

Post Acute Care Program Review

Report on survey of current issues and directions for Post Acute Care

Metropolitan Health and Aged Care Services Division
Department of Human Services

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1. Introduction

The purpose of this paper is to present the results of a survey conducted by the Department of Human Services to identify key issues for consideration in the review of the Post Acute Care (PAC) Program. The major issues identified through the survey will be further explored during a series of regional consultation forums to be conducted in February and March of 2006. Further details on these consultation forums can be found at: <http://www.health.vic.gov.au/pac/review.htm>.

2. Background

2.1 Review of the PAC Program

The PAC Program was introduced in 1995 at a time when there were a variety of pressures upon hospitals to reduce inpatient length of stay, and community resources were becoming increasingly constrained. In this environment concerns for patient welfare led to the introduction of the PAC Program (Post Acute Care Program Health Outcomes and Cost Benefit Study, April 2001).

The PAC Program was established with the following objectives:

- To support recuperation after a hospital episode by providing an appropriate package of community-based supports; and
- To facilitate safe and timely discharge.

The health system environment has significantly changed since the PAC Program was introduced in 1995. Issues that are prompting a review of the PAC Program include:

- The increasing complexity of the service system leading to concerns about access, administrative overheads, service system duplication/overlap and the subsequent push to try and reduce this complexity via program integration.
 - Gaps/pressures in other parts of the service system resulting in PAC services providing recuperative supports that might be considered to be more appropriately provided by other programs such as therapy services.
 - Improved working relationships between the acute and primary care sectors, through the work of the Hospital Admission Risk Program (HARP) and Primary Care Partnerships (PCPs). These policy initiatives provide scope to identify further opportunities to develop these relationships to improve health care service delivery across the care continuum.
 - Maintaining the financial viability of providing post hospital recuperative supports in an environment of increasing demand and cost.
 - Recognition that an increasing number of recipients of post hospital recuperative supports have on-going service needs and that their care is being fragmented through a range of different program arrangements resulting in:
 - multiple assessments;
 - changes in the people providing similar services as people move from one program to another; and
 - different levels of service provision between programs.
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2.2 PAC review objectives

The key areas to be explored during the program review, included:

- The **current role and functions of the PAC Program** to ensure that it delivers person-centred health care;
- The **current referral relationships** to, from and between PAC Services to identify opportunities to improve the linkage of people being discharged from hospital into community-based services, both short-term and long-term;
- The current relationships of the PAC Program with other programs that provide access to post-hospital and/or preventative supports, identifying opportunities for **ensuring that the right care is being provided in the right place and at the right time**;
- The **current brokerage model** of the PAC Program to identify potential to increase the purchasing power of the program;
- The **current arrangements for administering the PAC Program** to identify opportunities to increase expenditure on provision of services; and
- The **current funding, governance and data collection models** to ensure alignment with supporting appropriate delivery of post acute care services.

2.3 Future directions for the PAC Program - Principles

The Post Acute Care Program Discussion paper also identified a range of principles that needed to be maintained when considering any changes to the current PAC Program. These principles focused upon:

- Provision of a **rapid response service** for patients discharged from hospital.
- **Person centred care** that was focused upon the needs of the whole person.
- Delivery of the **right care**, in the **right place**, at the **right time**.
- Ensuring **equity of access** to services for those in need.
- Promoting the seamless delivery of services across the **continuum of care**.
- Maximising **service coordination** between a range of different providers.
- The promotion of **administrative efficiency**.

These objectives and principles were established to guide the review of the PAC Program and to assist in the identification of key issues arising out of the PAC review survey.

3. Survey methodology

A survey was developed based on key issues identified in the *Post Acute Care Program Review – Discussion Paper* (November 2005). A copy of this paper and the survey can be downloaded from the following website address:

<http://www.health.vic.gov.au/pac/review.htm>.

The survey asked people to provide some background information about the type of organisation they worked for; their primary relationship with PAC services; their organisational position; organisational location and size. This information is provided in Section 4.

Survey respondents were then asked to rate their level of agreement with 18 key issues that had been identified in the discussion paper, from '*strongly disagree*' to '*strongly agree*'. These responses are outlined in Section 5.

A list of 10 areas of potential improvement for the PAC program were then provided, and respondents were asked to indicate the extent to which they perceived that further improvements were required, from '*not at all*' to '*a lot*'. Responses to these areas are presented in Section 6.

Survey respondents were provided with an opportunity to comment upon three areas, relating to:

- Additional improvements that could be made to existing PAC operations;
- Perceptions about how PAC services might be delivered in 5 years time; and
- Key changes that may need to occur in the delivery of PAC services over the next few years.

Respondents were also given the opportunity to provide any additional comments they thought relevant to the survey. Qualitative comments provided by survey respondents are presented in Section 7.

The survey was distributed by e-mail to:

- Health Services;
- PAC services;
- Local Government Agencies;
- Community Health Services; and
- Peak bodies.

PAC services were also requested to distribute the survey to private service providers and any other agencies that were not covered in the Department of Human Services distribution lists.

4. Demographic results

4.1 Responses

The Department received 273 responses to the survey. Many comments were also received in relation to areas for further improvement in PAC operations (487 comments), perceptions about how PAC services might be delivered in 5 years time (352 responses), and perceived changes in PAC service delivery over the following few years (330 responses).

A number of organisations/agencies also provided submissions. Where submissions contained issues pertinent to the survey questions, those issues were included in the qualitative comments. Additional information from agency submissions is to be considered in the final reporting stage of the PAC Review.

Although comparatively fewer individuals responded from the community sector, the pattern of responses to the survey was considered broadly representative of the number and range of individual professionals who have most frequent involvement with PAC services. The distribution of responses between metropolitan and rural sectors was considered to be encouraging and helpful in identifying any key issues that may emerge between these different geographic areas.

4.2 Organisational Type

The majority of survey respondents were from acute (62%) Health Services, followed by local government agencies (11%) and Community Health Services (9%). Fewer respondents were identified from private providers (5%), HACC providers (3%), peak bodies or other sources (3%).

4.3 Relationship to PAC services

Almost half of all respondents nominated themselves as 'referrers' to PAC services (45%). Other respondent groups included service providers (34%) and PAC care coordinators (18%).

4.4 Organisational position

Around half of all respondents were employed as direct care providers (45%) or managers (48%). Few respondents were employed in administration-related activities (5%).

4.4 Location

Survey respondents were equally divided between those employed in rural or regional areas of Victoria (49%) and those from metropolitan areas (46%).

5. Current issues in delivering PAC services

Survey responses to current issues have been grouped according to the objectives of the overall PAC Review. Variations in response to individual questions provided by different groups of individuals are reported in the relevant sections below.

Comments provided by respondents have been integrated into the relevant areas for PAC review outlined below. Most comments provided by respondents related to funding of PAC services, followed by the service model, referrals between hospital and community providers and the current model of service provision. Discharge planning and to a lesser extent eligibility and assessment criteria for PAC services also featured in the comments provided by respondents.

5.1 Current roles and functions of PAC

5.1.1 Types of services provided are appropriate

Stakeholders were asked to indicate whether *"The types of services provided by PAC are appropriate"* (Q. 6L). More than three quarters of respondents (82%) agreed with this statement.

Additional qualitative (free text) comments from respondents supported an expansion in the range or level of current services provided by PAC services.

5.1.2 Service duplication between PAC and other programs

Stakeholders were asked if *"There is service duplication between PAC and other programs"* (Q. 6G). Half of all respondents (50%) disagreed that there was service duplication. In contrast to the majority of respondents, those in management positions and those from metropolitan areas were more likely to perceive that there was some level of service duplication between PAC and other programs.

Qualitative responses indicated that rural areas, particularly small rural areas, had few services other than those provided by PAC. Other comments reflected a perception about the lack of clarity relating to roles or lack of guidelines for different programs rather than concerns about service duplication per se.

5.1.3 PAC should undertake discharge planning

Stakeholders were asked whether *"PAC services should undertake discharge planning"* (Q. 6O). Almost two thirds of respondents (61%) agreed with this statement.

Qualitative responses reflected a range of different views, with some indicating that PAC should undertake the full discharge planning function, the majority indicating that PAC should participate in discharge planning, and others indicating that PAC should have no role at all in discharge planning.

5.1.4 PAC should be directed at younger clients

Stakeholders were asked to rate their level of agreement with the statement *"PAC should be directed at younger clients who are ineligible for other services"* (Q. 6I). Although nearly one half (47%) of all respondents agreed with this statement, around one third (38%) did not agree.

Qualitative responses reflected some concerns that younger clients might not have access to other services. Although several responses indicated that PAC should only deal with younger clients, many comments were more concerned about younger clients having equity of access to the PAC program.

Equity of access to PAC services were also mentioned for other groups including post-natal clients, homeless clients and clients with a mental health diagnosis.

5.1.5 Level of demand is consistent across PAC services

Stakeholders were asked to rate whether *"The level of demand for different types of services is consistent across PAC services"* (Q. 6K). Respondents were equivocal in their level of support for this statement. Although one third (31%) of respondents disagreed, around a quarter (26%) agreed, and almost half (40%) indicated that they did not know.

The qualitative responses contained little comment about the level of demand across PAC services. However, there were a number of responses relating to the consistency of services provided by PAC services, suggesting variation between the type and level of PAC services provided by different regions to the "same type" of client.

5.2 Current referral relationships with other services

5.2.1 Service system complexity

Stakeholders were asked to rate their level of agreement with the statement *"The service system has become more complex over the past five years"* (Q. 6A). Most respondents (74%) agreed with this statement.

Several respondents commented upon service system complexity with some suggesting that programs/funding streams needed to be simplified and others suggesting that clearer guidelines were required. Others suggested that e-referral and central information stores might improve linkages between different services.

5.2.2 Health services identify clients

Stakeholders were asked whether *"Health services readily identify clients who require PAC services"* (Q. 6B). Almost two thirds of respondents (64%) agreed with this statement.

A number of respondents suggested that there needed to be better education of hospital staff/discharge planners on the role of PAC and when to refer to them. A range of other comments indicated concerns about the quality and appropriateness of referrals to PAC services.

5.2.3 Identified within appropriate time frames

Stakeholders were asked to rate their level of agreement with the statement *"Clients requiring PAC services are identified within appropriate time frames"* (Q. 6C). Almost two thirds of respondents (64%) agreed with this statement.

Respondents indicated a desire to access PAC services after hours and on weekends in order to facilitate timely discharge. It was noted that one PAC service provided an "after hours" service and expressed an interest in this service being extended to other regions.

5.2.4 Easy to make referrals to PAC

Stakeholders were asked to indicate whether *"It is easy to make referrals to PAC"* (Q. 6D). Almost three quarters (74%) of respondents agreed.

Qualitative comments raised concerns about being able to access PAC services “after hours”. Other comments related to the overall level of staff awareness about the services provided by PAC, and a need for further education about Pac’s role and function. Some respondents reported concerns about duplicate assessments for home-based supports that were conducted by PAC services, following initial assessment by hospital service providers. Others commented about their disinclination to refer to PAC services given PAC funding restrictions.

5.3 Relationship of PAC with other programs

5.3.1 Relationships between hospital and community organisations

Stakeholders were asked to rate their level of agreement with the statement “*Good working relationships exist between hospital and community organisations*” (Q. 6E). More than three quarters (81%) of respondents agreed.

A range of service providers commented on the good working relationships that existed between hospitals, PAC and community-based agencies with many indicating that the current model of providing post-hospital supports was working well within their community. A number of respondents from rural community-based agencies commented upon referrals from metropolitan hospitals that did not reach their local PAC services and had required subsequent redirection from other service providers.

5.3.2 Client needs are clearly identified

Stakeholders were asked whether “*The needs of clients referred to PAC are clearly identified*” (Q. 6P). Two thirds (65%) of respondents agreed with this statement.

A number of respondents commented that PAC should be involved in discharge planning. Others suggested that PAC coordinators should visit the patient in-hospital prior to discharge, or that PAC coordinators should visit the patient at home in order to more clearly identify individual needs.

5.3.3 Clients receive the services they require

Stakeholders were asked if “*PAC clients are able to receive all the services they require*” (Q. 6Q). Although one third (32%) of respondents agreed with this statement, over half (56%) disagreed. PAC coordinators were more likely than other groups to agree with this statement.

Qualitative responses reflected a range of issues around service provision by PAC services, including:

- The range of services provided;
- The duration of service provision;
- Variations in services provided by different PAC services;
- Funding constraints impacting upon service provision; and
- A perceived lack of access to PAC services for some groups of clients.

5.3.4 Clients receive services when they require them

Stakeholders were asked to rate their level of agreement with the statement “*PAC clients are able to receive services when they require them*” (Q. 6R). Almost two thirds (60%) of respondents agreed with this statement.

There were a number of favourable comments indicating that PAC services were able to respond in a timely manner to facilitate discharge and that this capacity to provide a rapid response service should be maintained. Concerns about the capacity of PAC services to respond to “after hours” needs were also related to this issue.

5.3.5 Clients can access other service providers

Stakeholders were asked if *"Clients leaving PAC can access other service providers when they need them"* (Q. 6S). A similar proportion of respondents agreed (44%) and disagreed (37%) with this statement. Referrers and respondents from metropolitan areas were more likely to disagree with this statement compared with other groups.

A number of respondents commented about the capacity to access ongoing community supports given the constraints experienced by community service providers. Others commented on the ongoing need for PAC to 'gap fill' for a range of service providers including Sub-acute Ambulatory Care (SACS) and Home and Community Care (HACC) due to existing waiting lists to access these programs.

5.4 Brokerage model

Several comments were provided by respondents about the effectiveness of the current brokerage model of service delivery implemented by PAC services. Several advantages of this model of service delivery were reported including providing flexibility and capacity to change service providers if service quality changed. Respondents also reported limitations associated with the brokerage model including funding being better utilised to employ service providers and lack of clarity about the guidelines for different brokerage programs.

5.5 Program administration

5.5.1 More than 50% of funding on client service delivery

Stakeholders were asked whether *"More than 50% of PAC funding should be spent on service delivery"* (Q. 6I). Almost all (84%) of respondents agreed with this statement.

In relation to this issue, some respondents suggested that the care coordination function of PAC should to be considered as a component of client service delivery rather than administration, given the amount of time required to undertake these activities.

5.5.2 Amount spent on care coordination is appropriate

Stakeholders were asked to rate their level of agreement with the statement *"The amount spent by PAC services on care coordination is appropriate"* (Q 6M). Although one third (37%) of respondents agreed with this statement, almost half of all respondents (42%) indicated they did not know.

Qualitative responses, were concerned with defining the nature of 'care coordination' in a similar manner across all PAC services, and recognising it as a part of client service delivery.

5.6 Current funding, governance and data collection

5.6.1 Level of demand may impact on financial viability

Stakeholders were asked if *"The level of demand for PAC services may impact on their financial viability"* (Q. 6H). More than half (59%) of respondents agreed with this statement.

A number of respondents, particularly from rural areas, commented upon the need to ensure that funding matched the level of demand for services. Respondents commented upon:

- The increasing costs of service provision;
- Increases in demand due to the aging population;
- Rural cost issues;
- Increases in demand due to shorter lengths of hospital stay; and
- The need for funding to support any expansion of the role of PAC (e.g., in discharge planning or expansion of patient eligibility criteria).

5.6.2 Current catchments are appropriate

Stakeholders were also asked whether *“The current catchments for all PAC services are appropriate”* (Q. 6T). Although almost one half (45%) agreed with this statement, a third (39%) indicated they didn’t know.

Issues relating to PAC catchments were rarely mentioned in qualitative comments provided by respondents. Where mentioned, catchment-related comments referred to the alignment of PAC services with Health Services, local government areas, and catchments of other programs such as Hospital in the Home (HITH).

6. Potential areas of improvement

The survey also encouraged respondents to indicate areas relating to the PAC review that may benefit from potential improvement.

6.1 Current role and functions of PAC

6.1.1 Range of activities undertaken

Stakeholders were asked to rate the level of improvement required to *"The current range of activities undertaken in service delivery"* (Q. 7D). Half of respondents (56%) indicated the need for a little or no improvement.

Some respondents provided suggestions about different models of care coordination that might be provided by PAC services (e.g., face to face contact, client monitoring and follow up). Other respondents suggested that changes were required to the range and/or duration of PAC services offered across the state.

6.2 Current referral relationships with other services

6.2.1 Referral relationships with Health Services

Stakeholders were asked to indicate whether any improvements were required to *"Referral relationships with health services"* (Q. 7A). Half of all respondents (51%) indicated the need for little or no improvement.

Respondents suggested several strategies to improve relationships including:

- E-referral;
- Implementation of a single point of referral;
- Central information repositories;
- The use of common referral tools and processes; and
- The simplification of referral processes.

Respondents, particularly from rural areas, commented upon the need to improve "inter-PAC" referrals to ensure clients were linked into local services in a timely manner.

6.2.2 Referral relationships with community sector organisations

Stakeholders were asked to rate the level of improvement required to *"Referral relationships with community sector organisations"* (Q. 7B). Again, one half (39%) of all respondents indicated the need for little or no improvement.

Comments relating to the use of e-referral, common referral tools and protocols, and "inter-PAC" referral practices were also mentioned as suggestions to improve referral relationships with community sector organisations.

6.3 Relationships of PAC with other programs

6.3.1 Service overlap

Stakeholders were asked if improvements were required in relation to *"Service overlap with other programs"* (Q. 7H). Around half of all respondents (48%) of respondents indicated that there was little need for any improvement in this area.

Rural respondents referred to the limited range of services available compared to their metropolitan counterparts. Other respondents indicated that there was a need for

clearer guidelines on the roles/functions of different programs to minimise the potential for service overlap to occur.

6.4 Brokerage model

6.4.1 Model of service delivery

Stakeholders were asked if there was a need for improvement in *"The current model of service delivery"* (Q. 7C). More than half (57%) of respondents indicated the need for little or no improvement.

Many respondents commented upon the need to maintain the current brokerage model of service provision. Others commented upon the need to clarify guidelines for different brokerage programs such as PAC and the Hospital Admissions Risk Program (HARP).

6.5 Program administration

6.5.1 Administrative activities

Stakeholders were asked if any improvements were required to *"The way administrative activities are undertaken"* (Q. 6E). Half (54%) of all respondents reported that there was little or no need improvement in this area.

Specific comments suggesting improvements in the nature of administrative activities undertaken by PAC services were difficult to discern from respondent feedback.

6.5.2 Reporting to the Department

Stakeholders were asked to rate the level of improvement required to *"The current reporting requirements to the Department"* (Q. 7I). Most respondents (87%) did not know or indicated that there was little improvement to be made in current reporting relationships.

Specific comments suggesting improvements in reporting relationships were not readily identified from respondents.

6.6 Current funding, governance and data collection

6.6.1 Data collection

Stakeholders were asked if further improvements were required to *"The way data collection is undertaken"* (Q. 7F). Two thirds of respondents (65%) did not know or indicated that there was little improvement to be made in current data collection methods.

Specific comments suggesting improvements to data collection methods for PAC services were not identified from respondents.

6.6.2 Funding model

Stakeholders were asked improvements were needed to *"The current funding model"* (Q. 7G). Almost half of respondents (44%) indicated that a moderate to significant degree of improvement was necessary.

Respondents raised concerns that PAC funding should be sensitive to rural issues and special needs groups. Most comments relating to funding were concerned with ensuring that funding matched the demand and cost of services provided to PAC

clients, and that any potential expansion of PAC services was met with an appropriate funding response.

6.6.3 Governance arrangements

Stakeholders were asked to rate the level of improvement required to "*The current governance arrangements*" (Q. 7J). Half (50%) of all respondents indicated the need for little or no improvement to current arrangements.

There were limited comments from respondents in relation to PAC governance arrangements. Some suggested that PAC services should become hospital-based and managed while others suggested PAC services should be community-based and managed.

7. Consultation Forums – Issues for consideration

7.1 Summary of issues identified through the PAC review survey

- Current roles and functions
 - Benefit of guidelines to distinguish eligibility for different services
 - Role of PAC in discharge planning
 - Expansion of services for other client groups (e.g. mental health, residential aged care, younger people, post-natal, homeless)
 - Level of service provision for different client groups
- Current referral relationships with other services
 - Strategies to improve service linkages (e-referral, single point of referral, information repositories, common referral processes, inter-PAC referrals)
 - After hours service provision
 - Minimisation of duplicate assessment
- Relationship with other programs
 - Metro referrals to rural areas
 - Methods of client needs identification
 - Strategies to access ongoing community supports
- The brokerage model of service delivery
 - Definitions of care coordination
 - Models of care-coordination
- Program administration
 - Funding benchmarks and guidelines (service provision, care coordination, administration)
- Funding, governance and data collection
 - Demand projection and management
 - Rural cost issues
 - Integration and alignment with other service networks
 - Hospital versus community-based management.

7.2 Issues for consideration at consultation forums

- Eligibility and equity of access
 - Ensuring equity of access (mental health, residential aged care, younger people, post-natal, homeless)
 - Eligibility guidelines to ensure equity of access
 - Referral
 - Referral standards
 - Strategies to improve service linkages
 - Inter-PAC referrals
 - Access mechanisms to facilitate referral – eg. single point of referral
 - “After hours” access
 - Service model (assessment, discharge planning and care coordination)
 - Assessment tools and processes
 - Reducing duplication of assessment
 - Validation of assessment information from a referrer and reassessments
 - Ensuring person/family centred care
 - The role of PAC in discharge planning
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- The PAC care coordination role
- Service location
- Service provision
 - Consistency and equity in service allocations decisions
 - Service provision across different programs
 - Duration of service provision
 - Range of services provided
- Service integration and alignment
 - Relationship with other programs such as SACS, HARP, HACC and district nursing
 - Guidelines for programs
 - Single point of access/referral
- Service management
 - Quality
 - Client outcomes
 - Benchmarks and guidelines
 - Governance

7.3 Other issues

7.3.1 Funding

Funding was a significant theme in the survey responses and does need to be considered. However, the focus of the Consultation Forums will be on the “model” and the funding needed to support that model will be reviewed by the Department of Human Services.

7.3.2 Workforce

Issues related to workforce were raised by a number of respondents and need to be considered as part of broader health workforce strategy development being undertaken by the Department of Human Services.

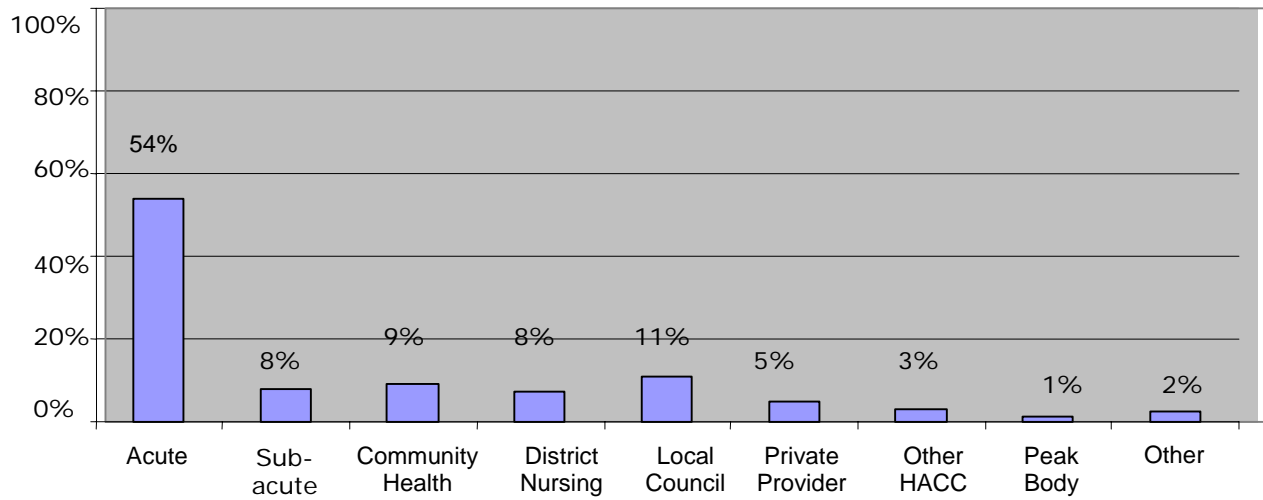
7.3.3 Referral – e-referral/IT connectivity

A range of respondents commented on the need to implement e-referral and IT connectivity to improve intra and inter-agency referrals. The Department is furthering these developments through the “Primary Care Partnership” strategy and Health*SMART*. This review will promote and support these initiatives in improving referral processes between health and community service providers

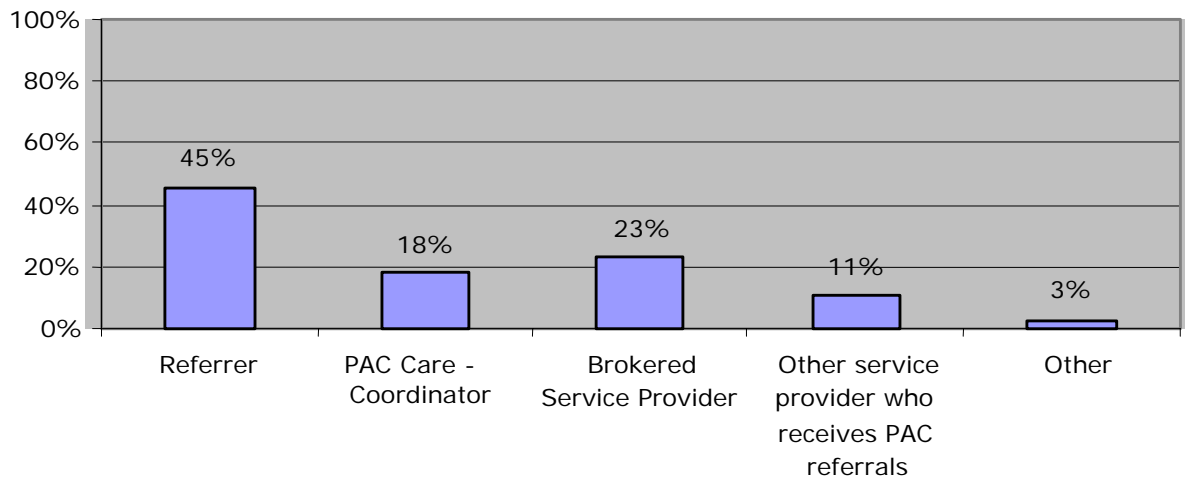
8. Survey results – Graphs

8.1 Demographic data

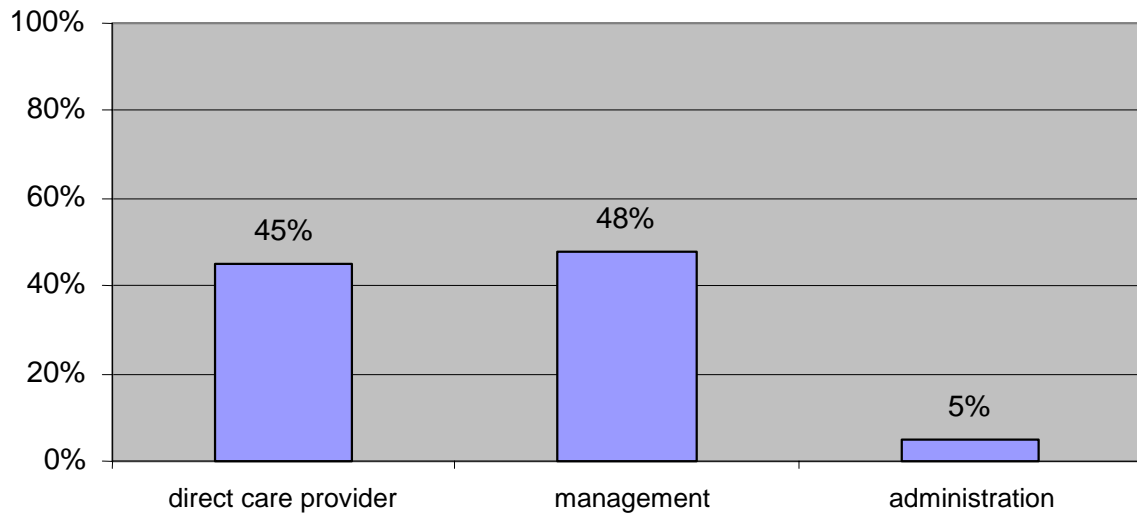
PAC Survey Respondents: Organisational Type



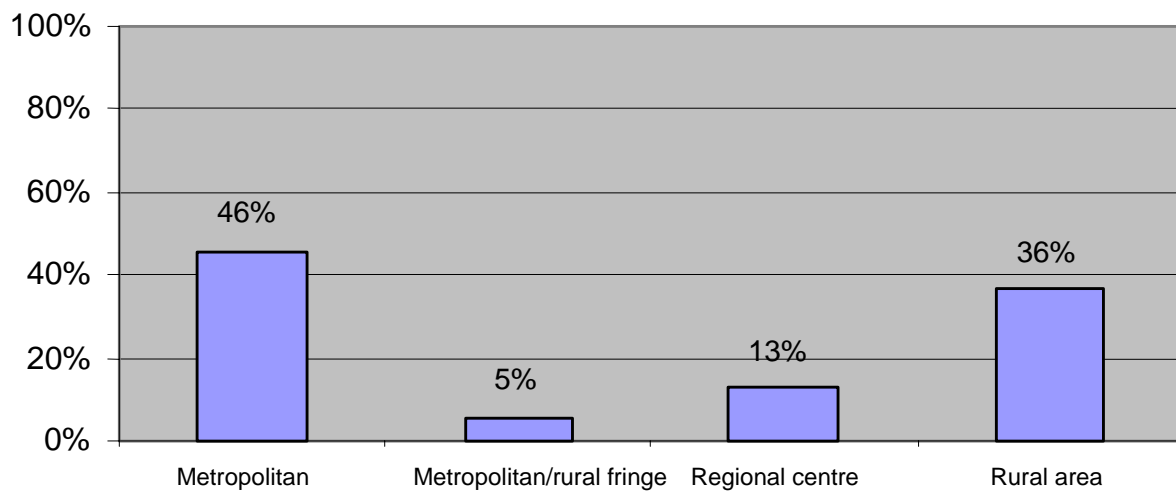
PAC Survey Respondents: Relationship with PAC Services



PAC Survey Responses: Organisational Position

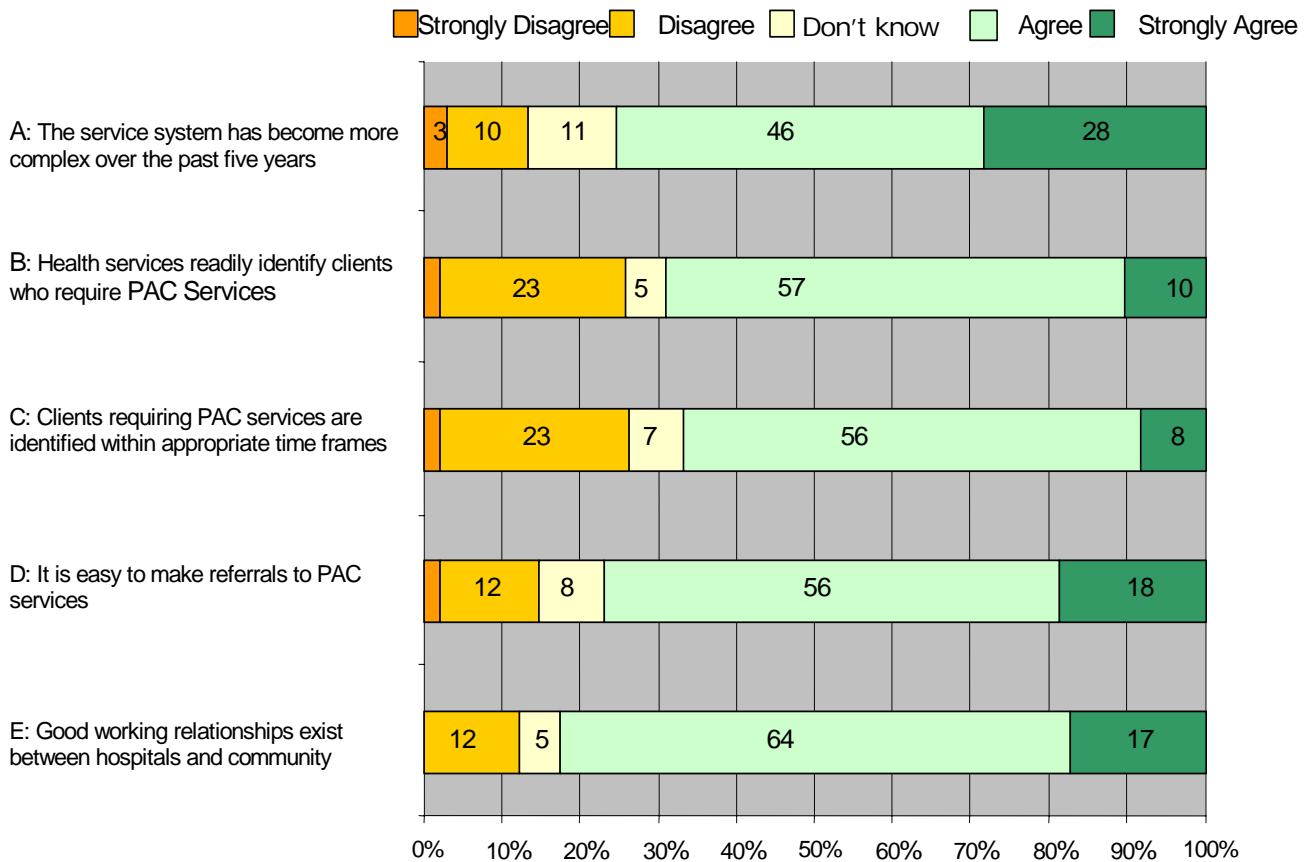


PAC Survey Responses - Location of survey respondents

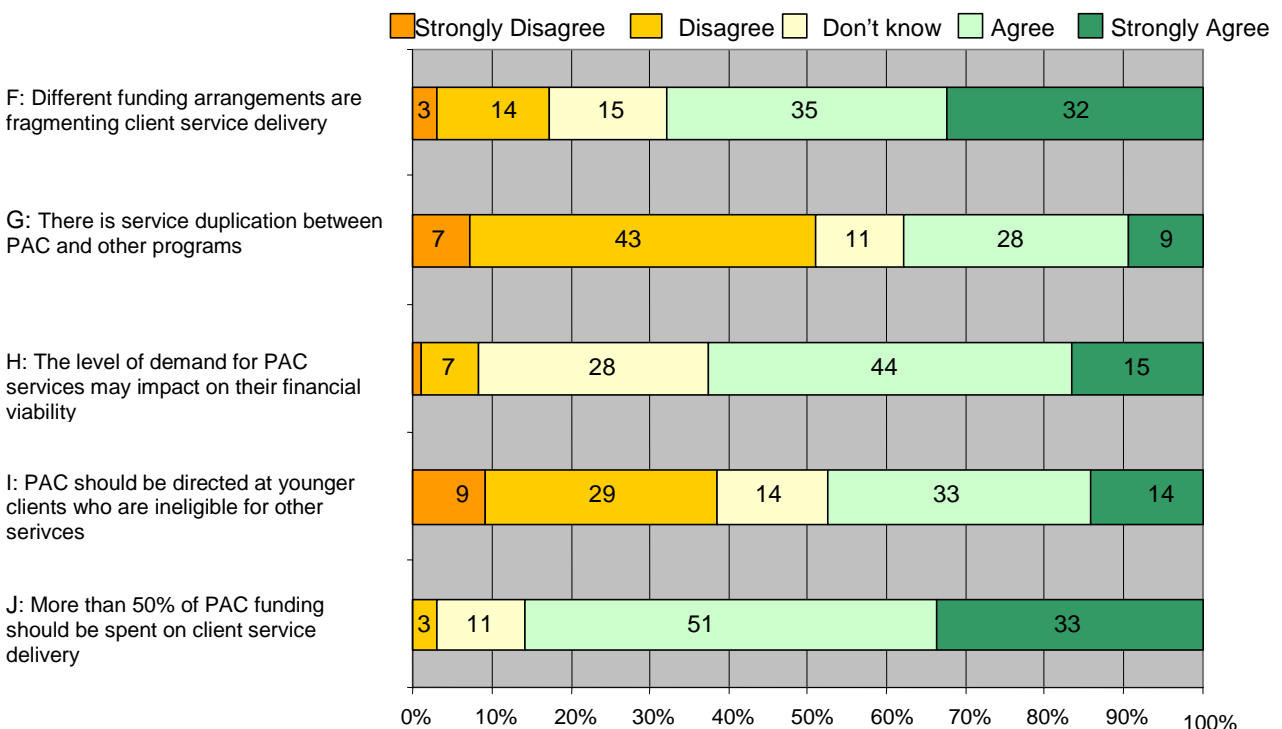


9.2 Current issues in delivering PAC services

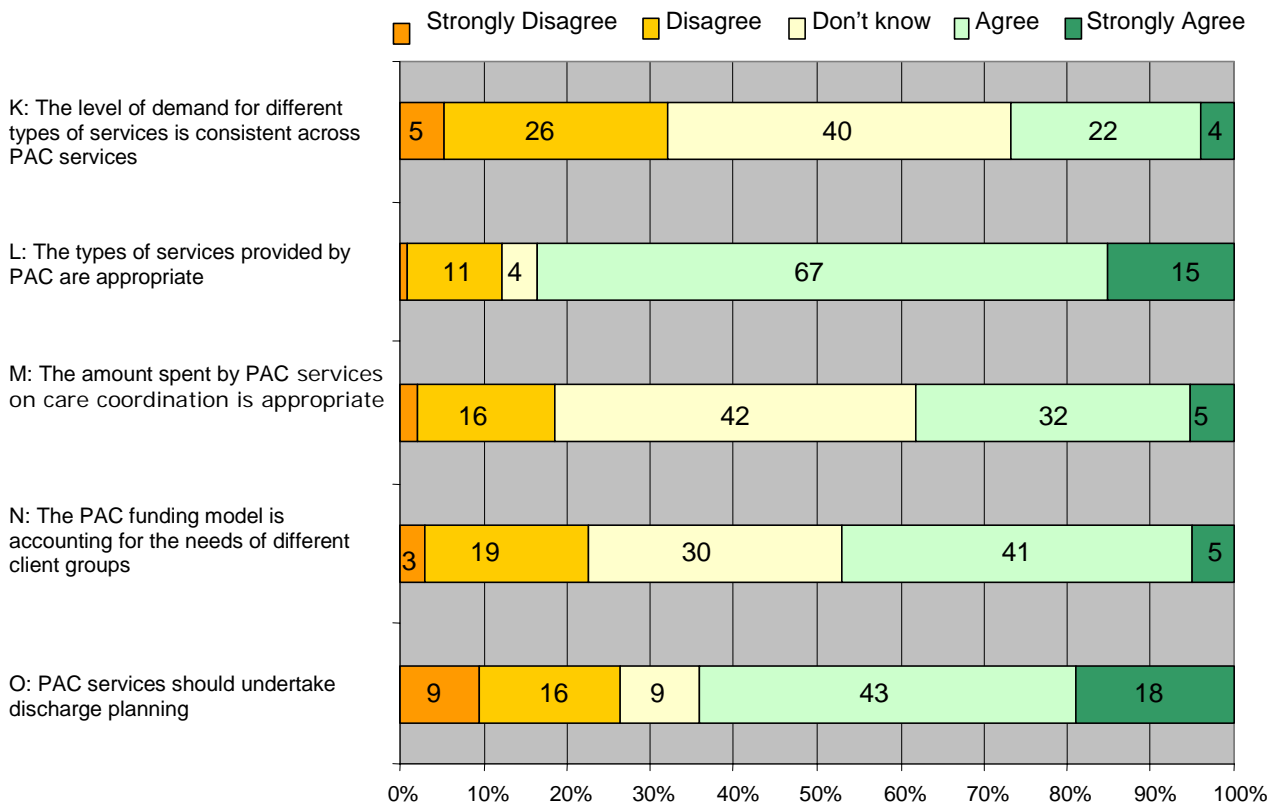
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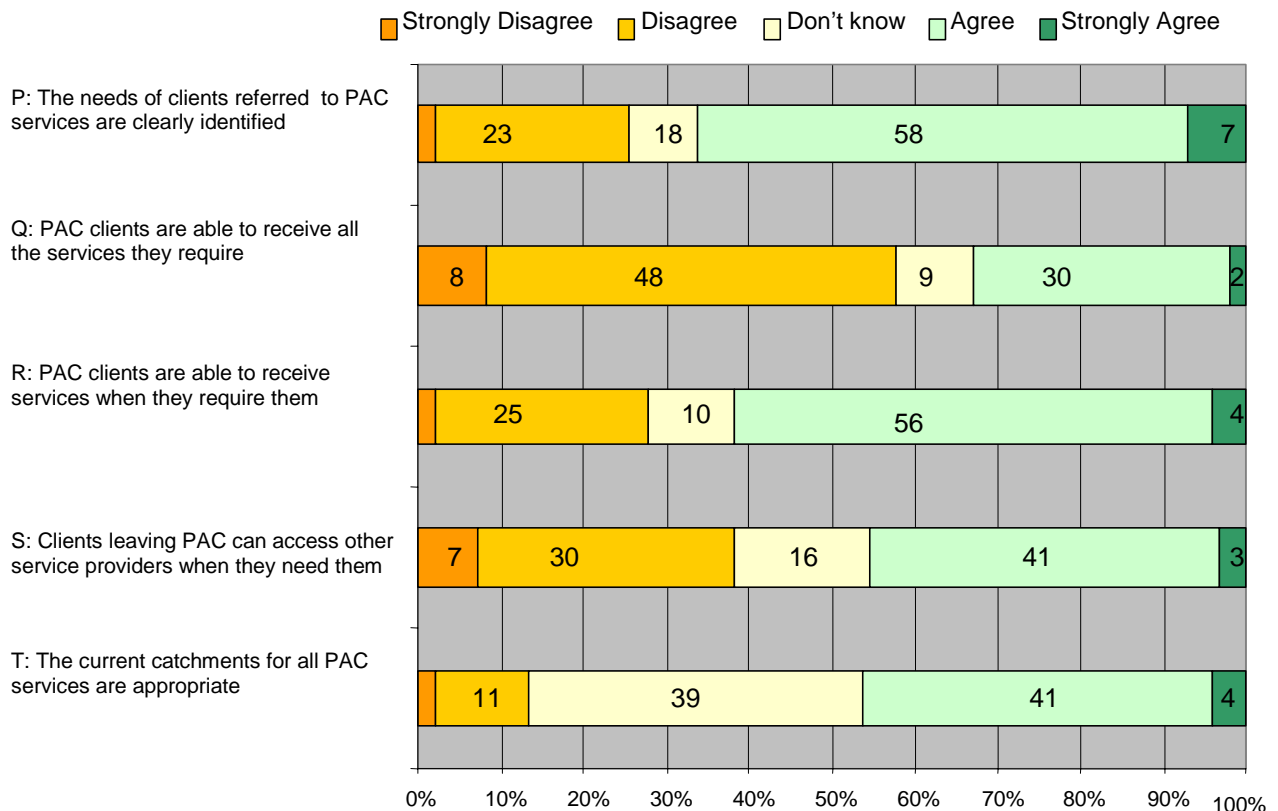
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Current Issues in delivering PAC services: 3

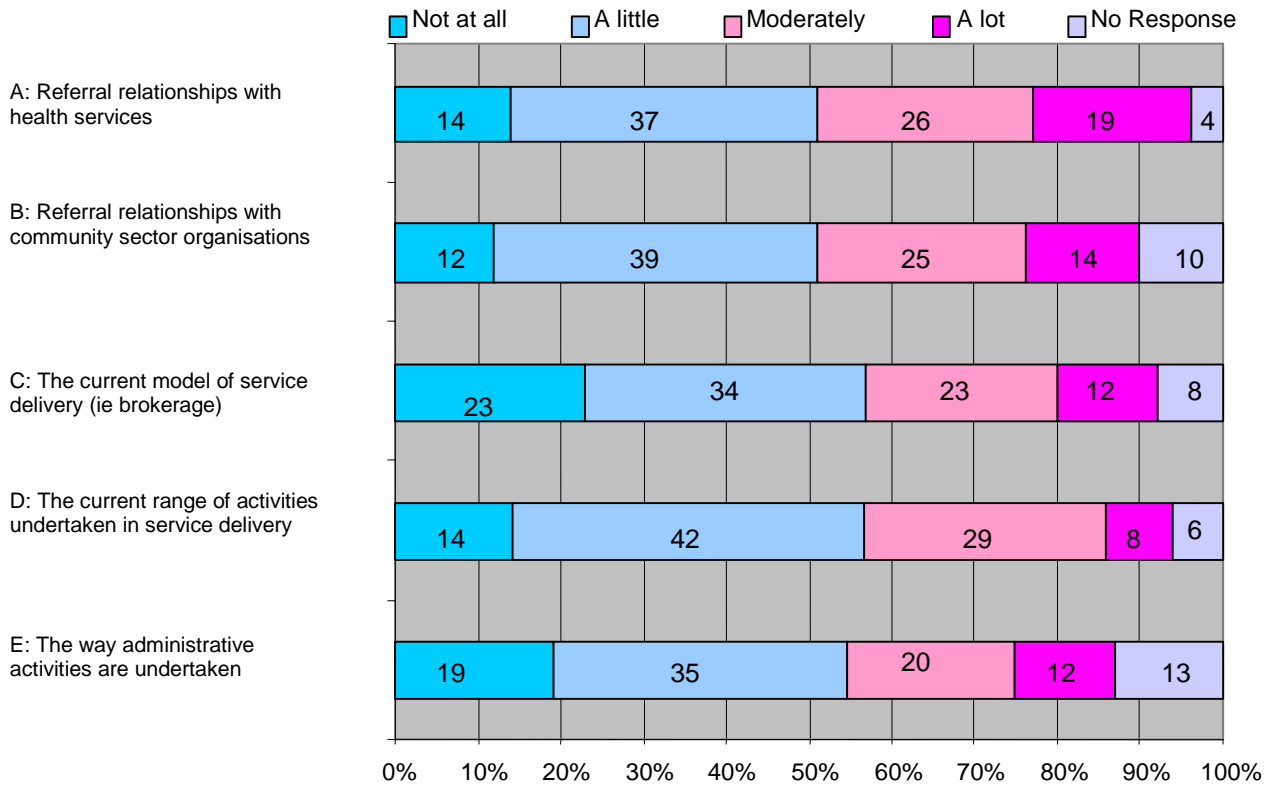


Current Issues in delivering PAC services: 4

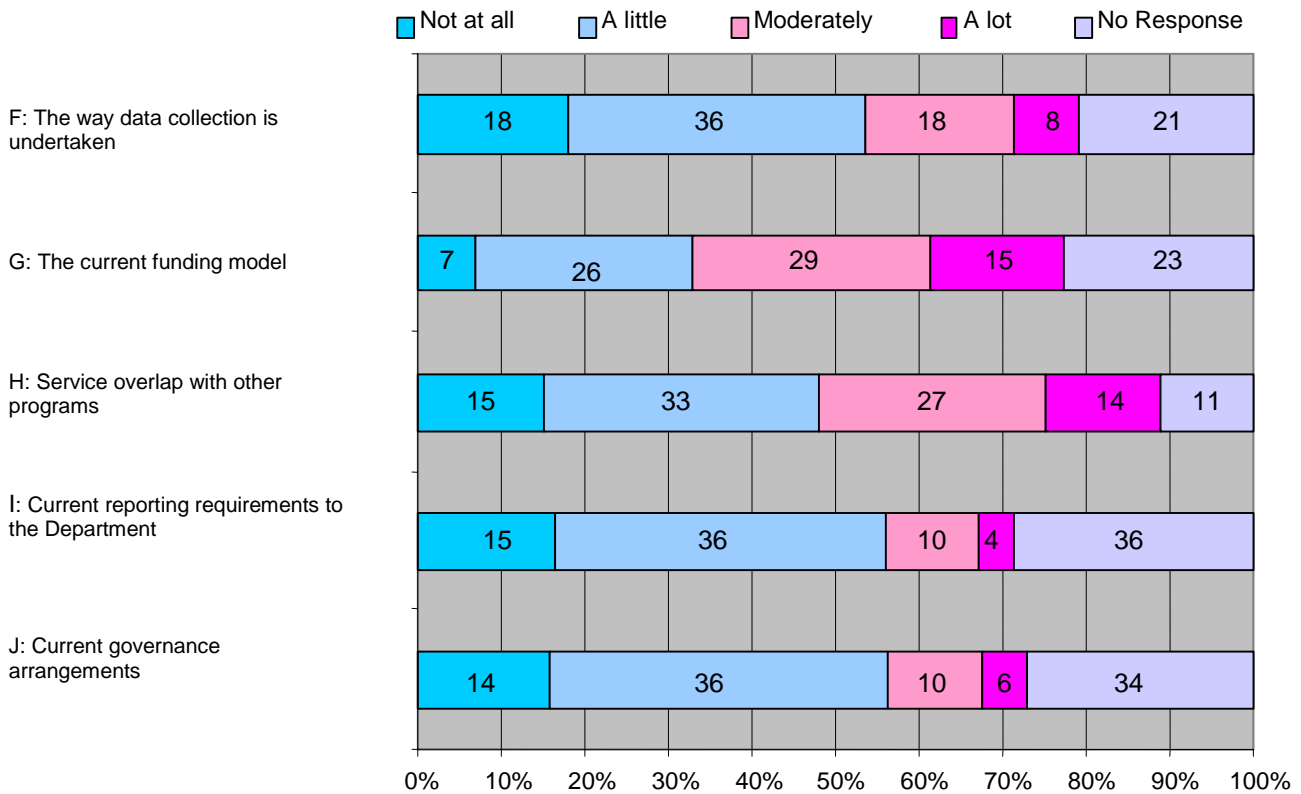


8.3 Potential areas of further PAC program improvement

Potential areas of further PAC program improvement: 1



Potential areas of further PAC program improvement: 2



8.4 Qualitative responses

