#259 - Care professionals' insights on the Australian Comprehensive Care Standard: A national survey and Interview

Presenting Author
Beibei Xiong

Affiliation
Centre for Health Services Research, The University of Queensland, Brisbane, Queensland, 4102, Australia

Country of residence
Australia

Objectives/aims
In 2019, the Australian Commission on Safety and Quality in Health Care (ACSQHC) mandated the Comprehensive Care Standard (CCS) to ensure patients receive coordinated delivery of total health care that meets their needs. Although the ACSQHC released resources (e.g. user guide, implementation framework, fact sheets) to support the implementation of the CCS, hospitals have to develop their own implementation strategies.
The objective of this study is to explore the knowledge, views, and experiences of care professionals regarding the nationally mandated Comprehensive Care Standard (CCS) in Australian acute care hospitals. More specifically, this study aims to examine the implementation approaches used by hospitals to implement the CCS, the challenges and facilitators of implementation, and the perceived effects of implementing the CCS on patient care and health outcomes.

Methods
This is an explanatory sequential mixed-method study including a nationwide cross-sectional survey and interview.
A questionnaire was developed based on the ACSQHC's evaluation of the CCS survey and CCS implementation guide. The main survey consists of five sections: demographics, knowledge, practices, barriers and facilitators, and perceived effects. We employed convenience and snowballing sampling techniques to distribute the survey through our professional networks and healthcare organisations' and clinical

Evidence and Implementation Summit 2023
9–11 October
Melbourne, Australia & Online

MONASH University   NUS National University of Singapore | Behavioural and Implementation Science Interventions Yong Loo Lin School of Medicine   Centre for Evidence and Implementation

www.eisummit.org   @EISSUMMIT2023   #EIS2023

networks' websites, newsletters, emails, and social media from October 1 2022 to April 30 2023. A 6-point Likert scale (0 = none to 5 = very high) measures knowledge of CCS. A 5-point Likert scale (1 = very low to 5 = very high) measures confidence in performing CC and support received to implement CCS. A 3-point rating scale ("declined", "no change", "improved") measures the perceived effects of the CCS. A semi-structured interview guide was developed with inputs from the Consolidated Framework for Implementation Research Framework and findings from the survey. Ten interviews have been conducted so far, and the interview phase is set to be completed in June 2023.
RStudio was used for descriptive analysis, and Nvivo was used for theme analysis on text and interviews.

Main findings

We received 659 valid responses from Australian care professionals. Over half of the participants (54.7%) reported having very low to moderate knowledge of the CCS. Respondents expressed being "moderately" or "highly" confident in performing each of the six elements of the comprehensive care standard. However, over half of the participants (53.0%) reported receiving very low to moderate support in education and training. Common implementation barriers include lack of knowledge about CCS, heavy documentation burden, staff shortage, gaps in team communication and handover, and competing priorities. Common facilitators include CCS working groups and consumer involvement, risk screening tools in place, and medical records modified to tailor CCS. More than half of the participants think that following the introduction of the CCS, there was an improvement in care continuity (56.0%), shared decision-making (55.6%), interdisciplinary collaboration (54.6%), patient quality of life (54.1%), patient satisfaction (52.7%), and patient education (52.3%), but also an increase in healthcare costs (44.6%).
Eight themes were identified through the interviews, including: (1) approaches to implementing the CCS, (2) beliefs and confidence in the CCS, (3) perceived barriers to implementing the CCS, (4) factors that facilitate the implementation of the CCS, (5) the central role of nurses and the importance of multidisciplinary teams (MDTs), (6) the need for resources, support, and training, (7) impacts on patient care and health outcomes, and (8) recommendations to improve the implementation of the CCS.