

Sepsis clinical care standard indicators: 4a-Evidence of local arrangements to support multidisciplinary care coordination and clinical communication for patients with sepsis

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Identifying and definitional attributes

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| Metadata item type: | Indicator |
| Indicator type: | Indicator |
| Short name: | 4a-Evidence of local arrangements to support multidisciplinary care coordination and clinical communication for patients with sepsis |
| METEOR identifier: | 755652 |
| Registration status: | Australian Commission on Safety and Quality in Health Care, Standard 30/06/2022 |
| Description: | Evidence of local arrangements to support multidisciplinary care coordination and clinical communication for patients with sepsis. |
| Rationale: | Care of the patient with sepsis requires multidisciplinary input. |
| Indicator set: | Clinical care standard indicators: Sepsis Australian Commission on Safety and Quality in Health Care, Standard 30/06/2022 |

Collection and usage attributes

Computation description:

The local arrangements should specify the:

- Process to nominate a clinician experienced in sepsis management to coordinate the multidisciplinary care for each patient with sepsis while they are in hospital
- Roles and responsibilities of each clinician working in the multidisciplinary team, including their responsibilities at transitions of care
- Information that must be documented in the patient's comprehensive care plan and healthcare records
- Process to ensure that the patient's care plan is shared with the patient, their carer and family where appropriate, and the relevant clinical team(s) or general practitioner at each transition of care
- Services available to support effective, culturally safe, communication and transitions of care
- Process to assess adherence to the local arrangements.

Computation: Yes/No

A healthcare setting that has documented evidence of local arrangements that is implemented should record 'Yes.' Otherwise, the healthcare setting should record 'No.'

Comments: This indicator measures care described in both Quality statement 4 – Multidisciplinary coordination of care in hospital and Quality statement 6 – Transitions of care and clinical communication.

Representational attributes

Representation class: Count
Data type: Real

Unit of measure: Service event
Format: Yes/No

Accountability attributes

Reporting requirements: Not applicable.

Organisation responsible for providing data: Not applicable.

Accountability: These indicators are for local quality improvement. Monitoring the implementation of the Sepsis Clinical Care Standard (ACSQHC, 2022) will assist in meeting some of the requirements of the National Safety and Quality Health Service Standards (ACSQHC, 2021).

Other issues caveats: Applicable settings: Public and private hospitals.

Source and reference attributes

Submitting organisation: Australian Commission on Safety and Quality in Health Care

Reference documents: Australian Commission on Safety and Quality in Health Care. Antimicrobial Stewardship Clinical Care Standard. Sydney: ACSQHC; 2020.