



Components of a comprehensive care plan

Survey findings

February 2019



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Introduction

The National Safety and Quality Health Service (NSQHS) Standards were developed by the Australian Commission on Safety and Quality in Health Care (the Commission) in collaboration with the Australian Government, states and territories, the private sector, 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. They 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 the following eight standards:

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

One of these standards, 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 aims to address some of the causes of these safety and quality gaps.

The second criterion of the Comprehensive Care Standard focuses on developing the comprehensive care plan.

Survey process

The Commission is developing materials to support implementation of actions related to developing a comprehensive care plan within the Comprehensive Care Standard.

The first stage of this process was to develop a survey to gather information from health professionals about the most important information to include in a comprehensive care plan.

The anonymous and voluntary survey was distributed widely through the Commission’s social media platforms and via Commission committees. The survey was open from 27 September 2018 until 26 October 2018. There were 1300 responders which included two submitted through alternate media. Not all responders answered every question. The survey was comprised of a section related to data elements with responders asked to select if each item was considered: essential; nice to know but not essential; or not required. There were three open ended questions.

Using 90% as a cut off for agreement on the data items, there were 23 that were considered by responders to be essential to the comprehensive care plan. See **Table 1**.

Demographics of responders

More than 50% of responders were nurses and midwives – 628 Nurses, 28 midwives and 3 identified as being a nurse and midwife (**Figure 1**).

All states and territories contributed with the range 46–681 (median 67) responders. Responders identified working in many different settings with 54% identifying a hospital as their primary workplace (**Figure 2**). More than 50% (690 out of 1291) of responders reported using mixed record types (**Figure 3**).

Figure 1: Number of responders by role

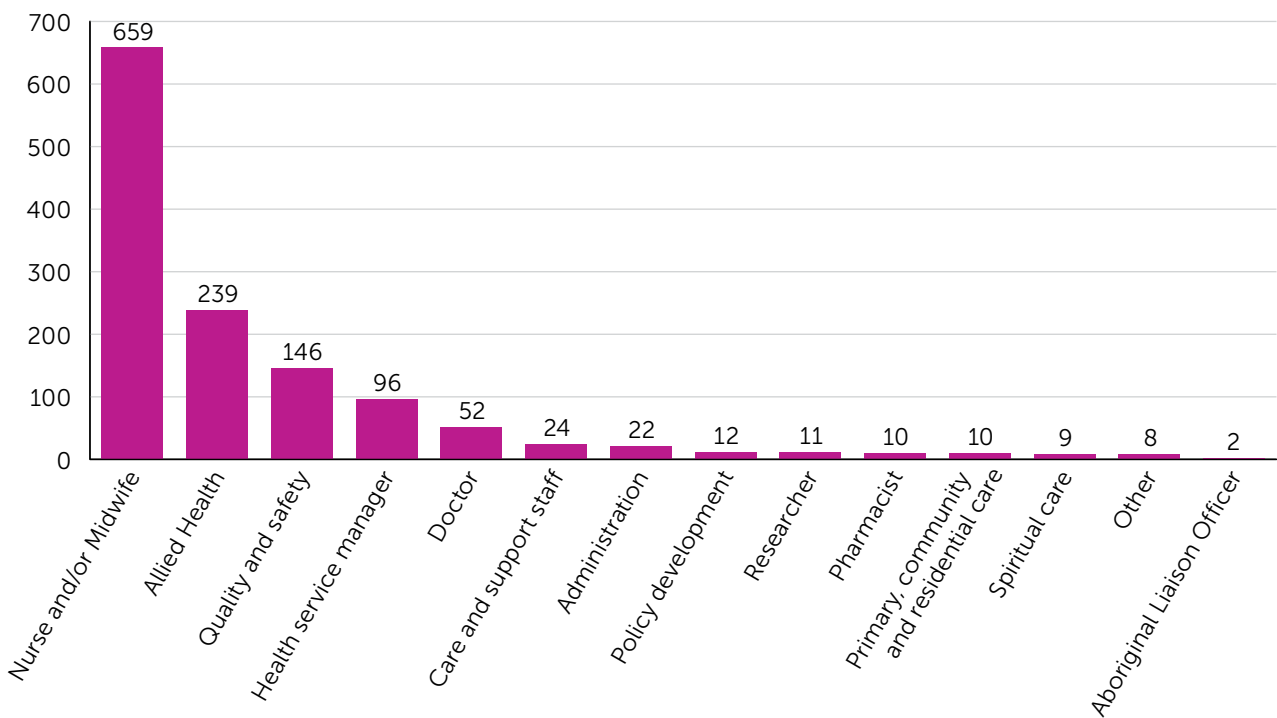


Figure 2: Type of facilities responders identified with

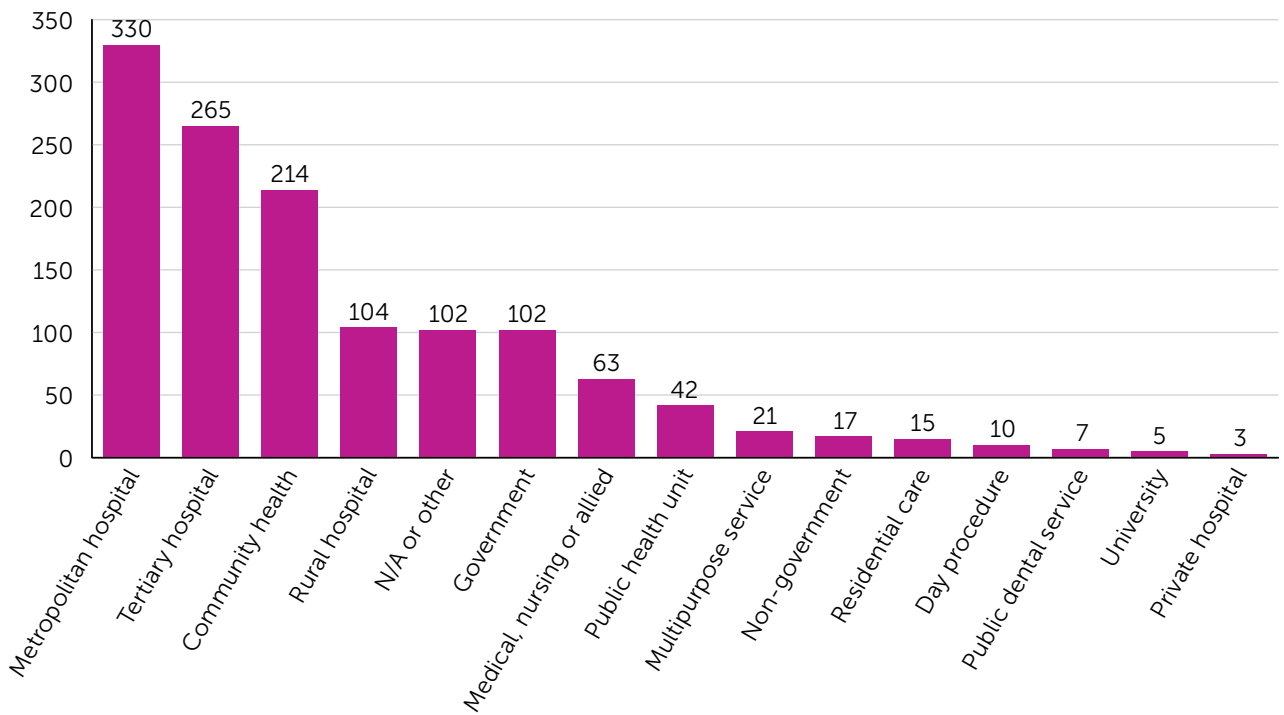
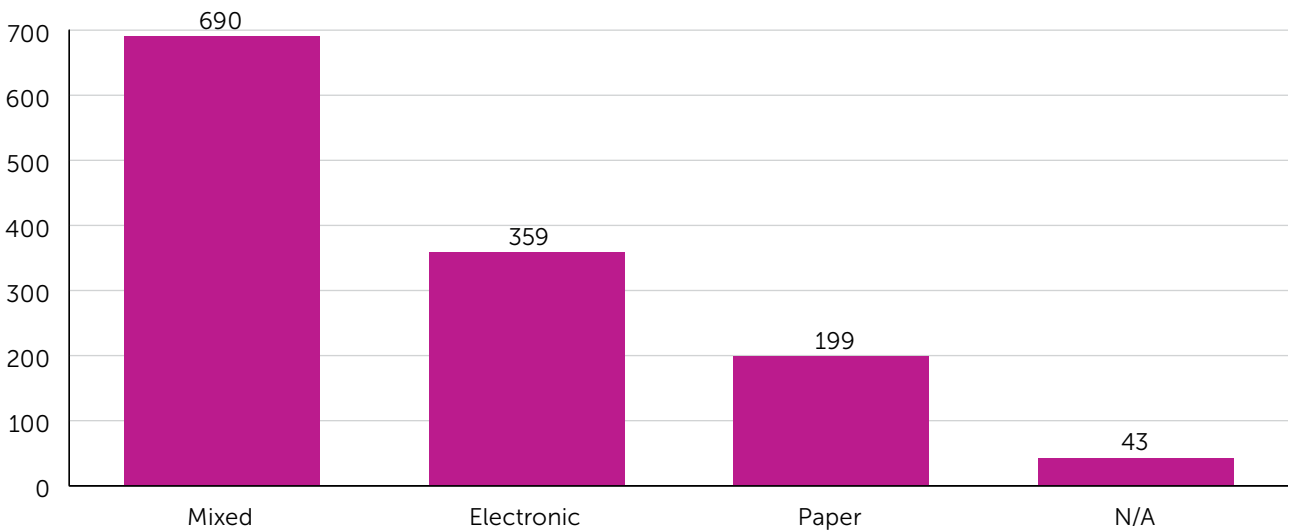


Figure 3: Type of records used



Findings: Components of the comprehensive care plan

Based on the responses to each item, there were no items with 100% agreement that were essential to the comprehensive care plan. See Table 1 for survey responses.

Table 1: Responses to items by number and percentage

	Item	Essential	Nice but not essential	Not required
Identification components	First name	98.70% 990	1.00% 13	0.00% 0
	Middle name	47.13% 459	43.47% 423	9.46% 92
	Surname	99.10% 991	0.80% 8	0.10% 1
	Date of birth	98.80% 988	1.00% 10	0.20% 2
	Gender	83.06% 819	15.01% 148	1.93% 19
	Medical record number	96.49% 961	2.91% 29	0.60% 6
	Preferred name	59.06% 577	39.04% 381	1.95% 19
	Aboriginal and/or Torres Strait Islander descent	68.64% 685	29.29% 292	2.11% 21
	Ethnicity	54.60% 540	40.79% 403	4.66% 46
	Religion	37.30% 370	51.06% 506	11.71% 116

Key: > 90% agreement > 80% agreement > 70% agreement

	Item	Essential	Nice but not essential	Not required
Information about the situation that brings a patient to an acute care facility	Clinical assessment findings	95.57% 950	3.92% 39	0.50% 5
	Any cognitive impairment	97.50% 976	2.40% 24	0.10% 1
	Provisional diagnosis	89.94% 894	9.97% 99	0.20% 2
	Differential diagnosis	76.42% 755	22.98% 227	0.61% 6
	Comorbidities	94.84% 938	4.96% 49	0.20% 2
	Psychosocial issues	90.96% 906	8.74% 87	0.30% 3
	Allergies	95.76% 949	3.74% 37	0.51% 5
	Risk screening and assessment activities	86.27% 861	12.74% 127	1.00% 10
	Activities of daily living (e.g. mobility, diet, assist devices)	88.69% 886	10.92% 109	0.40% 4
	Patient identified issues	91.68% 914	8.03% 80	0.30% 3
	Previous infection	62.21% 614	35.36% 349	2.43% 24
	Medication(s)	92.24% 915	6.66% 66	1.11% 11
	Living arrangements (e.g. residential care)	84.58% 845	14.73% 147	0.70% 7
Different goals of care	Short term clinical goals	94.96% 943	4.54% 45	0.50% 5
	Long term clinical goals	78.16% 773	21.15% 209	0.71% 7
	Short term personal goals	73.84% 734	24.67% 245	1.51% 15
	Long term personal goals	58.83% 583	38.99% 386	2.22% 22
	Daily goals	74.56% 727	23.41% 228	2.05% 20
	End-of-life goals	84.06% 833	14.55% 144	1.41% 14

Key: > 90% agreement > 80% agreement > 70% agreement

	Item	Essential	Nice but not essential	Not required
Information about the decision maker and communication needs	Capacity/substitute decision maker – legal consent	94.96% 942	4.83% 48	0.20% 2
	Preference for involvement of family/support people	87.92% 873	11.90% 118	0.20% 2
	Language/communication needs – translation	97.68% 967	2.22% 22	0.10% 1
	Advance care plan	85.27% 845	14.04% 139	0.71% 7
Identifying all team members that may interact with a patient	Lead clinician	92.96% 924	6.14% 61	0.91% 9
	Other medical team members	62.31% 615	35.97% 355	1.72% 17
	Other team(s) involved	73.35% 724	25.53% 252	1.11% 11
	Current nurse or midwife	74.90% 743	22.48% 223	2.62% 26
	Allied health team members	73.64% 729	24.97% 247	1.42% 14
	Family/carers/support people – contacts	91.47% 912	7.73% 77	0.80% 8
	General practitioner	71.72% 710	25.48% 252	2.83% 28
	Primary care team	71.06% 707	27.06% 269	1.91% 19
	Substitute decision maker	85.46% 852	13.25% 132	1.31% 13
	Existing community services	74.19% 733	24.92% 246	0.91% 9

Key: > 90% agreement > 80% agreement > 70% agreement

	Item	Essential	Nice but not essential	Not required
Current treatment and care	Tests/imaging planned	86.57% 857	12.23% 121	1.21% 12
	Tests/imaging undertaken	84.21% 832	14.37% 142	1.42% 14
	Planned interventions based on risks identified	93.03% 921	6.27% 62	0.71% 7
	Planned interventions based on provisional/differential diagnosis	89.52% 888	9.79% 97	0.71% 7
	Monitoring plan including parameters and frequency	89.30% 885	9.90% 98	0.81% 8
	Triggers for escalation/escalation plan	93.02% 920	6.17% 61	0.81% 8
	Resuscitation status	94.46% 938	4.84% 48	0.71% 7
	Indwelling devices	90.31% 895	9.09% 90	0.61% 6
	Equipment needs	85.25% 844	14.05% 139	0.71% 7
	Medication list	88.61% 879	8.97% 89	2.42% 24
	Infection control precautions	92.52% 916	6.88% 68	0.61% 6
	Communication	95.15% 942	4.45% 44	0.40% 4
	Knowing if the patient has a My Health Record	36.34% 359	54.25% 536	9.41% 93
Discharge planning	Estimated date of discharge	76.74% 762	22.18% 220	1.11% 11
	Needs assessments	89.90% 890	9.30% 92	0.81% 8
	Team members required	79.61% 785	19.09% 188	1.32% 13
	Existing community services	85.96% 851	12.94% 128	1.11% 11
	Referrals required	92.91% 918	6.28% 62	0.81% 8
	Medication reconciliation	87.53% 863	11.47% 113	1.02% 10
	Final diagnosis	89.53% 881	9.46% 93	1.02% 10

Key: > 90% agreement > 80% agreement > 70% agreement



Summary

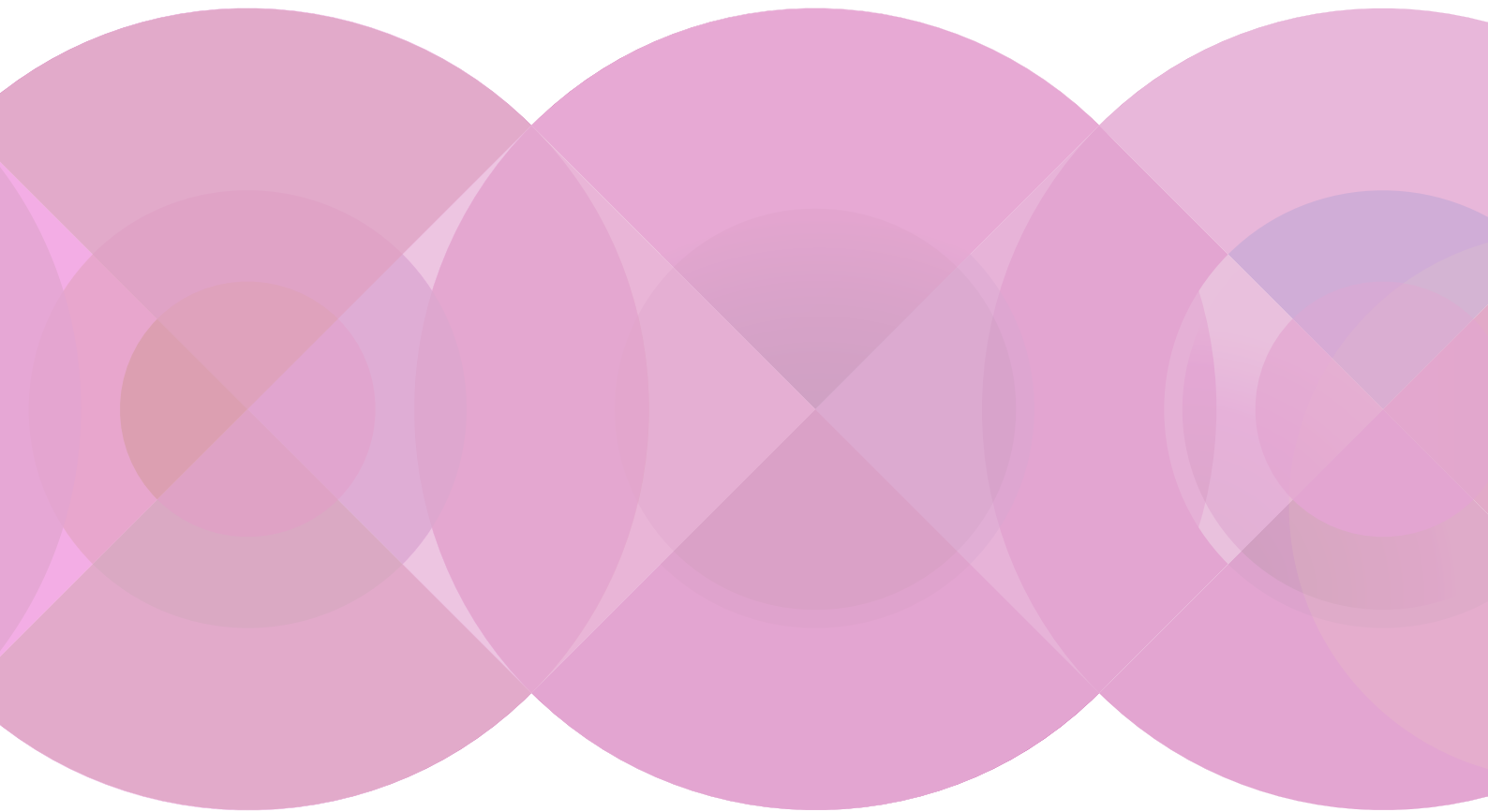
Comprehensive care plans should include information that supports care delivery. Comprehensive care plans will differ depending on the complexity and needs of the patient, and may also be titled differently in various health service organisations.

Many items of information were considered important by clinicians for the development of a comprehensive care plan. Selecting the most relevant information requires clinicians to partner with consumers to build a plan that includes preferences, agreed goals of care and the activities that make up part of care delivery. Information that should be incorporated within a comprehensive care plan can be grouped into eight components:

- Clinical assessment and diagnosis
- Goals of care
- Risk screening and assessment
- Planned interventions
- Activities of daily living
- Monitoring plans
- People involved in care
- Discharge planning/ transfer of care.

The content within each component of a comprehensive care plan should be tailored to the patient's needs, with consideration to the setting and the service that is being provided.





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