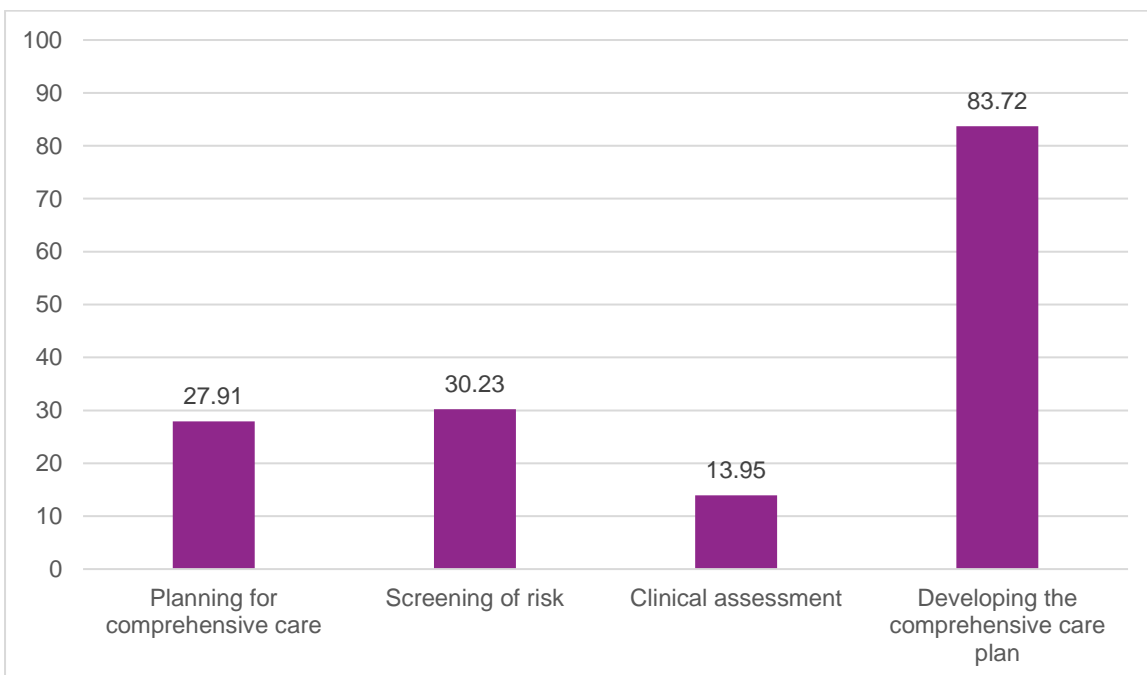
- 83.72% Developing the Comprehensive Care Plan
- 30.32% Screening of risk
- 27.91% Planning for comprehensive care
- 13.95% Clinical assessment.

Note: HSOs could select multiple options/causes.

Some of the reasons provided were:

- Comprehensive care planning with multidisciplinary teams
- Identifying a comprehensive care plan used by all disciplines regardless of source (paper or electronic)
- Implementing practice change and strengthening safety culture
- The desire for exemplar sites to share learnings through case studies
- No standard comprehensive care plan
- Miscommunication from accrediting agencies that the comprehensive care plan should be one page only.

Figure 4: Criterion 2 items identified by respondents as the most challenging (%)



Criterion 3: Delivering comprehensive care

Delivering Comprehensive Care was selected as the most difficult to implement by 13.75% (n = 9) of respondents. The respondents were asked to provide further information about their challenges (Figure 5).

The items in the criterion were ranked by respondents in the following order:

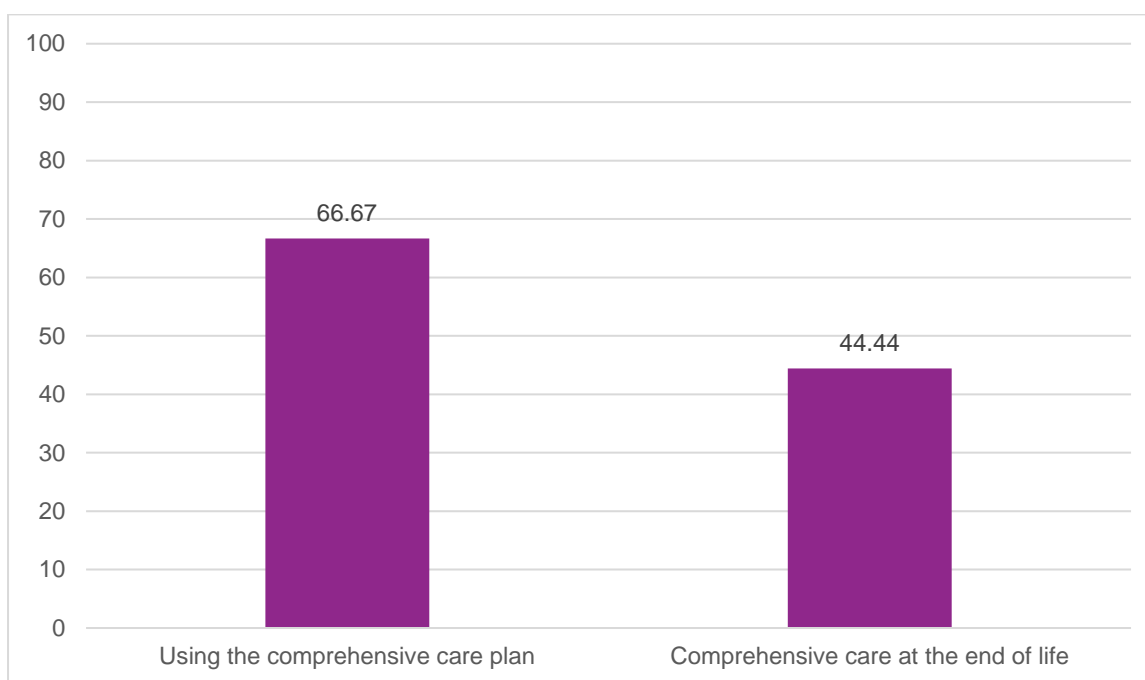
- 66.67% using the comprehensive care plan
- 44.44% comprehensive care at the end of life

Note: HSOs could select multiple options/causes.

Some of the reasons provided were:

- Challenges in auditing end-of-life care processes
- Differing opinions across disciplines about the value of the comprehensive care plan
- Applicability in rural health service settings where multidisciplinary teams are accessed differently
- Demonstrating how consumers and carers are involved.

Figure 5: Criterion 3 items identified by respondents as the most challenging (%)



Criterion 4: Minimising patient harm

Minimising patient harm was selected as the most difficult to implement by 16.25% (n = 12) of respondents. The respondents were asked to provide further information about their challenges and to select the actions that cause most issues (Figure 6).

The items in the criterion were ranked by respondents in the following order:

- 58.33% Preventing delirium and managing cognitive impairment
- 41.67% Preventing harm and harm from falls
- 33.33% Predicting, preventing and managing aggression and violence
- 25% Preventing and managing pressure injuries

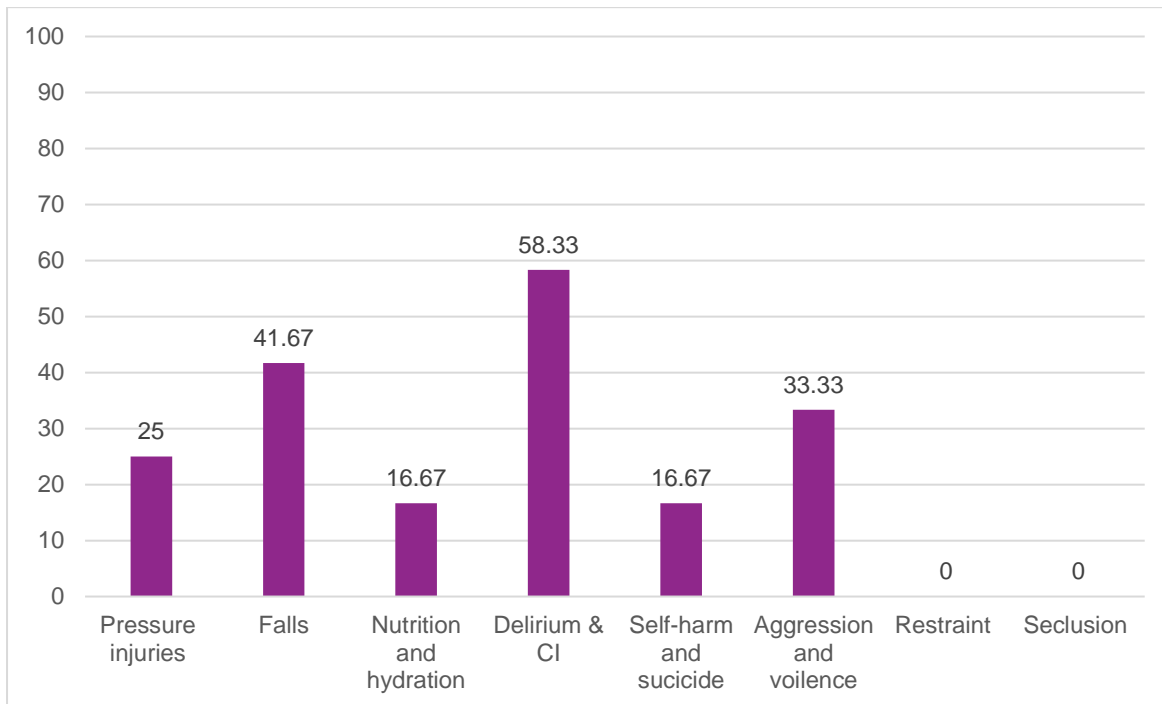
- 16.67% Nutrition and hydration
- 16.67% Predicting, preventing and managing self-harm and suicide

Note: HSOs could select multiple options/causes.

Some of the reasons provided were:

- Staff feeling under-resourced to manage falls, delirium, violence and cognitive impairment, particularly in small rural hospitals
- Balancing consumer goals for independence and clinical needs
- Resources to support consumers and families with management of cognitive impairment.

Figure 6: Criterion 4 items identified by respondents as the most challenging (%)



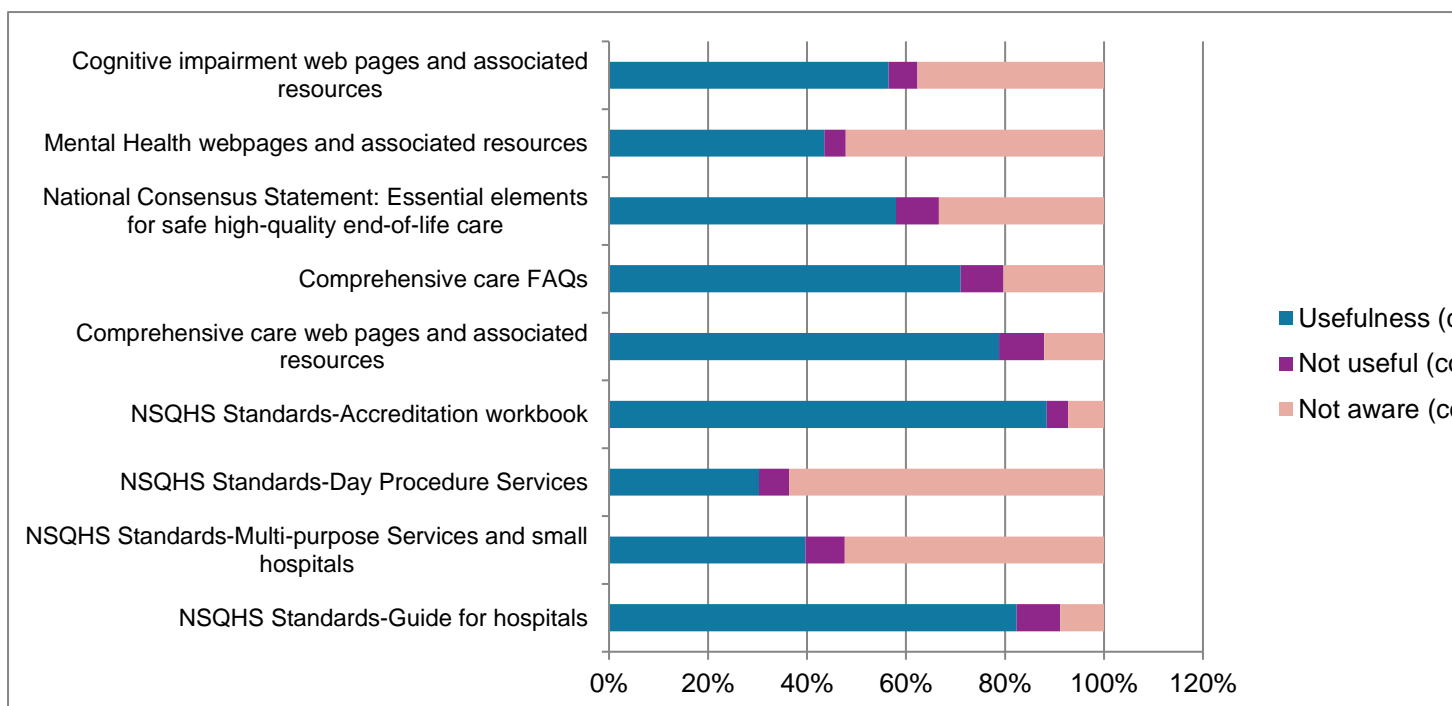
Awareness and use of Commission resources

Comprehensive care resources were released between 2016 and 2020 in addition to other NSQHS Standards resources to support implementation. The resources included the foundational, cultural, and organisational aspects important to implementation. The resources were derived from anticipated need, requests, by reviewing common queries submitted to the Commission, and stakeholder consultation. Consumer resources were also developed for specific issues identified by consumer representatives. Release order was determined through stakeholder prioritisation.

The resources were made available as webpages and downloads on the Commission website and promoted through social media and newsletters, via email distribution lists, and directly through clinical networks and committee members. Google analytics data and questions in the survey were reviewed to determine awareness and use of Commission resources.

The survey used Likert scale questions to determine awareness and usefulness of Commission resources. Usefulness was calculated by combining rankings including somewhat useful, very useful and extremely useful. Lack of awareness was calculated by combining rankings of not aware and never used. Approximately 66% of respondents answered these questions (Figure 7).

Figure 7: Awareness and use of existing Comprehensive Care Standard resources



The NSQHS Standards Accreditation workbook and Guide for hospitals were rated as the most useful resources. Respondents often indicated they were not aware of the NSQHS Standards Guide for day procedure services and multi-purpose services. This correlates with the type of HSO that responded to the survey and the type of resource they would use. For example, 11% (n = 12) of survey respondents worked in a day procedure service and of those that answered this question, 30.3% (n = 8) rated the NSQHS Standards Guide for Day procedure service as useful.

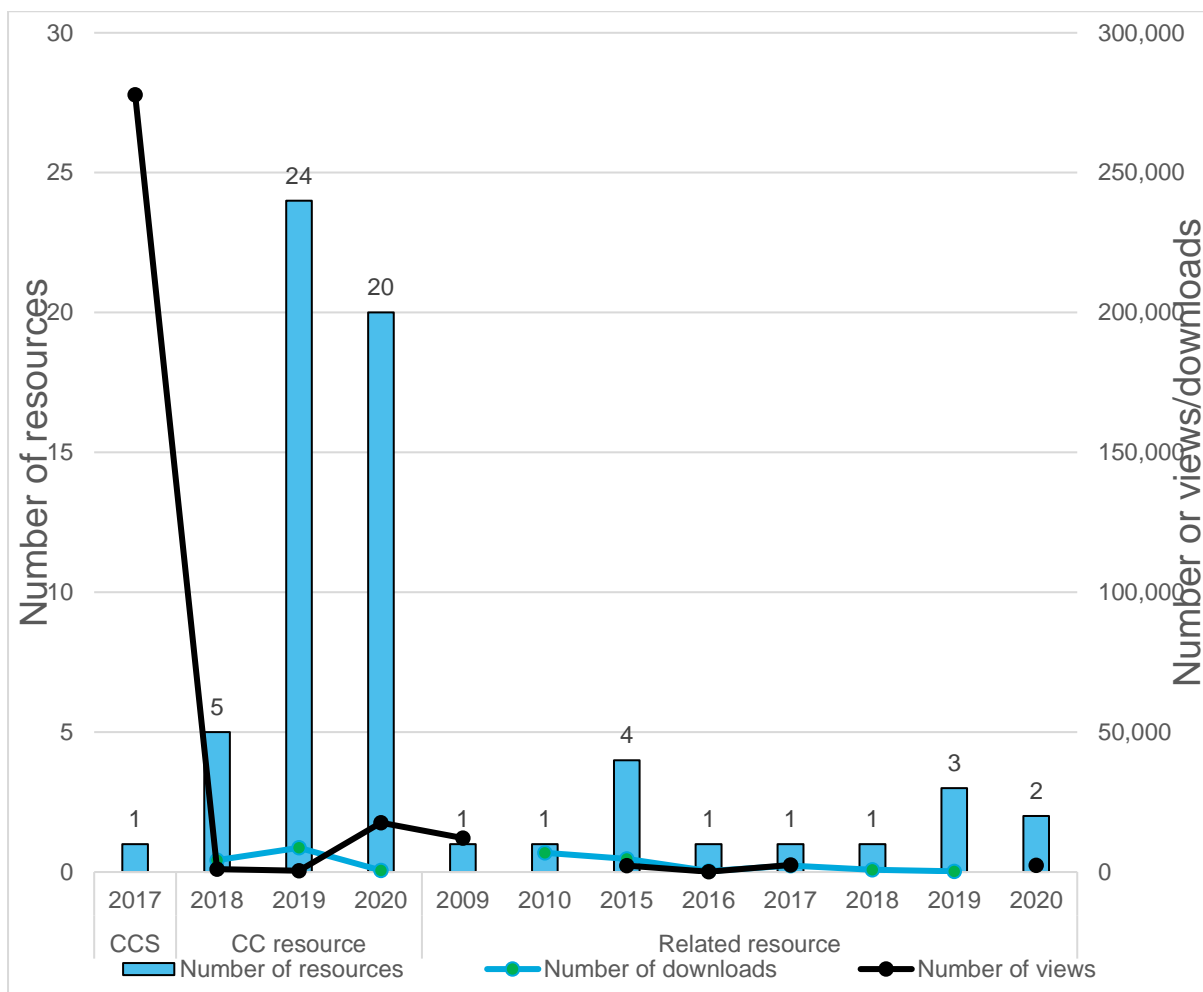
The resources that scored a lower rating for usefulness often correlated with a higher rating for 'non-aware' or 'not used'. This may be due to the perceived applicability to a HSO type or where further communication is needed to increase awareness.

Website activity

Commission website traffic was considered to determine how often the implementation and related resources were accessed. The Google analytics data was used to establish website activity. Webpage views and download data, excluding Commission staff visits, was retrieved between 18 January to 31 December 2020. Website activity was categorised into the comprehensive care implementation resources which included webpage views and resource downloads, and related resource webpage views and downloads. Page views, number of times resources were downloaded and resource publication year were recorded. Resources were categorised as related if they were published prior to release of the second edition of the NSQHS Standards or not developed specifically for the Comprehensive Care Standard. To compare access of the data visits to the Comprehensive Care Standard pages including individual actions was also retrieved as these pages consistently appear in the top ten page views for the Commission's website.

The Comprehensive Care Standard and resources were accessed 345 348 by non-Commission staff during the review period. The number of views and downloads of webpages by category and publication year is displayed in Figure 8. The Comprehensive Care Standard was viewed 277 889 times, while the comprehensive care implementation resources were viewed 19 126 times and the related pages 19 542 times. In addition, comprehensive care implementation resources had been downloaded 13 430 times and the related resources 15 361 times in the same time period. Most downloadable comprehensive care implementation resources were downloaded less than 500 times each and one resource had never been downloaded (Table 1). Related resources had more views and downloads than comprehensive care implementation resources. The highest website events other than viewing the Comprehensive Care Standard were recorded on the falls prevention page (n = 12 176 views).

Figure 8: Comprehensive Care Resource release and website interactions



Note: CCS Comprehensive Care Standard; CC Comprehensive Care

Table 1: Website activity

Table 5: Website activity					
Number	CCS	CCS Implementation resources		Other related resources	
	Page views	Page views (n=12)	Downloadable resources (n=40)	Page views	Downloadable resources (n=11)
0			1		
1–100			10		2
101–500		2	18	2	4
501–1000		3	10		2
1001–2000		3	1		
2001–3000		2		3	1
3001–4000		2			1
4001–5000					
5001–6000					
6001–13000					1
>200 000	1				

No Google analytics data were available when many comprehensive care resources were initially released so it is unknown if they were accessed frequently at that time. The oldest resources are more frequently downloaded than newer resources although the number is still low. The Comprehensive Care Standard has been accessed four times more than all other resources combined. Due to website redevelopment, Google Analytics data was limited to webpage views and pdf downloads after 18 January 2020. Resources are also available in formats where data was not captured.

Release of supporting resources was staggered and not all resources were available during the time that the assessment outcome data was collected. Regardless, the website interactions with the resources are low. This probably demonstrates the mandated nature of the Comprehensive Care Standard and may be related to disparate linkages on the website. More work is needed to evaluate the accessibility, usefulness, and promotion strategy of resources. New or modified resources may be required to improve the links between Commission programs and determine whether there is a relationship to assessment outcomes. Considering alternate communication strategies may also improve reach and uptake.

Resources – survey responses

Respondents were asked what resources would help them with the issues they identified in implementing the Comprehensive Care Standard. The table below summarises the suggestions received.

Table 2: Suggestions from respondents for comprehensive care resources

Suggestions for comprehensive care resources
How to implement a comprehensive care planning process
Ways in which clinicians can better collaborate to plan, action, and evaluate care as one team
How to manage the change process to influence change in current MDT workflow
An interdisciplinary comprehensive care plan approach, co-designed with consumers
What a comprehensive care plan looks like
Goals of care
Examples of how to involve the consumer and encourage participation
Examples of what Comprehensive Care in a day procedure service/day hospital, in a remote health service and in community health services
Commonly used risk screening tools
Risk screening in smaller units or day procedure services
How risk screening is integrated across the whole multidisciplinary team
Strategies for reducing the burden on patient from screening (number of questions) from MDTs
Electronic medical records showing risk screening and care plan
Complex case management - chronic condition/s, complex social circumstances - MDT
Shared decision making in the context of end of life care
Caring for confused older patients with acute delirium
How to support carers and family members of a person diagnosed with cognitive impairment, delirium or dementia
Models of care within addiction and mental health services
Screening and management of mental health conditions in acute care
Recognising and responding to mental health deterioration and the aggressive patient
How to measure comprehensive care in different settings
A template for comprehensive care plan that could be adapted by health services, including evidence based risk and screening tools
Guidance on the implementation of the advisories - integrated risk screening and care planning

A template or software that builds a package of information for patients and families in simple language with information about their condition and treatment, management advice and follow up instructions on what to do and what to expect
An abridged version of the EOLC Audit tool with most pertinent questions only
A day surgery tool for screening of dementia
A consumer resource similar to “My stroke journey” by the Stroke Foundation. The booklet is completed by each discipline and kept with the patient to show family and re-read. Sections could include pressure injuries, falls, deconditioning, malnutrition with links to community supports on discharge, how to navigate My Aged Care.
Exemplars workshops
Forum for sharing examples and sharing advice between hospitals
Development of staff education materials to support communication and comprehensive care planning
Links to training on non-pharmacological care of patients with delirium and dementia
Educational and interactive videos

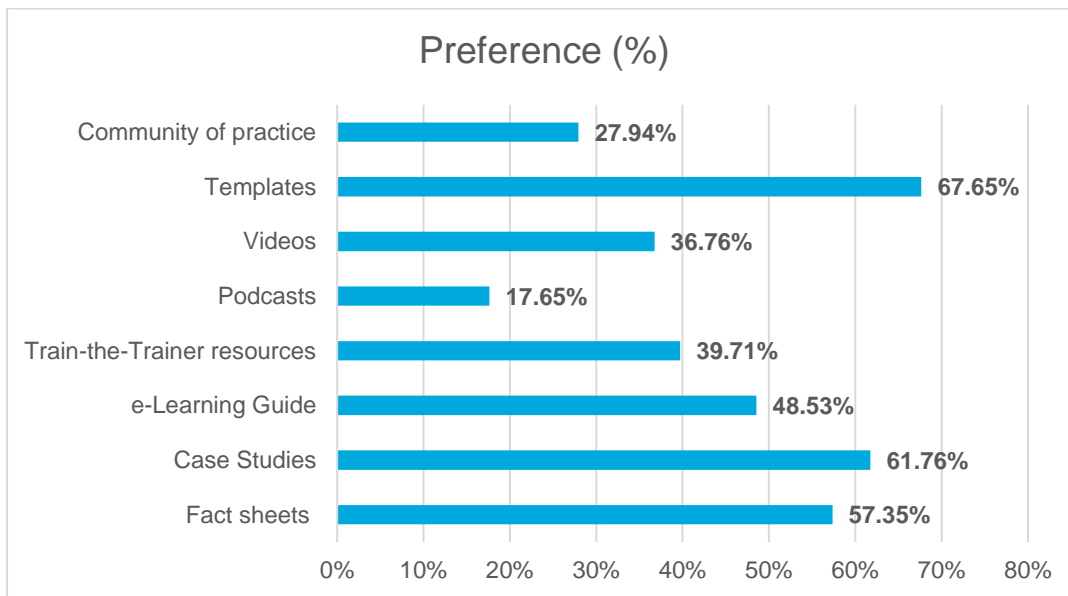
The comprehensive care resources already published on the Commission website address most of the suggestions provided by survey respondents.

Format of future resources

Respondents were asked about their preferred format for any future resources. Sixty-eight respondents answered this question (see Figure 9). There was a higher preference shown for:

- Templates
- Case studies
- Fact sheets.

Figure 9: Respondents preferred format for future resources



Consumers and implementation of the Comprehensive Care Standard

Respondents were asked how they had engaged with consumers around implementation of the Comprehensive Care Standard. Some examples of how respondents engaged consumers were through:

- Care planning and shared decision making processes
- Patient communication boards
- Trialling a new risk screening tool
- Developing care pathways with consumers that include goals of care
- Comprehensive care committees included in governance processes
- Developing consumer information
- Capturing patient feedback.

Respondents also shared that consumer engagement is supported by providing training for staff in shared decision making, teamwork, care planning and information provision so that they also have the skills to support consumers with these aspects of care.

Recommendations

The following recommendations have been formulated from the survey data:

Increased promotion of existing comprehensive care resources through a targeted communication strategy

57.5% of respondents nominated Criterion 2: Developing the comprehensive care plan as the most difficult to implement, and respondents highlighted a need for guidance on how to develop a comprehensive care plan, how to involve consumers and carers in care planning and working in a multidisciplinary team to develop a comprehensive care plan.

However, the Commission has already developed a range of resources that provide guidance in many of the topics. Consequently, the Commission should develop a targeted communication strategy focused on improving nurses, allied health workers, medical staff and quality managers awareness of the resources developed on comprehensive care. This could include using focused strategies, multiple specialised channels and improving linkage across publications and different media.

Develop case studies

Respondents provided a number of suggestions for case study topics that may offer an example of how actions in the comprehensive care standard have been implemented. The case studies would describe strategies, projects and actions undertaken by hospitals, day procedure services and other health services to show how they have implemented actions in the Comprehensive Care Standard. Key topics include how to develop a comprehensive care plan in a multidisciplinary team, implementing a comprehensive care planning process, how to involve consumers and carers in care planning and delivering comprehensive care in different healthcare settings.

In 2020-21 the Commission commenced a process for inviting case studies through the Commission's website which has had low uptake. The Commission will consider alternative strategies to identify a diverse and engaging set of case studies to highlight the practical application of the guidance developed on comprehensive care.

Update the end-of-life care audit toolkit

Respondents expressed challenges with implementing end of life care processes, particularly when undertaking an audit using the Commission's end-of-life care audit toolkit. A suggestion was made to update the end-of-life care audit toolkit to create a simplified version for health service organisations.

The Commission plans to review of the end-of-life care audit tool in line with the revision of the National Consensus Statement: essential elements for safe and high-quality end-of-life care.

Forum for health service organisations to share advice and resources

When asked for suggestions on how the Commission could support health service organisations with future guidance on implementing the actions in the Comprehensive Care Standard, respondents proposed that the Commission could create a forum for sharing examples and sharing advice between hospitals.

The Commission will explore options for establishing an online forum or community of practice that could provide a platform for health service organisations to find resources, share learnings and promote examples of Comprehensive Care implementation.

Interactive formats for future resources

Respondents were asked to express their preferences for formats for future resources that are developed by the Commission. Templates and fact sheets were the preferred format (67% and 57%). There were a range of other suggestions including educational and interactive videos, e-learning guides and podcasts that could be utilised for future resources.

The Commission should prioritise any future resource development to focus on templates, fact sheets, interactive videos, e-learning guides and podcasts.

Support for clinician engagement

Issues related to clinician engagement were frequently cited as presenting challenges when implementing the Comprehensive Care Standard. Reasons included the culture shift required and difficulty identifying the different motivators for comprehensive care for different disciplines. The issue of clinician engagement in the implementation of improvement activities has an effect across many healthcare quality improvement activities.

The Commission will undertake further consultation and research to identify the type of support needed by clinicians to reduce barriers and improve the implementation of comprehensive care.

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