Statewide Comprehensive Assessment and Care Planning (CACP) project

Initiative Type

System Improvement

Status

Plan

Added

29 July 2021

Last updated

08 December 2023

URL

https://cnxp3cuvtvrn68yjaibaht5ywrxspj7m.clinicalexcellence.qld.gov.au/improvement-exchange/statewide-comprehensive-assessment-and-care-planning-cacp-project

Summary

The purpose of the Statewide Comprehensive Assessment and Care Planning (CACP) project is to establish optimal, efficient clinical workflows across all Queensland Health (QH) facilities leading to

improved person-centred and coordinated care and improved patient outcomes in line with the Comprehensive Care Standard. The Provision of Comprehensive Assessment and Care Planning in the Hospital Setting: Principles Document, has been developed to provide guidance, principles and recommendations for decision-makers and hospital healthcare workers.

Key dates

Feb 2021

Jun 2022

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Aim

The CACP project was commissioned in 2021 by the Frail Older Persons Collaborative, Clinical Excellence Queensland, to improve processes within Queensland Health facilities related to the NSQHS Comprehensive Care Standard. The project was initially required to perform a scoping review to:

- understand the current state and identify issues related to the standard for adult patients within digital and non-digital QH acute facilities
- identify opportunities for improved workflows
- provide a plan for future QH work to support facilities in the streamlined provision of comprehensive assessment and care planning.

Further funding for Phase 1 of the CACP Project (FY21-22) has been allocated to work towards addressing the highest priority issues identified using a collaborative statewide approach.

Benefits

Benefits of Phase 1 include:

- an Integrated Risk Screening/Assessment tool to improve clinicians' ability to efficiently screen for patient risks arising from hospitalisation with reduced duplication and fragmentation of information compared to current screening tools
- establishment of a Comprehensive Care Collaborative to assist in sharing work currently being conducted in silos (at HHS and facility levels) in order to reduce redundant effort, as well as to increase standardisation of processes across QH.

Overall, this program of work aims to:

- improve collaboration and reduce workload related to Comprehensive Care across HHS/facilities
- improve person-centred care through involving consumers and care partners in goals of care and care planning and providing holistic, coordinated care which addresses risks of hospitalisation identified
- reduce time to complete admission assessments and less duplication and repetition between clinical areas which increases time for direct patient care
- reduce burden of risk screening/assessments to both clinicians and patients/care partners
- reduce length of stay, financial penalties and patient harm through prevention of hospital acquired complications
- improve understanding of patient and care partner goals which encourages person-centred care and minimises care which is inconsistent with patients preferences, goals and values.

Background

The second edition of the *National Safety and Quality in Healthcare (NSQHS)- Comprehensive Care Standard* requires hospitals to provide person-centred, coordinated and comprehensive care that meets their individual needs and reduces the risks of harm associated with healthcare. These harms, known as hospital acquired complications, include delirium, falls, pressure injuries, malnutrition and incontinence. It is well-recognised that these complications impact patients' significantly, including

increased mortality and morbidity, reduced quality of life, reduced function, longer length of stays and distress to patients and care partners. In addition, these complications place significant burden on the healthcare system through increased costs of admission, increased medical complexity and considerable financial penalties. Comprehensive assessment and care planning (CACP) is crucial to identify and mitigate potential patient complications. Due to inadequate integration of patient assessments and care planning pathways within QH (both at a local and system level), there is often poor compliance with meeting the requirements of the Comprehensive Care Standard. Identified issues include:

- variations in risk screening/assessment tools used across digital and non-digital facilities
- ambiguity in requirements for various clinical areas
- differing workflows across the patient journey and transitions of care resulting in repetition
- lack of patient and care partner engagement and input into their goals of care and care plans

This frequently results in care plans which are poorly aligned to patient priorities, as well as inefficient staff workflows, and risk assessments which are seen as burdensome by patients and staff. This does not support coordinated and person-centred care.

Solutions Implemented

Work completed as part of the scoping review included:

- inter-jurisdictional collaboration to leverage and learn from work done across the nation (especially regarding ieMR)
- a detailed gap analysis for digital and non-digital facilities
- development of a Comprehensive Care Principles Document to inform the provision of comprehensive assessment and care planning in acute QH facilities

Solutions planned for Phase1 FY21-22 include:

- defining a QH-endorsed Standard Integrated Risk Screening/Assessment Tool for digital and non-digital facilities which considers the risks of hospitalisation for the patient holistically and reduces duplication and fragmentation between various screening tools
- establishment of a Statewide Comprehensive Care Collaborative with multi-disciplinary leaders, clinicians and subject matter experts across the state to guide a streamlined, person-centred approach to the delivery of Comprehensive Care in line with the NSQHS Standard

Significant future work is required to meet the requirements of the Comprehensive Care Standard but are out of scope of this current phase of work. Future work may include ieMR optimisation, development of standardised comprehensive care plans and a framework for comprehensive care provision across various clinical areas.

Evaluation and Results

Evaluation and results will be updated once the project is completed. Future Phases of work will require implementation planning and ongoing evaluation to ensure that the solutions developed are appropriate for frontline clinicians and to support improved patient care.

Further Reading

- Australian Charter of Healthcare Rights | Australian Commission on Safety and Quality in Health Care
- Comprehensive Care Standard | Australian Commission on Safety and Quality in Health Care
- Frail Older Persons Project | Improvement Exchange | Clinical Excellence Queensland | Queensland Health
- Hospital-acquired complications (HACs) | Australian Commission on Safety and Quality in Health Care
- National Safety and Quality Health Service Standards, Second Edition | Australian Commission on Safety and Quality in Health Care
- Queensland Digital Clinical Charter | Clinical Excellence Queensland
- Queensland Digital Health Consumer Charter Details | Health Consumers Queensland

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