end·of·life ESSENTIALS®
education for acute hospitals

Takeaway Resources and Messages

Accreditation within Hospital

Important elements of safe and quality end-of-life care are incorporated in the Comprehensive Care (CC) Standard. The CC Standard has been incorporated within the National Safety and Quality Health Service (NSQHS) Standards since 2019.

Hospitals operate to meet the needs of their local communities and so they may have varied processes and policies and different ways to deliver excellent comprehensive care. Implementing the CC Standard is core business that requires a complete organisational approach, with genuine engagement at senior management level and all layers of the hospital. Some hospitals will be very experienced at quality improvement approaches that systematically coordinate quality end-of-life care. The Australian Commission on Safety and Quality in Health Care (the Commission) has established mechanisms for the recognition of excellence in safe and quality practice. However, some hospitals will be just beginning their work to implement the CC Standard and so will be just beginning to understand the CC Standard, as well as advocating for the allocation of resources and devising how to best coordinate implementation.

Preliminary preparation and ongoing work for assessment to the CC Standard and the NSQHS Standards should be a whole of organisation approach. However, this is not always the case. We recognise that it can sometimes be a challenge to meet the actions under the CC Standard. However, you may find yourself as a clinical or audit trailblazer and you may be the only one, or one of a few, who is responsible in your organisation or your local practice setting to begin the important work to improve the safety and quality of end-of-life care. There are different ways clinicians and hospitals can prepare or approach an assessment to the CC Standard. End-of-Life Essentials (EOLE) has shared some suggestions to assist in the preparation for assessment.

Evidence for Standards

These are the End-of-Life Care Actions within the CC Standard:

5.15 : The health service organisation has processes to identify patients who are at the end of life.

5.16 : The health service organisation providing end of life care has processes to provide clinicians with access to specialist palliative care advice.

5.17 : The health service organisation has processes to ensure that current advance care plans:
   a. Can be received from patients
   b. Are documents in the patient's health care record.

5.18 : The health service organisation provides access to supervision and support for the workforce providing end of life care.

5.19 : The health service organisation has processes for routinely reviewing the safety and quality of end of life care that is provided against the planned goals of care.

5.20 Clinicians support patients, carers and families to make shared decisions about end of life care in accordance with the *National Consensus Statement: Essential elements for safe and high quality end of life care.*

The following suggestions could contribute to the required evidence to demonstrate that your hospital is meeting the Comprehensive Care Standard (end-of-life care actions). These suggestions have been provided in response to the EOLE pre-workshop survey which can be added to (we would also like to hear if you have any others).

Available End-of-Life Essentials Resources

Education Modules

There are 17 EOLE education modules that can be used for:

- review or upskilling new staff as part of ongoing self-guided education
- use as an organisational educational resource
- planning EOL care

This includes two specific modules that have been developed to support hospitals in preparing for accreditation:

- Meeting the Standards
- Clinical Change Management

Each module has an associated Toolkit with checklist of things you could implement and resources that you could use that may be helpful with preparing for accreditation or for audit (e.g. in a ward resource folder for End of Life Care).

Meeting the Standards

🕐 20-25 minutes

ℹ Whatever your role, this module aims to explain the Comprehensive Care Standard, as part of the National Safety and Quality Health Service Standards, focussed on end-of-life care.

Clinical Change Management

🕐 20-25 minutes

ℹ Clinical change begins with having a good understanding of the hospital where you work, and the level of quality of end-of-life care.

EOLE Accreditation Collaborative

EOLE Accreditation Collaborative partners with hospitals to share, develop and learn more about the delivery of end-of-life care in meeting the National Safety and Quality Health Service (NSQHS) Standards.

Hospital Case Stories

The following case stories provide examples of other hospitals' approaches to meeting the NSQHS Standards:

- Auditing
- Establishment of Committee to support quality End-of-Life Care
- Development of End-of-Life Goals of Care Form

Meeting Comprehensive Care Standard End-of-Life Care Actions - Fact Sheets

- 5.15: The health service organisation has processes to identify patients who are at the end of life.
- 5.16: The health organisation providing end-of-life care has processes to provide clinicians with access to specialist palliative care advice.
- 5.17: The health service organisation has process to ensure that current advance care plans
  a. Can be received from patients
  b. Are documents in the patient's health care record.
- 5.18: The health service organisation provides access to supervision and support of the workforce providing end-of-life care.
- 5.19: The health service organisation has processes for routinely reviewing the safety and quality of end-of-life care that is provided against the planned goals of care.
- 5.20: Clinicians support patients, carers and families to make shared decisions about end-of-life care.

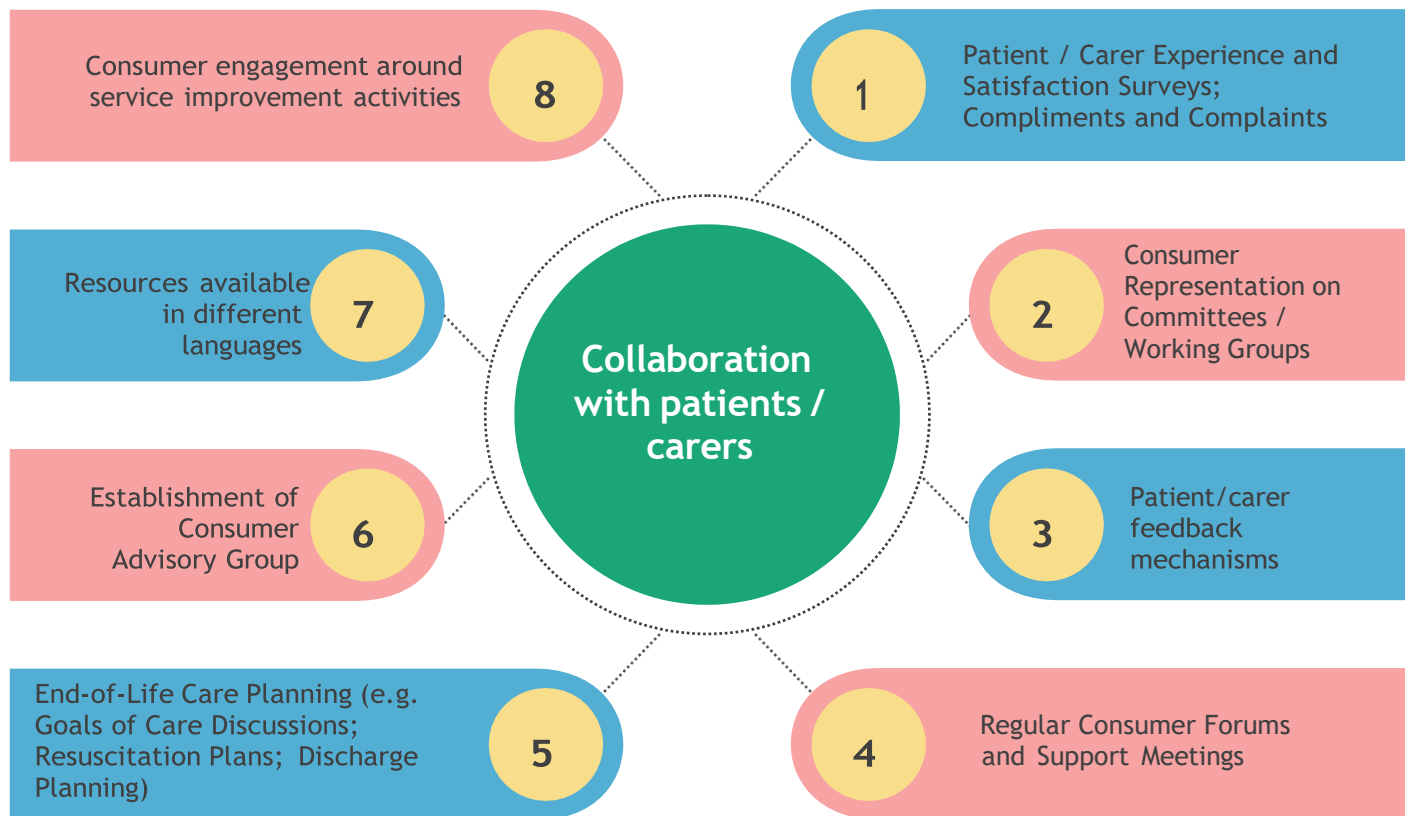## Sources of Evidence to demonstrate actions have been met

Audit

- End-of-life audit tools from the Australian Commission on Safety and Quality in Health Care
    - End-of-life care audit tool
    - Clinician survey
    - Hospital information survey
    - Data dictionary
    - Patient identifier table
- Canterbury Quality of Death (CQD) Audit Tool
- EOL care plan audits: Advance Care Plan (ACP) and Advance Care Directives
- Annual audits on ACP on admitted patients, comparing to preferences of care and Medical Treatment
    - Decision Makers listed on inpatient goals of care forms.
    - Audit of use of EOL care plans against the choices of the consumer and family
    - Audit of valid "Goals of patient care" forms
    - Quarterly audit on Completion of Resuscitation plans to ensure the organisation is meeting the medical values and preferences of care of the patient/client
    - Quality checks that ACP documents presented to electronic health records comply with witnessing as determined by legislation.
- Quality Auditing Reporting System (QARS) - Clinical Excellence Commission
- Health Roundtable Quality of Dying Audit
- Care plan for the dying person: Clinical form audit tool
- Clinical Excellence Commission (CEC) Death Review completed on all patients
- consideRATE 2021 - A measure of serious illness experience based on what matters most to people who are seriously ill.
- Does your State or Territory Department of Health have Key Performance Indicators? E.g., SA Health 'Palliative Care - Timeliness of Care'

Other Useful Resources to Support Accreditation

- Supportive and Palliative Care Indicators Tool (SPICT)
- Essentials of Care & National Consensus Statement: essential elements for safe and high-quality end -of-life care (ACSQSC)
- Advance Care Planning Improvement Toolkit
- The NSQHS Standards
- NSW Health CEC Last Days of Life Toolkit
- Palliative Care Outcomes Collaboration (PCOC) reporting
- The AMBER care bundle
- Evaluation of the Last Days of Life resources
- Death Screening and Review Tools

Examples of ways to Collaborate with Patients / Carers to work towards upholding safe and quality care

8 — Consumer engagement around service improvement activities

1 — Patient / Carer Experience and Satisfaction Surveys; Compliments and Complaints

7 — Resources available in different languages

2 — Consumer Representation on Committees / Working Groups

6 — Establishment of Consumer Advisory Group

3 — Patient/carer feedback mechanisms

5 — End-of-Life Care Planning (e.g. Goals of Care Discussions; Resuscitation Plans; Discharge Planning)

4 — Regular Consumer Forums and Support Meetings

Collaboration with patients / carers

Following Accreditation

Once the work towards accreditation has been completed, it is important to provide feedback to the clinical governance committee (if there is one) and to hospital management. It should not be viewed as just completing the paperwork to meet the standards but an opportunity to highlight deficiencies in quality of care as well as any achievements.