



NSAP

Palliative Care Australia

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NSAP National Quality Report December 2010



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Palliative
Care
Australia

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Executive Summary

The National Standards Assessment Program (NSAP) is a quality improvement program available for all specialist palliative care services across Australia. It is a resource that enables services to engage in continuous quality improvement through self assessment against the national palliative care standards,¹ action plan development and implementation, as well as peer mentorship. Following a successful pilot program NSAP was formally launched in July 2009 and now has 138 services participating in the program.

The NSAP process delivers meaningful, useful and actionable quality improvement information at a service, state/territory and national level. This publication provides an analysis of the self assessment reports received prior to June 30, 2010, including reports from the pilot program, a total of 69 reports.

Considering the overall priority for improvement data and the 957 action items provided by the 69 submitted self assessments, it is clear that national priorities are focused on three key areas:

1. Skill development in continuous quality improvement
2. Care planning (incorporating assessment)
3. Support for carers

Importantly this analysis foreshadows a real opportunity to develop processes for working collaboratively across these core areas for improvement based on an emerging understanding of the needs of the sector, in addition to supporting system level change to enable improvement in palliative care for patients and their families / carers.

An overview of the data, analysis and key recommendations are encapsulated in this report. The recommendations centre on the following key areas:

- Support for system level change and reduction in duplication through collaborative effort;
- Promotion of currently available resources and tools for the sector to decrease replication of products;
- Development of a national evidence based bereavement care model;
- Skills development for the sector relating to continuous quality improvement; and
- Validation of patient and family survey tools for Culturally and Linguistically Diverse Communities and Aboriginal and Torres Strait Islander peoples.

NSAP will initiate a project focusing on two of the above key areas (skill development in continuous quality improvement and care planning) as a starting point. The proposed model to achieve improvement in these areas is based on the Collaborative Breakthrough Series developed by the Institute for Healthcare Improvement² and utilised in a number of Australian and international quality improvement initiatives. In addition to this, further analysis of data available to NSAP will continue as the aggregated data set grows with ongoing submission of self assessments. This evolving NSAP data set on key areas for improvement will provide a rich information source for informing the ongoing development of well targeted quality improvement programs at national and state/territory levels. That such programs can be based on current information about patient, family/carer and service needs, and requirements against industry standards, substantiates the unique and valuable nature of the data provided through the NSAP self assessment tools.

¹ Palliative Care Australia (2005) *Standards for Providing Quality Palliative Care for all Australians*, PCA, Canberra

² Institute for Healthcare Improvement (2003) *The Breakthrough Series: IHI's Collaborative Model for Achieving Breakthrough Improvement*. IHI Innovation Series white paper. Boston.



NSAP

National Quality Report

Section 1

Understanding NSAP

The Australian Government's Department of Health and Ageing (DoHA) has funded the development and establishment of the National Standards Assessment Program (NSAP or the Program) since May 2007 through the National Palliative Care Program. NSAP is a structured framework for continuous quality improvement built on the Palliative Care Australia *Standards for providing quality palliative care for all Australians* (the national standards) and based on the mutually supportive processes of self assessment and peer mentorship. The core objective of NSAP is the improvement of quality in palliative care experiences and outcomes for patients, carers and families.

NSAP is a unique resource to comprehensively improve outcomes in palliative and end of life care at a system level by providing services with a structured program to assist them in self assessing their service provision against the national standards. Each standard contains quality elements against which services seek evidence of achievement. There are 13 standards and 88 quality elements (QE) in total. Services rate the frequency with which they are able to achieve an element of care – never, rarely, sometimes, often or always³. Following the assessment against all quality elements of the standard the service determines whether this standard as a whole is a high, medium or low priority for improvement. The results of those assessments are set out in Appendix 2. Based on their assessment results and improvement priorities, services develop actionable improvement plans and provide a summary online with their self assessment submission. A thematic analysis of the improvement actions generated through the NSAP self assessment process is presented later in this report and in Appendix 3.

NSAP was successfully piloted and tested with 30 specialist palliative care services commencing in November 2008. Following this work refinements were incorporated, preceding a national roll out of the Program commencing in July 2009. The Program is now available for use by specialist palliative care services (both adult and paediatric) across all states and territories, and is currently used by 138 services to support their continuous quality improvement efforts. Services are able to use the tools provided by NSAP to self assess their work against the national palliative care standards, develop key priority areas for improvement and engage with a voluntary peer mentorship program. Self assessment is recommended as a biennial event alongside ongoing action plan implementation to enable services to engage in continuous quality improvement.

Aim of this report

This report aims to identify opportunities for national system level improvement in quality across Australian palliative care services derived from a collective analysis of identified priorities and improvement action plans completed as part of services' self assessment undertaken with NSAP.

This report utilises all the self assessment data and quality improvement action planning information that was submitted prior to June 30, 2010 from 69 services (listed in Appendix 1) to describe national opportunities for improvement and the key areas for action associated with these. The report also provides some recommended actions for supporting services with their improvement activities utilising an Improvement Collaborative.

³ The following descriptions of each rating are used by services:
Never – means that this does not occur
Rarely – means that this occurs less than 25% of the time
Sometimes – means that this occurs between 25 – 75% of the time
Often – means that this occurs over 75% of the time
Always – means that this occurs all the time

Which services are included in this report?

Figure 1 shows the state / territory distribution of services whose data is included in this report. It is noteworthy that the national roll out of the Program, commencing in July 2009, was managed in a phased progression, explaining the higher representation of submitted self assessments from certain states (e.g. NSW and Victoria). This national roll out is now complete enabling all services across Australia to participate in NSAP.

Figure 1 – Self assessment by State

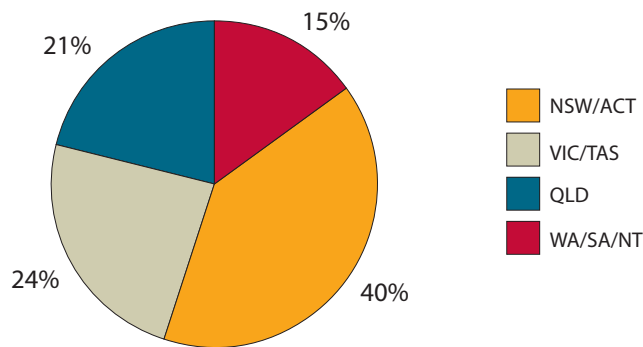
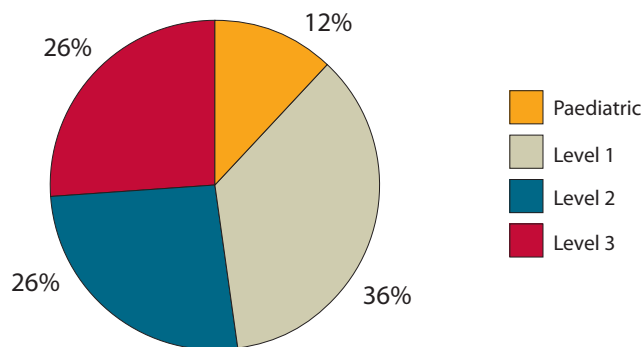


Figure 2 provides further information about the services represented in this report. The role delineation framework (RDF or the Framework) provided by Palliative Care Australia in their publication: *A Guide to Palliative Care Service Development: A population based approach (2005⁴)* was used to assist services in noting their level of service provision. The RDF has not been fully implemented or resourced in most states / territories. Therefore, some services may be designated as a Level 1 service but not resourced according to the Framework. These services have elected to self assess against Level 1 criteria. Given the lack of specificity this self designation entails, the information in Figure 2 should be interpreted with caution. NSAP currently assesses the quality elements for specialist palliative care services, Levels 1-3.

Figure 2⁵ – RDF Level



⁴ Palliative Care Australia (2005) *A Guide to Palliative Care Service Development: A population based approach*, PCA, Canberra.

⁵ The RDF capability and resource matrix is available from the Palliative Care Australia *A Guide to Palliative Care Service Development: A population based approach (2005)* PCA, Canberra.

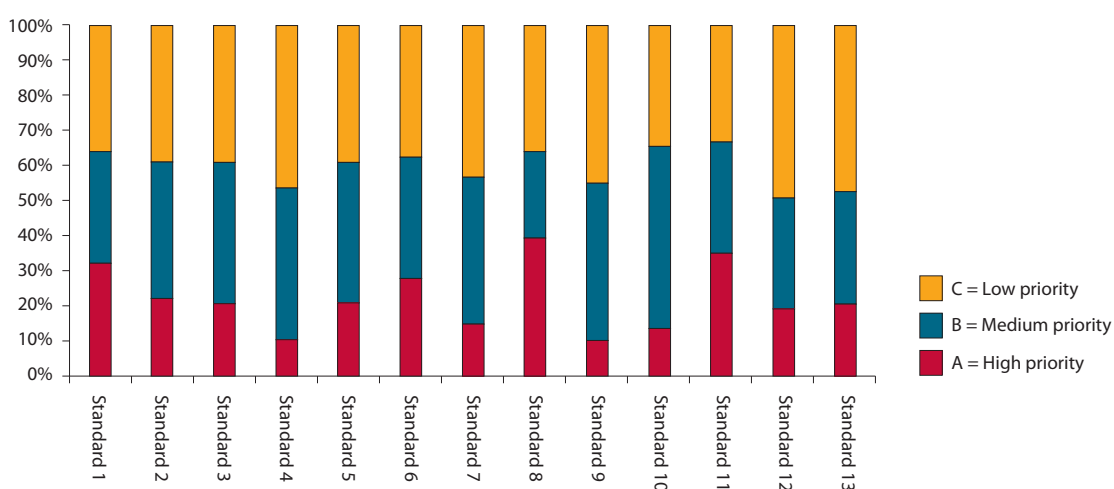
Section 2

What are the high priority opportunities for improvement?

As part of the self assessment process services were required to determine an overall rating of the improvement priority for their services for each of the 13 standards. Services could rate a standard as either a high, medium or low priority for improvement. This rating was not directly tied to the outcomes of the assessment of each of the quality elements but incorporated other external issues such as resource availability, overall direct impact on quality of patient or family experience of care, and other local initiatives.

Graph 1 shows services' (n=69) priority ratings for improvement for each of the 13 standards.

Graph 1 – Overall priority ratings per standard



Each of the five standards most commonly rated as a high priority for improvement by services are discussed in more detail below. These five standards are outlined in Table 1.

Table 1 – Standards most commonly rated as a high priority

Standard	% of services who rated this Standard as a 'High' priority
8 - Bereavement Care	39
11 - QI / Research	35
1 - Person-centred care planning	32
6 - Terminal care	28
2 - Holistic care planning	22

Standard 8

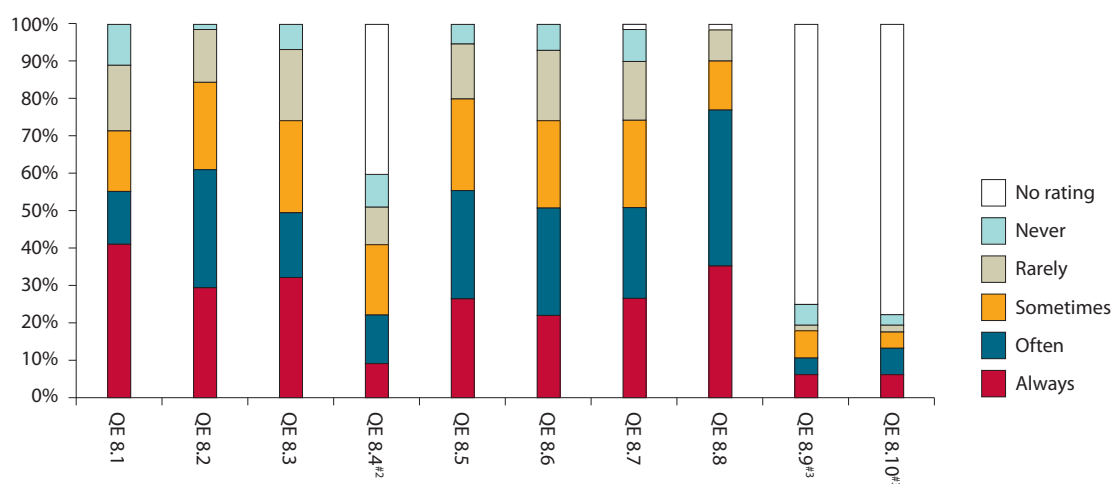
Formal mechanisms are in place to ensure that the patient, their caregiver/s and family have access to bereavement care, information and support services.

The quality elements are described as follows:

- 8.1** The organisation has policies and procedures that guide its bereavement support program
- 8.2** The interdisciplinary team includes professionals with culturally appropriate education and skills to meet the needs of the service's patients and their families when they experience loss, grief and bereavement
- 8.3** Families are clinically assessed to identify those at risk of complicated grief and bereavement
- 8.4** Clinical assessment is undertaken to identify those family members suffering depression, anxiety and sadness associated with loss, grief or bereavement
- 8.5** The family's need for support is reassessed on an ongoing basis, including after the death of the patient
- 8.6** Culturally appropriate information and resources about loss, grief and the availability of bereavement support services is routinely available to families before and after the death of the patient
- 8.7** The staff and volunteers involved in bereavement support undergo a formal education program and are provided with support in their role
- 8.8** Referrals to specialist mental health and counselling professionals are made when clinically indicated
- 8.9** *Supplementary element for Level 2 services:* The service provides education to primary care and Level 1 specialist palliative care services and the community about loss, grief and bereavement
- 8.10** *Supplementary element for Level 3 services:* The service provides support to primary care, Level 1 and 2 specialist palliative care services and their patients who are at risk of complicated bereavement

Graph 2 provides graphical representation of the self assessment ratings for Standard 8. The raw data is available in Appendix 2.

Graph 2 – NSAP aggregate data for Standard 8



Caution is required when interpreting the data from these quality elements.

^{#2} not rated by the 30 NSAP Pilot services

^{#3} supplementary elements for level 2 or 3 services only

Standard 8 (bereavement care) was rated by 39% (n=27) of the services included in this report as a high priority area for improvement. Evidence in the literature varies in relation to the use of bereavement risk assessment tools and national guidance on this would be valuable. Funding mechanisms to provide bereavement services are not consistent across the country and there is disagreement about what should be funded, with an evidence based model in relation to this yet to be developed.

The self assessment data demonstrates that:

- 49% of services rated that they are only sometimes or less frequently able to ensure routine availability of culturally appropriate resources about loss, grief and the availability of bereavement support.
- 45% of services rated that they only sometimes or less frequently had policies and procedures to guide their bereavement support program despite a further 41% of services always having access to such supports. Opportunities may exist here for collaborative support across the sector.
- 77% of services rated that they often or always made referrals to specialist mental health and counselling professionals when clinically indicated.
- The 30 services participating in the pilot version of NSAP did not rate Quality Element (QE) 8.4. This high percentage of 'no rating' within the results means that data pertaining to this QE must be interpreted with caution. However, of the 39 services who did rate this element, only 19% rated that they often or always clinically assessed family members suffering depression, anxiety and sadness associated with loss, grief or bereavement despite the fact there are validated tools available for the assessment of depression and anxiety.

Recommendations

1. Actively promote culturally appropriate resources available on CareSearch⁶
2. Support organisational policy and procedure development through the NSAP Peer Mentor process
3. Develop a national evidence based model for bereavement care
4. Analyse funding models available both to specialist and primary care services to provide bereavement care
5. Continue the upgrade of bereavement resources and tools available via the CareSearch website
6. Promote validated assessment tools available for providers to clinically assess depression and anxiety in family members
7. Support the review of the National Standards by Palliative Care Australia in relation to Standard 8

⁶ Knowledge Network CareSearch is a free online resource of palliative care information and evidence. Bereavement resources are available from <http://www.caresearch.com.au/caresearch/ClinicalPractice/PsychologicalSocialSpiritual/BereavementandGrief/tabid/1345/Default.aspx>

Standard 11

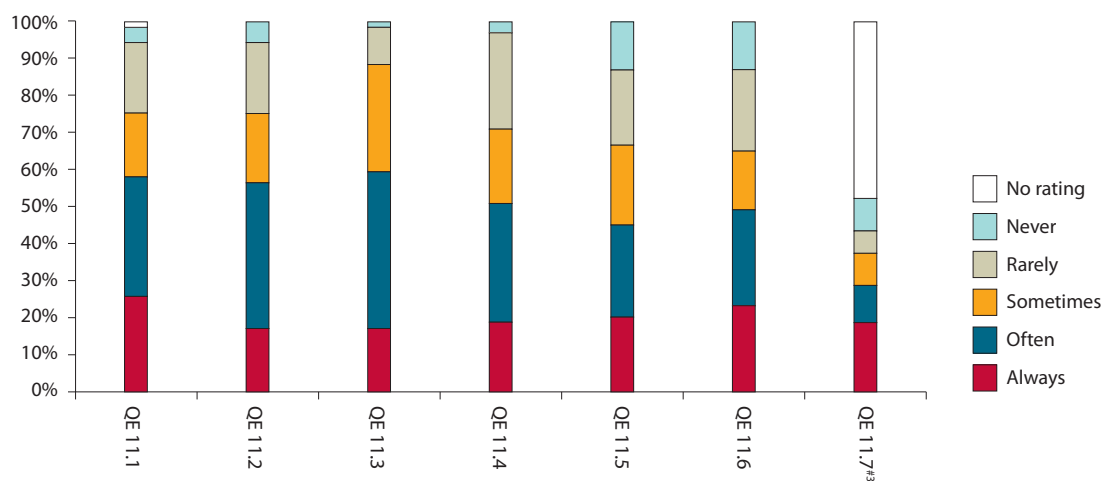
The service is committed to quality improvement and research in clinical and management practices

The quality elements are described as follows:

- 11.1** There is regular and systematic measurement, analysis, review, evaluation, goal setting and revision of the processes and outcomes of care provided by the program
- 11.2** Quality improvement activities are routine, regular, reported and are shown to influence patient and family outcomes
- 11.3** The clinical practices of the service reflect the integration and dissemination of research and evidence of quality improvement
- 11.4** The views of patients and carers are incorporated into quality improvement activities
- 11.5** There is robust and rigorous clinical audit review
- 11.6** The service participates in benchmarking processes that support sustainable quality improvement within the organisation
- 11.7** *Supplementary element for Level 2 and 3 services:* The service participates in external benchmarking processes

Graph 3 provides graphical representation of the self assessment ratings for Standard 11. The raw data is available in Appendix 2.

Graph 3 – NSAP aggregate data for Standard 11



Caution is required when interpreting the data from these quality elements.

#3 supplementary elements for level 2 or 3 services only

35% of services (n = 24) who had completed their self assessment noted Standard 11 as a high priority area for improvement. Regular, systematic and robust review of service provision is yet to be achieved by the majority of services according to their self assessment ratings.

The self assessment data shows that:

- 20% of services rated that they always engage in robust and rigorous clinical audit review.
- 17% of services rated that they always engage in routine quality improvement activities that are shown to influence patient and family outcomes.
- 49% of services rated that they only sometimes or less frequently incorporated the views of patients and carers into their quality improvement activities.
- 40% of services rated that they only sometimes or less frequently can demonstrate that their clinical practice reflects the integration and dissemination of research and evidence of quality improvement.

Recommendations

1. Continue support for services with tools and products to assist their continuous quality improvement (e.g. the NSAP suite of resources and supports, PCOC tools, CareSearch)
2. Continue to provide opportunities for services to gain skills in quality improvement action plan implementation and change management
3. Continue aligning program activity funded through the National Palliative Care Program to support services' quality improvement in a cohesive way so as to enhance time efficiency for clinicians and service providers
4. Provide evidence for the sector that collaborative effort can assist their improvement effort
5. Provide opportunities for services to build skills and methods of accessing patient and carer views to assist the integration of these into quality improvement activities. This includes ensuring tools are available for use for all community members to give feedback, including those from Culturally and Linguistically Diverse communities as well as Aboriginal and Torres Strait Islander peoples

Standard 1

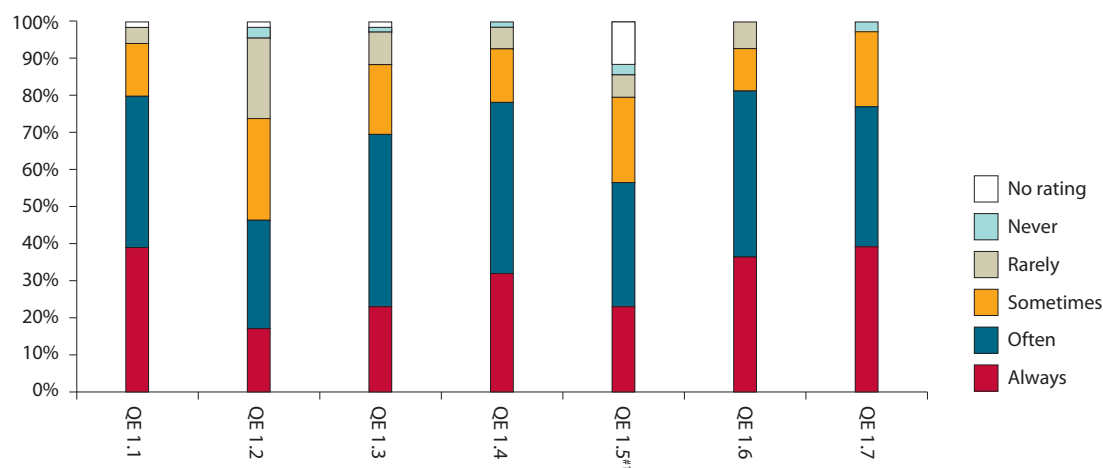
Care, decision making and care planning are each based on a respect for the uniqueness of the patient, their caregivers and family. The patient, their caregivers and their family's needs and wishes are acknowledged and guide decision making and care planning

The quality elements are described as follows:

- 1.1** The patient's care plan takes into consideration the patient and family's description of their experience and needs
- 1.2** The patient (or an appropriate surrogate) and family's priorities and plans are discussed and an advance care plan is documented
- 1.3** Variation from the documented patient preferences about care is documented and reviewed by the team
- 1.4** Care plans accommodate the evolving needs and preferences of the patient and family
- 1.5** The adult patient with decisional capacity determines the involvement of the family in decision-making and communication about the care plan
- 1.6** Patients and their families are provided with up to date and appropriate information to meet their needs and support their participation in care planning and decision-making
- 1.7** The interdisciplinary team communicates the palliative care plan with patient approval to all involved health professionals when patients transfer to different care settings

Graph 4 provides graphical representation of the self assessment ratings for Standard 1. The raw data is available in Appendix 2.

Graph 4 – NSAP aggregate data for Standard 1



Caution is required when interpreting the data from these quality elements.

^{#1} not rated by Paediatric services

Standard 1 was noted by 32% of services (n = 22) who had completed their self assessment as a high priority area for improvement. This is despite the fact that the majority of services rate that they can often or always provide care in line with the noted quality elements. The exception to this is quality element 1.2 where only 46% of services were able to rate that they often or always were able to provide this care. This lower rating may reflect services' inability to document an advance care plan. Defining the parameters of such plans within the Standards would assist services.

Recommendations

1. Establish an Improvement Collaborative based on the IHI Breakthrough Series (BTS) model to improve care planning for specialist palliative care services
2. Develop mechanisms for sharing of expertise and learning from sector experts in relation to care planning through the Improvement Collaborative
3. Develop a toolkit for use by services to assist their care planning and locate this on a repository held by CareSearch
4. Provide assistance in the review of the Standards to define expectations of services in relation to advance care planning

Standard 6

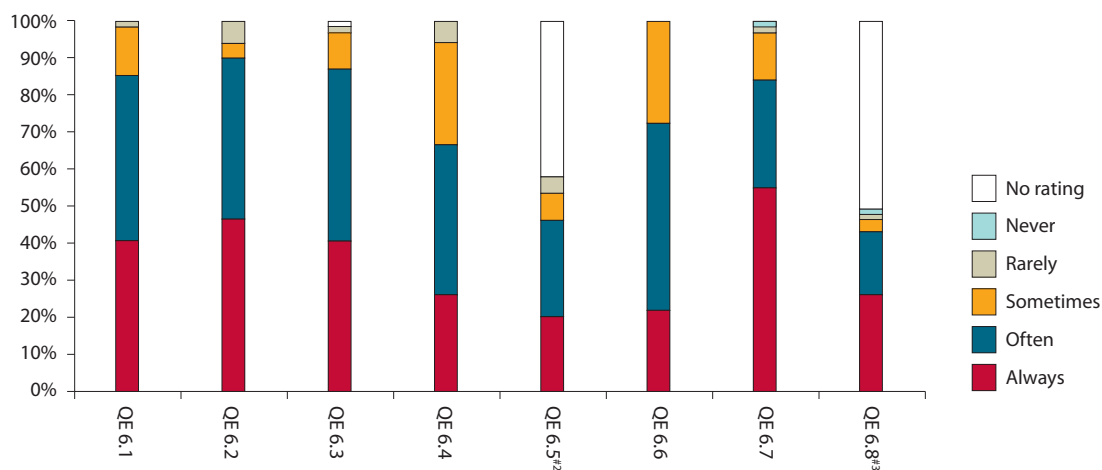
The unique needs of dying patients are considered, their comfort maintained and their dignity preserved

The quality elements are described as follows:

- 6.1** The concerns, hopes, fears and expectations of the patient are addressed openly and honestly in a way that is appropriate for their age, culture and social situation
- 6.2** The care plan is revised when the patient is assessed as in the terminal phase to reflect the needs of the patient and family
- 6.3** There are timely and appropriate clinical responses to patients who experience distressing symptoms
- 6.4** Patient and family wishes regarding the care setting for the death are documented
- 6.5** Any inability to meet these preferences is reviewed by the team
- 6.6** The family is educated regarding the signs and symptoms of approaching death, in a way that is appropriate for their age, culture and social situation
- 6.7** Plans are in place for the certification of death, including plans for certification after hours
- 6.8** *Supplementary element for Level 2 and 3 services:* There are processes in place to respond to the need for urgent assessment and guidance for Primary Care, Level 1 and 2 services caring for patients at the end of life

Graph 5 provides graphical representation of the self assessment ratings for Standard 6. The raw data is available in Appendix 2.

Graph 5 – NSAP aggregate data for Standard 6



Caution is required when interpreting the data from these quality elements.

^{#2} not rated by the 30 NSAP Pilot services

^{#3} supplementary elements for level 2 or 3 services only

Standard 6 was noted by 28% of services (n = 19) who had completed their self assessment as a high priority area for improvement. Generally services are self assessing that they 'often' or 'always' provide care according to the majority of the quality elements listed. However, it is clear that care planning requires improvement to ensure attention is paid to determining and noting the patient's preference for location of death (Quality Element 6.4). Whilst apparently a simple improvement activity, this needs to be embedded into a change management model to ensure that staff are supported both with documentation of this information and the processes required to ensure this is a sustainable change in practice. Communication tools to assist staff are needed in this area, as are mechanisms to ensure that all health professionals (specialist and primary) are aware of this care requirement. Other self assessment data that is noteworthy includes:

- 28% of services rate that they 'sometimes' educate family members on the signs and symptoms of approaching death
- 45% of services do not always have a plan for certification of death (including a plan for after hours certification)

Recommendations

1. Integrate the needs of dying patients with the care planning Improvement Collaborative
2. Promote the resources available on CareSearch that educate family members on the signs and symptoms of approaching death
3. Integrate the need for a plan for certification of death into the care planning Improvement Collaborative

Standard 2

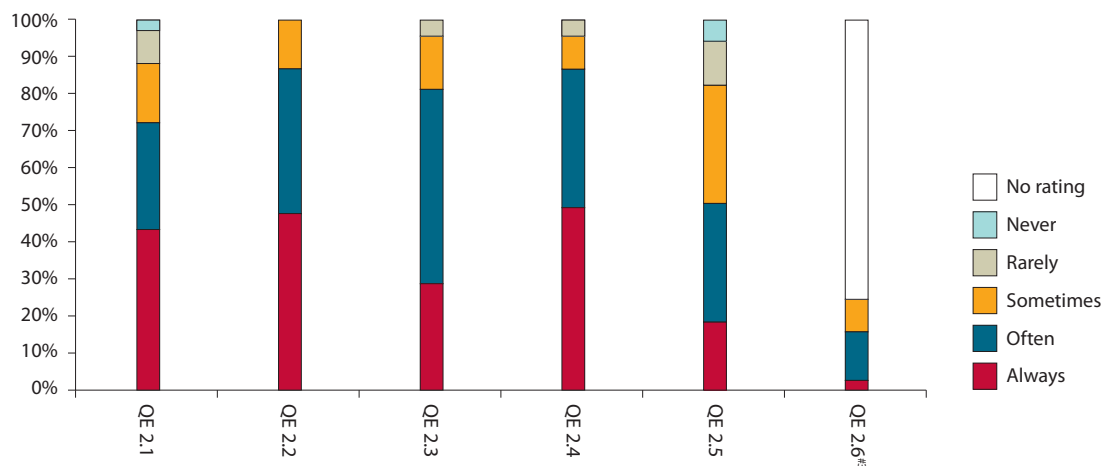
The holistic needs of the patient, their caregiver/s and family are acknowledged in the assessment and care planning processes, and strategies are developed to address those needs, in line with their wishes

The quality elements are described as follows:

- 2.1** The first assessment is interdisciplinary, coordinated and documented
- 2.2** Treatment and care are individualised with consideration of the patient's needs and preferences (physical, social, emotional, psychological and spiritual)
- 2.3** The assessment of the patient and family expectations includes preferences for the type and place of care and these are documented
- 2.4** The patient assessment is reviewed and updated on a regular basis based on patient condition and need
- 2.5** Validated clinical assessment tools are used where they are available
- 2.6** *Supplementary element for Level 3 services:* There are arrangements in place that support Level 1 & 2 services to achieve improved outcomes for patients and carers.

Graph 6 provides graphical representation of the self assessment ratings for Standard 2. The raw data is available in Appendix 2.

Graph 6 – NSAP aggregate data for Standard 2



Caution is required when interpreting the data from these quality elements.

#3 supplementary elements for level 2 or 3 services only

Standard 2 was noted by 22% of services (n = 15) who had completed their self assessment as a high priority area for improvement. Given that this standard focuses on holistic care planning, this noted priority aligns with the other previously discussed high priority areas for improvement. Generally the majority of services rate that they can often or always provide care in line with the quality elements.

The self assessment data shows that:

- 72% of services rate that their first assessment is interdisciplinary, coordinated and documented 'often or always'
- 87% of services rate that their service provision is 'often or always' individualised with consideration of the patient's needs and preferences (physical, social, emotional, psychological and spiritual)
- 87% of services rate that they often or always review and update the patient assessment based on need
- 50% of services rated that they are only sometimes or less frequently using available validated clinical assessment tools

Recommendations

1. Commence an Improvement Collaborative to enhance care planning for specialist palliative care services. The exact components of this will be developed by an Expert Reference Panel comprised of clinical experts and change management specialists
2. Develop mechanisms through the Improvement Collaborative for the sharing of expertise and learning from sector experts regarding care planning
3. Develop a toolkit for use by services to assist their care planning and locate this on a repository held by CareSearch
4. Promote the availability of validated clinical assessment tools through both PCOC and CareSearch



NSAP

National Quality Report

Section 3

What are services doing about their identified areas for quality improvement?

As services complete their self assessments they are also developing quality improvement action plans. They provide a summary of these plans to NSAP and this enables the Program to provide a thematic analysis of activity occurring nationally. This is important as it supports development of collaborative effort of improvement (supported by the National Program team) to prevent duplication of effort across the sector.

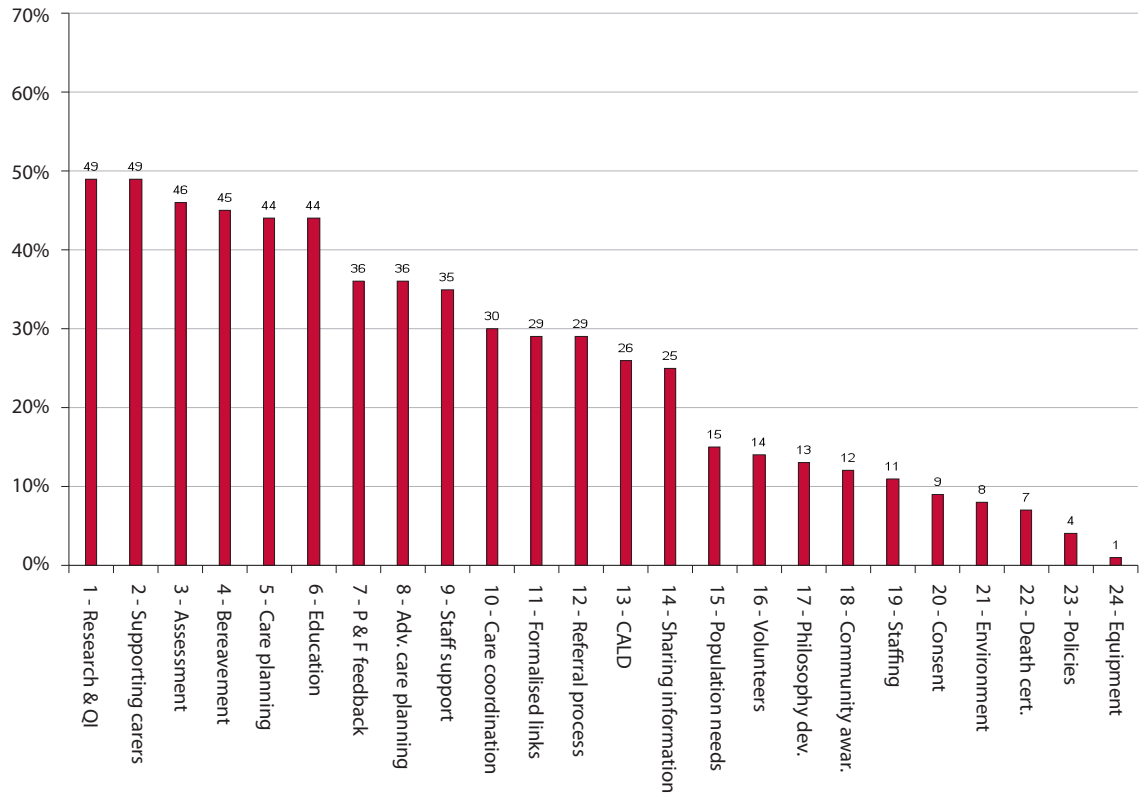
Each summary of action items has been analysed with the full data relating to this available in Appendix 3. Thematic analysis of the 69 action plans found the following categories:

- Research and quality improvement
- Supporting carers
- Assessment
- Bereavement
- Care planning
- Education
- Patient and family feedback
- Advance care planning
- Staff support
- Care coordination
- Formalised links
- Referral processes
- Palliative Care for Culturally and Linguistically Diverse Communities
- Sharing information
- Population needs assessment
- Volunteers
- Development of philosophy
- Community awareness
- Staffing
- Consent
- Environment
- Death certification
- Policies
- Equipment

These themes are presented in order of most commonly cited to least⁷ and are graphically presented in Graph 7.

⁷ Services' noted actions were quantified within these 24 themed areas. Theming was completed through analysis of each activity, creating a group for it to be placed within until saturation was reached. That is, if an activity was noted to be in a theme already identified, it would be classed within this. If not, a new theme was created and so on.

Graph 7 – Number of services who noted an activity within each themed area



Individual activities within each of the above 24 themed areas were analysed for sub-themes. The following sub-themes are noted by more than 50% of services as areas of activity for improvement. The sub-themes show significant areas of potential duplicated effort and opportunity for collaboration.

1) Research and quality improvement

Number of services who noted this in their action plan: 49 (71%)

	Sub-theme areas	Number of activities noted
1	Commencement of a clinical audit program	22
2	Embedding of Quality Improvement (QI) activities in the Unit	15
3	Service specific evaluation / QI projects	8
4	Development of clinical indicators / KPIs	8
5	Improvement in usage and quality of data input for PCOC	8
6	Involvement in benchmarking	7
7	Commencement of a death review process	7
8	Evidence / Research translation to practice	5
9	Research participation	3
10	Obtaining of patient and family reported outcomes	3
11	Auditing of family meeting template	1
12	Reviewing of incidents	1
13	Continuation of regular self assessment	1
	Total	89

Important points:

1. Research and Quality Improvement has been noted by the largest number of services for improvement action plan activity and Standard 11 (QI/Research) ranked 2nd highest for high priority for improvement
2. Quality improvement skill and work process development has been noted by many services. This is likely to be in response to improved understanding about the importance of this work through participation in NSAP and other national quality improvement projects (PCOC, CareSearch)

Opportunities for collaboration:

1. Skill development for the sector on continuous quality improvement methodologies

Opportunities for national support:

1. Development and implementation of a national clinical audit programme
2. Development, validation and dissemination of nationally validated and endorsed clinical audit tools both to assist patient outcome data (e.g. PCOC) as well as tools to assist clinical service review
3. Ongoing development and delivery of an aligned approach to change through the National Palliative Care Program with particular reference to CareSearch, PCOC and NSAP

2) Supporting carers

Number of services who noted this in their action plan: 49 (71%)

	Sub-theme areas	Number of activities noted
1	Information for carers	44
2	Assessment of carer needs	19
3	Education for carers on the signs and symptoms of dying	7
4	Linkage with carer support programs	5
5	Review of after hours support	5
6	Documentation of family meetings	4
7	Assessment of family / carer preferences for care	2
8	Education of the multidisciplinary team regarding supports and resources for carers	2
9	Advocacy for carer needs	1
10	Establishment of triggers for family meetings	1
11	Improvement of process regarding disclosure of patient information	1
12	Consideration of day respite program	1
	Total	92

Important points:

1. Improvement actions related to the support of carers have been noted by the largest number of services in their improvement action plans. 71% of services noted support for carers in their action list summary and reported 92 related activities.

Opportunities for collaboration:

1. Collation and promotion of materials available for carer support on CareSearch
2. Provision of support for services on collection of patient and family feedback
3. Hosting of an Improvement Collaborative on carer support with specific focus on carers' needs and provision of timely and appropriate information for this group

Opportunities for national support:

1. Ongoing collation of resources for carers on the CareSearch website
2. Development, validation and national dissemination of a tool for patient and family feedback that can also be administered to culturally and linguistically diverse communities and Aboriginal and Torres Strait Islander peoples

3) Assessment

Number of services who noted this in their action plan: 46 (67%)

	Sub-theme areas	Number of activities noted
1	Tool development to assist patient assessment	28
2	Encouragement / optimisation / education on use of tools	19
3	Auditing / research available tools	15
4	Implementation of identified tools	13
5	Implementation of PCOC	6
6	Usage of electronic medical records incorporating validated tools	5
7	Improvement of use of PCOC	4
8	Inclusion of assessment tool results in multidisciplinary team meetings	3
9	Use of tools that are not validated	2
10	Establishment of interdisciplinary assessment clinics	1
11	Improvement of access through trialling telehealth	1
12	Improvement of linkages between tool scores and actual care	1
13	Other	2
	Total	100

Important points:

1. Extensive activity (100 different items) is noted in relation to palliative care assessment. This links directly with the work services see as a high priority for improvement in relation to care planning and continuous quality improvement

Opportunities for collaboration:

1. Development of an Improvement Collaborative focusing on care planning but also addressing consistent use of validated clinical assessment tools A significant amount of this is available through the PCOC program
2. Ensuring the Improvement Collaborative assists services to learn how to implement tools to enable sustainable change in practice

Opportunities for national support:

1. Undertaking an Improvement Collaborative focusing on care planning and assessment
2. Development of a repository of tools to be available on CareSearch

4) Bereavement

Number of services who noted this in their action plan: 45 (65%)

	Sub-theme areas	Number of activities noted
1	Development of guidelines / policies and procedures / standards	18
2	Implementation of assessment tools	14
3	Review of services provided / systems in place	11
4	Education	9
5	Increase in resourcing – mainly social work	4
6	Development of a new bereavement service / model of care	2
7	Development of resources / information	1
8	Evaluation of information sessions provided	1
	Total	60

Important points:

1. The provision of bereavement care and support was noted by 39% of services as a high priority area for improvement with 65% noting activity in their action list summaries.

Opportunities for collaboration:

1. Continuation of efforts to build a repository of standards, policies and procedures for bereavement care on CareSearch to avoid duplicated effort in their development across multiple services

Opportunities for national support:

1. Development of a national evidence based model for bereavement care
2. Review of the National Standard 8 to ensure the expectations align with current best practice
3. Analysis of funding models available both to specialist and primary care services to provide bereavement care

5) Care planning

Number of services who noted this in their action plan: 44 (64%)

	Sub-theme areas	Number of activities noted
1	Development / modification of document	32
2	Audit of existing documents and review others available	11
3	Revision of care planning tools within electronic medical records	9
4	Implementation of an end of life care pathway	8
5	Development of policies / procedures / guidelines	5
6	Increase in multidisciplinary team inclusion in care planning	3
7	Work towards an on-call service	1
8	Maintenance of current practice	1
9	Development of an orientation pack for new staff regarding care planning tool	1
10	Provision of a copy of care plan for families	1
	Total	72

Important points:

1. Significant activity across the sector is noted in relation to care planning in line with rated high priorities for improvement in Standards 1, 2 and 6

Opportunities for collaboration:

1. Development of a toolkit to assist services with care planning and assessment

Opportunities for national support:

1. Development of an Improvement Collaborative to enhance care planning for specialist palliative care services
2. Development of mechanisms for sharing of expertise and learning from sector experts in relation to care planning through the Improvement Collaborative
3. Development of a toolkit for use by services to assist their care planning and location of this on a repository held by CareSearch

6) Education

Number of services who noted this in their action plan: 44 (64%)

	Sub-theme areas	Number of activities noted
1	Education provision including: <ul style="list-style-type: none">• Incorporation of the Standards (28)• Clinical issues (11)• Cultural awareness training (3)• Psychosocial / spiritual care (2)• Data management (1)	45
2	Completion of a training needs analysis	21
3	Development of competencies for clinical nursing practice	5
4	Collection of attendance and evaluation data	4
5	Support for staff in accessing scholarships	2
6	Provision of external supervision	1
7	Volunteer training programs – development and trial	1
8	Provision of information to staff about postgraduate education	1
	Total	80

Important points:

1. Twenty-eight services identified a desire to improve their education provision through incorporating the Standards into their learning programs

Opportunities for collaboration:

1. Development and promotion of a Standard Education Program by Palliative Care Australia to support services in the education of their staff about the Standards
2. Collaboration with the Program of Experience in the Palliative Approach (PEPA) in relation to reported education focused improvement actions

Opportunities for national support:

1. Development and promotion of a nationally consistent teaching program about the Standards
2. Development and promotion of a training needs analysis tool

7) Patient and Family feedback

Number of services who noted this in their action plan: 36 (52%)

	Sub-theme areas	Number of activities noted
1	Conduct of patient / carer surveys	36
2	Exploration of how to obtain patient / carer feedback	4
3	Review of carer satisfaction data	3
4	Review of care planning paperwork to include patient / carer evaluation section	3
5	Investigation of role of consumer representation	2
6	Development of policy regarding patient and family feedback	1
7	Establishment of links with non-malignant groups	1
8	Provision of education for a broader audience	1
9	Development of a tool suitable to be distributed following the death of a child	1
	Total	52

Important points:

1. This activity needs to be linked directly with the information provided by services about Standard 11 – quality improvement and research. Services have noted extensive activity (89 activities) as well as 35% of services stating this is a high priority area for change.
2. Patient and family feedback is one of the strongest forms of evidence for service quality in palliative care and it is critical to support the sector with this work in collaboration with patient feedback initiatives at state and national level.

Opportunities for collaboration:

1. Development of nationally consistent tools and processes for the collection and reporting of patient experience and satisfaction.

Opportunities for national support:

1. Development of a nationally validated tool for patient and family feedback
2. Action to ensure the above tool is validated for Aboriginal and Torres Strait Islander peoples as well as for those from Culturally and Linguistically Diverse Communities
3. The undertaking of State / National workshops to support services with the skills and processes required to access patient and family feedback

8) Advance Care Planning (ACP)

Number of services who noted this in their action plan: 36 (52%)

	Sub-theme areas	Number of activities noted
1	Development / modification of formal ACP documentation	20
2	Location of death recorded – audit	8
3	Improvement of ACP training / facilitators	7
4	Implementation of policy regarding ACP	5
5	Revision of current ACP processes	3
6	Assessment of patient and carer input into ACP	3
7	Improvement of use of the multidisciplinary team in ACP	1
8	Use of PCOC data to trigger a family conference	1
9	Increase in number of ACPs completed	1
10	Improvement of links with GPs and Divisions of General Practice	1
	Total	50

Important points:

1. 52% of services (n=36) note improvement activity for advance care planning. 53% of services (n=37) state they can only sometimes or less frequently offer patients and families the opportunity to discuss plans and document an advance care plan.

Opportunities for collaboration:

1. Collaboration with primary care providers who are also working to improve advance care planning (aged care, community care, intensive care, etc)
2. Collaboration with program partners within the National Palliative Care Program who are working on advance care planning as well as those working on the National Framework for Advance Care Directives

Opportunities for national support:

1. Funded support for nationally consistent advance care planning models of practice
2. Training and implementation for sustained change of practice in relation to advance care planning

9) Staff support

Number of services who noted this in their action plan: 35 (51%)

	Sub-theme areas	Number of activities noted
1	Promotion of self care strategies	13
2	Completion of a staff and volunteers needs analysis	8
3	Increasing clinical supervision	6
4	Evaluation of current supports available for staff / volunteers	5
5	Regular staff support / debriefing	3
6	Documentation of processes for available staff support	2
7	Implementation of improvement plans for performance enhancement	2
8	Implementation of professional development plans including counselling	1
	Total	40

Important points:

1. Staff support within palliative care remains crucial to enable staff recruitment and retention with 51% of services noting this as an area for quality improvement activity

Opportunities for collaboration:

1. Development of a suite of resources to support education about self care strategies

Opportunities for national support:

1. Development of a national needs analysis tool for service providers in relation to staff support
2. Development of a repository of supportive resources and contacts for staff to access
3. Development of consistent tools and processes for debriefing, support and supervision
4. Continuation of funding support provided for professional activities (conferences, workshops and seminars) that enable a focus on self care, networking and collegial support



NSAP

National Quality Report

Section 4

Where to from here?

The NSAP process delivers meaningful, useful and actionable quality improvement information at a service, state/territory and national level. Considering the overall priority for improvement data and the 957 action items provided by the 69 submitted self assessments it is clear that national priorities are focused on three core areas:

1. Skill development in continuous quality improvement
2. Care planning (incorporating assessment)
3. Support for carers

Importantly this analysis foreshadows a real opportunity to develop processes for working collaboratively across these core areas for improvement based on an emerging understanding of the needs of the sector, as well as supporting system level change to enable improvement in palliative care for patients and their families / carers.

As a result NSAP will commence a project initially focusing on two of the above key areas (skill development in continuous quality improvement and care planning). The proposed model to achieve improvement in these areas is based on a Breakthrough Series Collaborative Model developed by the Institute for Healthcare Improvement and utilised in a number of Australian and international quality improvement initiatives. A Breakthrough Series (BTS) Collaborative model is a learning system over a defined period that brings together a large number of teams from different services to seek improvement in a focused topic area. This is achieved by sharing ideas in an organised and structured way to enable improvements in outcomes for patient care through changes in practice. This NSAP component will commence in 2011 with preparatory work currently underway.

In addition, the NSAP self assessment data provides opportunities for ensuring services are aware of resources and supports that are already available through other funded projects supported by the Department of Health and Ageing through the National Palliative Care Program. For example, 15 services (22% of this sample) identify the need to translate resources or identify available translated resources for use. Significant resources for Culturally and Linguistically Diverse Communities are available through Palliative Care Australia and CareSearch and it is important for us to review how best to communicate the current availability of resources to the palliative care sector.

Finally, the evolving NSAP data set on key areas for improvement will provide a rich information source for informing the ongoing development of well targeted quality improvement programs at national and state/territory levels that are based on current information about service needs and requirements against the national industry standards.

Appendix 1

Services represented by this report

Service name	State
Albury Mercy Palliative Service	New South Wales
Bankstown Community Palliative Care	New South Wales
Bankstown Hospital, Palliative Care Department	New South Wales
Bear Cottage	New South Wales
Broken Hill Palliative Care	New South Wales
Calvary Mater Newcastle	New South Wales
Camden Palliative Care Unit	New South Wales
Campbelltown Hospital Palliative Care Service	New South Wales
Central West NSW Palliative Care Service	New South Wales
Cessnock Singleton Palliative Care Service	New South Wales
Community Nursing Canterbury	New South Wales
Concord & Croydon Community Nursing Service	New South Wales
Concord Palliative Care Consultative Service	New South Wales
Department of Pain Medicine and Palliative Care, The Children's Hospital at Westmead	New South Wales
Dubbo Specialist Palliative Care	New South Wales
Fairfield Community Palliative Care Service	New South Wales
Liverpool (Hoxton Park) Community Palliative Care Service	New South Wales
Liverpool Hospital Palliative Care Service	New South Wales
Macarthur Palliative Care Community Service	New South Wales
Northern Network - Cancer and Palliative Care	New South Wales
Northern Sydney Home Nursing Service	New South Wales
Richmond Specialist Palliative Care Service	New South Wales
Sacred Heart Palliative Care Service - St Vincent's Sydney	New South Wales
SCH Paediatric Palliative Care	New South Wales
Shoalhaven Palliative Care Service - David Berry Hospital	New South Wales
Tamworth Community Health - Peel Cluster	New South Wales
Teloepa Ward	New South Wales
Wingecaribee Community Health	New South Wales
PPC Starship	New Zealand
Territory Palliative Care	Northern Territory
Brisbane South Palliative Care Services	Queensland
Cittamani	Queensland
Gold Coast Health Service District	Queensland
Ipswich Hospice Care Inc.	Queensland
Ipswich Palliative Care	Queensland
Karuna Hospice Services	Queensland
Mount Isa District Palliative Care Service	Queensland
Palliative Care Service, Mater Adult Hospital - South Brisbane	Queensland
RBWH Palliative Care Service	Queensland
St Vincent's Brisbane (previously Mt Olivet's Hospital)	Queensland

Sunshine Coast Wide Bay Health Service District - Southern Cluster	Queensland
Tablelands Palliative Care Service	Queensland
The Royal Children's Hospital	Queensland
The Townsville Hospital Palliative Care Service	Queensland
Modbury Palliative Care	South Australia
Whyalla Palliative Care Service	South Australia
Ballarat Hospice Care Inc.	Victoria
Banksia Palliative Care Inc	Victoria
Caritas Christi Hospice - St Vincent's, Fitzroy	Victoria
Caritas Christi Hospice, St Vincent's Health, Melbourne	Victoria
Eastern Palliative Care	Victoria
Gandarra Palliative Care Unit	Victoria
Maryborough District Health Services	Victoria
Mercy Palliative Care	Victoria
Northeast Health Wangaratta Victoria	Victoria
Peter MacCallum Cancer Centre	Victoria
South East Palliative Care	Victoria
South West Health Care	Victoria
St Vincent's Palliative Care Consultative Service	Victoria
Very Special Kids	Victoria
VPPCP	Victoria
Western District Health Service PC Consultancy Service	Victoria
Glengarry Private Hospital	Western Australia
Peel Community Palliative Care	Western Australia
Princes Margaret Hospital for Children	Western Australia
Silver Chain	Western Australia
St John of God Hospital, Bunbury	Western Australia
St John of God Murdoch Community Hospice	Western Australia
St John of God Subiaco Palliative Care Service	Western Australia

Appendix 2

NSAP National Aggregate data to June 2010

Services included in the report

A total of 69 self-assessments submitted up to 30th June 2010 are included in the aggregates shown in this report (inclusive of Pilot Site reports).

Reading this report

The report presents the aggregated responses from each service's self-assessment report on the outcomes of their multi-disciplinary self-assessment.

Not all services rate all of the quality elements and some quality elements relate to a specific type of service. Quality elements that have aggregates affected by these factors are annotated with a footnote. Quality elements marked with:

#1 are not rated by Paediatric services

#2 were not rated by the 30 NSAP Pilot services

#3 are supplementary elements for level 2 or 3 services only

Caution is required when interpreting the data from these quality elements.

Limitations of the data

The NSAP project team recommends that if quoting the results from this report that the sample size be noted in order to ensure that the results are not misinterpreted.

When reading or referring to this data, it is important to consider the following:

- As participating service numbers increase, the reliability of data will increase
- Consider the local setting and factors in which you conducted your self-assessment, when comparing your results to the aggregated data
- This report compares all participants in NSAP, regardless of their service level (Level 1, 2, 3) service type (Inpatient, Consultative, Community) or location (metropolitan, regional, rural, remote)
- Individual services should note that a high or low rating does not directly reflect your service's position relative to other participants. You will need to discuss your outcomes with the multidisciplinary team and consider all influencing factors, including the process of assessment in your service

If you have any questions regarding this report please contact the NSAP Team on

E: nsap@palliativecare.org.au or T: (02) 6163 8419.

Standard 1

Care, decision making and care planning are each based on a respect for the uniqueness of the patient, their caregiver/s and family. The patients, their caregiver/s and families' needs and wishes are acknowledged and guide decision making and care planning.

Table 1.1: NSAP Standard 1 – Services' self assessment rating for overall priority for improvement

Overall Priority for Improvement	Low priority (%)	Medium priority (%)	High priority (%)
Aggregate of 69 Self assessments	36	32	32

Table 1.2: NSAP Standard 1 – Services' self assessment ratings for quality elements

	Quality Element	No Rating (%)	Never (%)	Rarely (%)	Sometimes (%)	Often (%)	Always (%)
1.1	The patient's care plan takes into consideration the patient and family's description of their experience and needs.	1	0	4	14	41	39
1.2	The patient (or an appropriate surrogate) and families priorities and plans are discussed and an advance care plan is documented.	1	3	22	28	29	17
1.3	Variation from the documented patient preferences about care is documented and reviewed by the team.	1	1	9	19	46	23
1.4	Care plans accommodate the evolving needs and preferences of the patient and family.	0	1	6	14	46	32
1.5 ^{#1}	The adult patient with decisional capacity determines the involvement of the family in decision-making and communication about the care plan.	12	3	6	23	33	23
1.6	Patients and their families are provided with up to date and appropriate information to meet their needs and support their participation in care planning and decision-making.	0	0	7	12	45	36
1.7	The interdisciplinary team communicates the palliative care plan with patient approval to all involved health professionals when patients transfer to different care settings.	0	3	0	20	38	39

Caution is required when interpreting the data from these quality elements.

^{#1} not rated by Paediatric services

^{#2} not rated by the 30 NSAP Pilot services

^{#3} supplementary elements for level 2 or 3 services only

Standard 2

The holistic needs of the patient, their caregiver/s and family are acknowledged in the assessment and care planning processes, and strategies are developed to address those needs, in line with their wishes.

Table 2.1: NSAP Standard 2 – Services’ self assessment rating for overall priority for improvement

Overall Priority for Improvement	Low priority (%)	Medium priority (%)	High priority (%)
Aggregate of 69 Self assessments	39	39	22

Table 2.2: NSAP Standard 2 – Services’ self assessment ratings for quality elements

	Quality Element	No Rating (%)	Never (%)	Rarely (%)	Sometimes (%)	Often (%)	Always (%)
2.1	The first assessment is interdisciplinary, coordinated and documented.	0	3	9	16	29	43
2.2	Treatment and care are individualised with consideration of the patient’s needs and preferences (physical, social, emotional, psychological and spiritual).	0	0	0	13	39	48
2.3	The assessment of the patient and family expectations includes preferences for the type and place of care and these are documented.	0	0	4	14	52	29
2.4	The patient assessment is reviewed and updated on a regular basis based on patient condition and need.	0	0	4	9	38	49
2.5	Validated clinical assessment tools are used where they are available.	0	6	12	32	32	19
2.6 ^{#3}	Supplementary question for Level 3 services: There are arrangements in place that support Level 1 & 2 services to achieve improved outcomes for patients and carers.	75	0	0	9	13	3

Caution is required when interpreting the data from these quality elements.

^{#1} not rated by Paediatric services

^{#2} not rated by the 30 NSAP Pilot services

^{#3} supplementary elements for level 2 or 3 services only

Standard 3

Ongoing and comprehensive assessment and care planning are undertaken to meet the needs and wishes of the patient, their caregiver/s and family.

Table 3.1: NSAP Standard 1 – Services’ self assessment rating for overall priority for improvement

Overall Priority for Improvement	Low priority (%)	Medium priority (%)	High priority (%)
Aggregate of 69 Self assessments	39	41	20

Table 3.2: NSAP Standard 3 – Services’ self assessment ratings for quality elements

	Quality Element	No Rating (%)	Never (%)	Rarely (%)	Sometimes (%)	Often (%)	Always (%)
3.1	The regular assessment of pain and other symptoms (including but not limited to shortness of breath, nausea, fatigue and weakness, anorexia, insomnia, anxiety, depression, confusion and constipation) is documented in the patient record. Validated instruments, where available, should be used to undertake clinical assessment.	0	0	7	17	36	39
3.2 ^{#2}	Validated instruments are used to undertake clinical assessment (cross reference with 2.5).	45	0	13	19	14	9
3.3	Response to patient reports of symptom related distress is timely and actions are documented.	0	1	3	12	52	32
3.4 ^{#2}	Regular re-evaluation of the effectiveness of treatment is undertaken and includes patient and family feedback. Results are documented	45	0	3	7	32	13
3.5 ^{#1}	Patient phase changes are assessed and documented.	12	10	10	7	33	28
3.6	The family’s understanding of the patient’s condition is routinely assessed and documented.	0	0	3	23	48	26
3.7 ^{#2}	The capacity of the family to secure supports required to meet their needs is routinely assessed.	43	0	3	6	35	13

Caution is required when interpreting the data from these quality elements.

^{#1} not rated by Paediatric services

^{#2} not rated by the 30 NSAP Pilot services

^{#3} supplementary elements for level 2 or 3 services only

Standard 4

Care is coordinated to minimise the burden on the patient, their caregiver/s and family.

Table 4.1: NSAP Standard 4 – Services’ self assessment rating for overall priority for improvement

Overall Priority for Improvement	Low priority (%)	Medium priority (%)	High priority (%)
Aggregate of 69 Self assessments	46	44	10

Table 4.2: NSAP Standard 4 – Services’ self assessment ratings for quality elements

	Quality Element	No Rating (%)	Never (%)	Rarely (%)	Sometimes (%)	Often (%)	Always (%)
4.1	The assessment process and care plan reflect a coordinated approach to care delivery that will ensure continuity of care across all required care settings.	0	1	4	17	52	25
4.2	There are formal agreements in place with other service providers which clearly set out the protocols, policies, procedures and guidelines that will support quality care at the end of life.	0	14	23	17	29	16
4.3	Referrals are made to appropriate services to meet the identified social needs of the patient and family. These may include access to services that provide for example:- help in the home, - help at school or work, - assistance with transportation, - rehabilitation, - counselling, and/or - equipment	1	1	0	7	49	41
4.4	There is an identified care coordinator (e.g. lead agency or clinician) who takes responsibility for the overall plan of care.	1	7	4	17	26	43
4.5	Discharge plans and/or plans for referral to another organisation are discussed with the patient and family to ensure they accommodate their needs and wishes.	0	0	1	6	46	46

Caution is required when interpreting the data from these quality elements.

^{#1} not rated by Paediatric services

^{#2} not rated by the 30 NSAP Pilot services

^{#3} supplementary elements for level 2 or 3 services only

Standard 5

The primary caregiver/s is provided with information, support and guidance about their role according to their needs and wishes.

Table 5.1: NSAP Standard 5 – Services’ self assessment rating for overall priority for improvement

Overall Priority for Improvement	Low priority (%)	Medium priority (%)	High priority (%)
Aggregate of 69 Self assessments	39	41	20

Table 5.2: NSAP Standard 5 – Services’ self assessment ratings for quality elements

	Quality Element	No Rating (%)	Never (%)	Rarely (%)	Sometimes (%)	Often (%)	Always (%)
5.1	The assessment of carers identifies their needs, their desired level of involvement and their ongoing willingness and ability to participate in the provision of care.	0	1	7	26	39	26
5.2	Carers are provided with up to date information and resources that are adapted to meet their needs and that inform their participation in care planning and delivery.	0	0	9	19	48	25
5.3	The provision of patient related information to caregivers is consistent with; - the consent and wishes expressed by the patient, or previously specified wishes should the patient no longer be capable of providing such consent, - the current amendment of the Commonwealth Privacy Act 1988, - relevant state and territory privacy legislation.	0	1	3	17	35	43
5.4	Effective networks are established with support services to meet the carers’ needs. (Cross reference to 4.2)	1	1	1	16	61	19
5.5	Carers have adequate support and information to manage emergency and out-of-hours situations.	1	1	9	13	30	45

Caution is required when interpreting the data from these quality elements.

^{#1} not rated by Paediatric services

^{#2} not rated by the 30 NSAP Pilot services

^{#3} supplementary elements for level 2 or 3 services only

Standard 6

The unique needs of dying patients are considered, their comfort maximised and their dignity preserved.

Table 6.1: NSAP Standard 6 – Services’ self assessment rating for overall priority for improvement

Overall Priority for Improvement	Low priority (%)	Medium priority (%)	High priority (%)
Aggregate of 69 Self assessments	38	35	28

Table 6.2: NSAP Standard 6 – Services’ self assessment ratings for quality elements

	Quality Element	No Rating (%)	Never (%)	Rarely (%)	Sometimes (%)	Often (%)	Always (%)
6.1	The concerns, hopes, fears and expectations of the patient are addressed openly and honestly in a way that is appropriate for their age, culture and social situation.	0	0	1	13	45	41
6.2	The care plan is revised when the patient is assessed as in the terminal phase to reflect the needs of the patient and family.	0	0	6	4	43	46
6.3	There are timely and appropriate clinical responses to patients who experience distressing symptoms.	1	0	1	10	46	41
6.4	Patient and family wishes regarding the care setting for the death are documented.	0	0	6	28	41	26
6.5 ^{#2}	Any inability to meet these preferences is reviewed by the team.	45	0	4	7	23	20
6.6	The family is educated regarding the signs and symptoms of approaching death, in a way that is appropriate for their age, culture and social situation.	0	0	0	28	51	22
6.7	Plans are in place for the certification of death, including plans for certification after hours.	0	1	1	13	29	55
6.8 ^{#3}	Supplementary element for Level 2 and 3 services: There are processes in place to respond to the need for urgent assessment and guidance for Primary Care, Level 1 and 2 services caring for patients at the end of life.	51	1	1	3	17	26

Caution is required when interpreting the data from these quality elements.

^{#1} not rated by Paediatric services

^{#2} not rated by the 30 NSAP Pilot services

^{#3} supplementary elements for level 2 or 3 services only

Standard 7

The service has an appropriate philosophy, values, culture, structure and environment for the provision of competent and compassionate palliative care.

Table 7.1: NSAP Standard 7 – Services’ self assessment rating for overall priority for improvement

Overall Priority for Improvement	Low priority (%)	Medium priority (%)	High priority (%)
Aggregate of 69 Self assessments	43	42	14

Table 7.2: NSAP Standard 7 – Services’ self assessment ratings for quality elements

	Quality Element	No Rating (%)	Never (%)	Rarely (%)	Sometimes (%)	Often (%)	Always (%)
7.1	The organisation has a written philosophy and objectives which are incorporated into clinical practice.	0	6	3	14	20	57
7.2	When appropriate care is provided in the setting preferred by the patient and their family	0	0	1	14	46	38
7.3	The care setting provides an appropriate environment to support patient and family interaction and comfort. This should include as a minimum privacy, flexible or open visiting hours, and space for families to visit.	6	3	3	19	39	30
7.4 ^{#2}	The care setting provides a safe environment for patients, families and staff.	45	0	0	10	32	13
7.5	The national standards form part of the organisation’s education and training program.	1	10	26	23	17	22

Caution is required when interpreting the data from these quality elements.

^{#1} not rated by Paediatric services

^{#2} not rated by the 30 NSAP Pilot services

^{#3} supplementary elements for level 2 or 3 services only

Standard 8

Formal mechanisms are in place to ensure that the patient, their caregiver/s and family have access to bereavement care, information and support services.

Table 8.1: NSAP Standard 8 – Services’ self assessment rating for overall priority for improvement

Overall Priority for Improvement	Low priority (%)	Medium priority (%)	High priority (%)
Aggregate of 69 Self assessments	36	25	39

Table 8.2: NSAP Standard 8 – Services’ self assessment ratings for quality elements

	Quality Element	No Rating (%)	Never (%)	Rarely (%)	Sometimes (%)	Often (%)	Always (%)
8.1	The organisation has policies and procedures that guide its bereavement support program.	0	12	17	16	14	41
8.2	The interdisciplinary team includes professionals with culturally appropriate education and skills to meet the needs of the service’s patients and their families when they experience loss, grief and bereavement.	0	1	14	23	32	29
8.3	Families are clinical assessed to identify those at risk of complicated grief and bereavement.	0	7	19	25	17	32
8.4 ^{#2}	Clinical assessment is undertaken to identify those family members suffering depression, anxiety and sadness associated with loss, grief or bereavement.	45	9	10	17	13	6
8.5	The family’s need for support is reassessed on an ongoing basis, including after the death of the patient.	0	6	14	25	29	26
8.6	Culturally appropriate information and resources about loss, grief and the availability of bereavement support services is routinely available to families before and after the death of the patient.	0	7	19	23	29	22
8.7	The staff and volunteers involved in bereavement support undergo a formal education program and are provided with support in their role.	1	9	16	23	25	26
8.8	Referrals to specialist mental health and counselling professionals are made when clinically indicated.	1	0	9	13	42	35
8.9 ^{#3}	Supplementary element for Level 2 services: The service provides education to primary care and Level 1 specialist palliative care services and the community about loss, grief and bereavement.	75	6	1	7	4	6
8.10 ^{#3}	Supplementary element for Level 3 services: The service provides support to primary care, Level 1 and 2 specialist palliative care services and their patient’s who are at risk of complicated bereavement.	78	3	1	4	7	6

Caution is required when interpreting the data from these quality elements.

^{#1} not rated by Paediatric services

^{#2} not rated by the 30 NSAP Pilot services

^{#3} supplementary elements for level 2 or 3 services only

Standard 9

Community capacity to respond to the needs of people who have a life limiting illness, their caregiver/s and family is built through effective collaboration and partnerships.

Table 9.1: NSAP Standard 9 – Services’ self assessment rating for overall priority for improvement

Overall Priority for Improvement	Low priority (%)	Medium priority (%)	High priority (%)
Aggregate of 69 Self assessments	45	45	10

Table 9.2: NSAP Standard 9 – Services’ self assessment ratings for quality elements

	Quality Element	No Rating (%)	Never (%)	Rarely (%)	Sometimes (%)	Often (%)	Always (%)
9.1	The organisation participates in the development and delivery of community capacity building initiatives.	0	3	13	29	38	17
9.2	The organisation participates in the promotion and support of local and national palliative care awareness initiatives.	0	3	13	26	36	22
9.3	The organisation has established links with other service providers and relevant community and government organisations.	0	0	7	13	36	43
9.4	The organisation has in place mechanisms to assess the needs of the community they serve.	3	6	23	25	25	19
9.5	Patients, families and the community are provided with opportunities to provide input into the evaluation of the service.	1	3	30	19	28	19
9.6 ^{#3}	Supplementary element for Level 2 and 3 services: Community involvement in education programs, service development and evaluation is planned and formalised.	49	6	6	22	9	9

Caution is required when interpreting the data from these quality elements.

^{#1} not rated by Paediatric services

^{#2} not rated by the 30 NSAP Pilot services

^{#3} supplementary elements for level 2 or 3 services only

Standard 10

Access to palliative care is available for all people based on clinical need and is independent of diagnosis, age, cultural background or geography.

Table 10.1: NSAP Standard 10 – Services’ self assessment rating for overall priority for improvement

Overall Priority for Improvement	Low priority (%)	Medium priority (%)	High priority (%)
Aggregate of 69 Self assessments	35	52	13

Table 10.2: NSAP Standard 10 – Services’ self assessment ratings for quality elements

	Quality Element	No Rating (%)	Never (%)	Rarely (%)	Sometimes (%)	Often (%)	Always (%)
10.1	The service supports and promotes continuity of care across settings and throughout the course of the patient’s illness.	0	0	1	4	49	45
10.2	Referral policies are clear, applied consistently and result in non-discriminatory access to services based on clinical need.	0	9	3	14	26	48
10.3	Policies for prioritising and responding to referrals in a timely manner are documented.	0	10	6	14	28	42
10.4	The profile of population accessing the service is compared with those in the community and inequities of access addressed.	1	26	25	16	22	10
10.5	Where demand for palliative care services exceeds available capacity, there are strategies in place with other organisations to meet consumer needs.	1	12	19	13	29	26
10.6	The organisation has mechanisms in place to regularly assess unmet need in the community and provide estimates future need.	3	28	16	19	20	14
10.7	Patients and families have access to palliative care expertise and staff 24 hours per day, seven days per week.	1	3	10	10	16	59
10.8	Respite care services are available for the families and caregivers of patients.	1	3	10	20	35	30
10.9	Policies and procedures are in place to ensure respect and responsiveness to community diversity.	1	0	0	14	41	43
10.10	The service can accommodate the language, dietary and ritual practices of patients and their families.	0	1	0	14	49	35
10.11	The team has access to and utilises appropriate interpreter services as required.	0	0	1	14	49	35

Caution is required when interpreting the data from these quality elements.

^{#1} not rated by Paediatric services

^{#2} not rated by the 30 NSAP Pilot services

^{#3} supplementary elements for level 2 or 3 services only

Standard 11

The service is committed to quality improvement and research in clinical and management practices.

Table 11.1: NSAP Standard 11 – Services’ self assessment rating for overall priority for improvement

Overall Priority for Improvement	Low priority (%)	Medium priority (%)	High priority (%)
Aggregate of 69 Self assessments	33	32	35

Table 11.2: NSAP Standard 11 – Services’ self assessment ratings for quality elements

	Quality Element	No Rating (%)	Never (%)	Rarely (%)	Sometimes (%)	Often (%)	Always (%)
11.1	There is regular and systematic measurement, analysis, review, evaluation, goal setting and revision of the processes and outcomes of care provided by the program.	1	4	19	17	32	26
11.2	Quality improvement activities are routine, regular, reported and are shown to influence patient and family outcomes.	0	6	19	19	39	17
11.3	The clinical practices of the service reflect the integration and dissemination of research and evidence of quality improvement.	0	1	10	29	42	17
11.4	The views of patients and carers are incorporated into quality improvement activities.	0	3	26	20	32	19
11.5	There is robust and rigorous clinical audit review.	0	13	20	22	25	20
11.6	The service participates in benchmarking processes that support sustainable quality improvement within the organisation.	0	13	22	16	26	23
11.7 ^{#3}	Supplementary element for Level 2 and 3 services: The service participates in external benchmarking processes.	48	9	6	9	10	19

Caution is required when interpreting the data from these quality elements.

^{#1} not rated by Paediatric services

^{#2} not rated by the 30 NSAP Pilot services

^{#3} supplementary elements for level 2 or 3 services only

Standard 12

Staff and volunteers are appropriately qualified for the level of service offered and demonstrate ongoing participation in continuing professional development.

Table 12.1: NSAP Standard 12 – Services’ self assessment rating for overall priority for improvement

Overall Priority for Improvement	Low priority (%)	Medium priority (%)	High priority (%)
Aggregate of 69 Self assessments	49	32	19

Table 12.2: NSAP Standard 12 – Services’ self assessment ratings for quality elements

	Quality Element	No Rating (%)	Never (%)	Rarely (%)	Sometimes (%)	Often (%)	Always (%)
12.1	The service employs health professionals with the appropriate qualifications, credentialing and experience to meet the physical, psychological social and spiritual needs of both patients and family.	0	0	4	10	33	52
12.2	Staff in clinical leadership and management positions have recognised qualifications and experience in relevant fields.	1	0	3	7	28	61
12.3	Formal training needs assessment is undertaken for all members of the multi-disciplinary team to identify education and training needs	0	7	14	23	30	25
12.4	Training and professional development are accessible to staff.	0	0	1	19	36	43
12.5	Continuing professional education incorporating the national standards for palliative care is regularly provided to staff and participation is recorded.	0	6	25	26	19	25
12.6	Policies and procedures are in place to guide recruitment, screening, training, work practices, support, supervision and performance evaluation of volunteers if they participate in the service.	4	10	6	7	14	58
12.7	Volunteer services are co-ordinated and supervised by an appropriately educated and experienced professional team member.	4	16	4	6	14	55

Caution is required when interpreting the data from these quality elements.

^{#1} not rated by Paediatric services

^{#2} not rated by the 30 NSAP Pilot services

^{#3} supplementary elements for level 2 or 3 services only

Standard 13

Staff and volunteers reflect on practice and initiate and maintain effective self-care strategies.

Table 13.1: NSAP Standard 13 – Services’ self assessment rating for overall priority for improvement

Overall Priority for Improvement	Low priority (%)	Medium priority (%)	High priority (%)
Aggregate of 69 Self assessments	48	32	20

Table 13.2: NSAP Standard 13 – Services’ self assessment ratings for quality elements

	Quality Element	No Rating (%)	Never (%)	Rarely (%)	Sometimes (%)	Often (%)	Always (%)
13.1	There are procedures in place to identify and respond to critical incidents. Critical incident procedures focus on system enhancements, not on blame for individuals.	0	0	3	3	19	75
13.2	Employee assistance programs and/or counselling services are available to staff and volunteers to meet their identified needs.	0	1	1	14	25	58
13.3	There are education programs in place to enable staff and volunteers to develop effective coping strategies.	1	6	17	33	23	19
13.4	The service encourages staff and volunteers to make use of available supports, whether formal or informal.	0	3	6	16	32	43

Caution is required when interpreting the data from these quality elements.

^{#1} not rated by Paediatric services

^{#2} not rated by the 30 NSAP Pilot services

^{#3} supplementary elements for level 2 or 3 services only

Appendix 3

Action Plan data themes and sub-themes

Each action plan has a number of activities listed to demonstrate how services are planning to make improvements. A total of 957 action items are described and thematic analysis of such items enabled the below categories to evolve.

Theme 1 = Research and quality improvement

Number of services who noted this in their action plan: 49 (71%)

	Sub-theme areas	Number of activities noted
1	Commencement of a clinical audit program	22
2	Embedding of Quality Improvement (QI) activities in the Unit	15
3	Service specific evaluation / QI projects	8
4	Development of clinical indicators / KPIs	8
5	Improvement in usage and quality of data input for PCOC	8
6	Involvement in benchmarking	7
7	Commencement of a death review process	7
8	Evidence / Research translation to practice	5
9	Research participation	3
10	Obtaining of patient and family reported outcomes	3
11	Auditing of family meeting template	1
12	Reviewing of incidents	1
13	Continuation of regular self assessment	1
	Total	89

Theme 2 = Supporting carers

Number of services who noted this in their action plan: 49 (71%)

	Sub-theme areas	Number of activities noted
1	Information for carers	44
2	Assessment of carer needs	19
3	Education for carers on the signs and symptoms of dying	7
4	Linkage with carer support programs	5
5	Review of after hours support	5
6	Documentation of family meetings	4
7	Assessment of family / carer preferences for care	2
8	Education of the multidisciplinary team regarding supports and resources for carers	2
9	Advocacy for carer needs	1
10	Establishment of triggers for family meetings	1
11	Improvement of process regarding disclosure of patient information	1
12	Consideration of day respite program	1
	Total	92

Theme 3 = Assessment

Number of services who noted this in their action plan: 46 (67%)

	Sub-theme areas	Number of activities noted
1	Tool development to assist patient assessment	28
2	Encouragement / optimisation / education on use of tools	19
3	Auditing / research available tools	15
4	Implementation of identified tools	13
5	Implementation of PCOC	6
6	Usage of electronic medical records incorporating validated tools	5
7	Improvement of use of PCOC	4
8	Inclusion of assessment tool results in multidisciplinary team meetings	3
9	Use of tools that are not validated	2
10	Establishment of interdisciplinary assessment clinics	1
11	Improvement of access through trialling telehealth	1
12	Improvement of linkages between tool scores and actual care	1
13	Other	2
	Total	100

Theme 4 = Bereavement

Number of services who noted this in their action plan: 45 (65%)

	Sub-theme areas	Number of activities noted
1	Development of guidelines / policies and procedures / standards	18
2	Implementation of assessment tools	14
3	Review of services provided / systems in place	11
4	Education	9
5	Increase in resourcing – mainly social work	4
6	Development of a new bereavement service / model of care	2
7	Development of resources / information	1
8	Evaluation of information sessions provided	1
	Total	60

Theme 5 = Care planning

Number of services who noted this in their action plan: 44 (64%)

	Sub-theme areas	Number of activities noted
1	Development / modification of document	32
2	Audit of existing documents and review others available	11
3	Revision of care planning tools within electronic medical records	9
4	Implementation of an end of life care pathway	8
5	Development of policies / procedures / guidelines	5
6	Increase in multidisciplinary team inclusion in care planning	3
7	Work towards an on-call service	1
8	Maintenance of current practice	1
9	Development of an orientation pack for new staff regarding care planning tool	1
10	Provision of a copy of care plan for families	1
	Total	72

Theme 6 = Education

Number of services who noted this in their action plan: 44 (64%)

	Sub-theme areas	Number of activities noted
1	Education provision including: <ul style="list-style-type: none"> • Incorporation of the Standards (28) • Clinical issues (11) • Cultural awareness training (3) • Psychosocial / spiritual care (2) • Data management (1) 	45
2	Completion of a training needs analysis	21
3	Development of competencies for clinical nursing practice	5
4	Collection of attendance and evaluation data	4
5	Support for staff in accessing scholarships	2
6	Provision of external supervision	1
7	Volunteer training programs – development and trial	1
8	Provision of information to staff about postgraduate education	1
	Total	80

Theme 7 = Patient and Family feedback

Number of services who noted this in their action plan: 36 (52%)

	Sub-theme areas	Number of activities noted
1	Conduct of patient / carer surveys	36
2	Exploration of how to obtain patient / carer feedback	4
3	Review of carer satisfaction data	3
4	Review of care planning paperwork to include patient / carer evaluation section	3
5	Investigation of role of consumer representation	2
6	Development of policy regarding patient and family feedback	1
7	Establishment of links with non-malignant groups	1
8	Provision of education for a broader audience	1
9	Development of a tool suitable to be distributed following the death of a child	1
	Total	52

Theme 8 = Advance Care Planning (ACP)

Number of services who noted this in their action plan: 36 (52%)

	Sub-theme areas	Number of activities noted
1	Development / modification of formal ACP documentation	20
2	Location of death recorded – audit	8
3	Improvement of ACP training / facilitators	7
4	Implementation of policy regarding ACP	5
5	Revision of current ACP processes	3
6	Assessment of patient and carer input into ACP	3
7	Improvement of use of the multidisciplinary team in ACP	1
8	Use of PCOC data to trigger a family conference	1
9	Increase in number of ACPs completed	1
10	Improvement of links with GPs and Divisions of General Practice	1
	Total	50

Theme 9 = Staff support

Number of services who noted this in their action plan: 35 (51%)

	Sub-theme areas	Number of activities noted
1	Promotion of self care strategies	13
2	Completion of a staff and volunteers needs analysis	8
3	Increasing clinical supervision	6
4	Evaluation of current supports available for staff / volunteers	5
5	Regular staff support / debriefing	3
6	Documentation of processes for available staff support	2
7	Implementation of improvement plans for performance enhancement	2
8	Implementation of professional development plans including counselling	1
	Total	40

Theme 10 = Care coordination

Number of services who noted this in their action plan: 30 (43%)

	Sub-theme areas	Number of activities noted
1	Development of a care transfer form	15
2	Audit of current care coordination practice	9
3	Development of guidelines / referral pathways for care coordination	8
4	Development of an on-call service	5
5	Education for generalist providers	3
6	Formalise service level agreements	2
7	Utilise data collection systems to support care coordination	2
8	Audit of state wide plans regarding community capacity	2
9	Exploration of role for palliative care team coordinator	1
10	Review of demographics of patient population	1
11	Survey of patient and carer views regarding care coordination	1
	Total	49

Theme 11 = Formalised links

Number of services who noted this in their action plan: 29 (42%)

	Sub-theme areas	Number of activities noted
1	Exploration of options for formalised agreements between care providers and other health care agencies	25
2	Building of relationships with colleagues from other disciplines	4
3	Implementation of a shared care model of care	3
4	Development of terms of reference for an ongoing interagency meeting	3
5	Ongoing negotiation for access to HACC services	3
6	Support of link nurse programs	2
7	Ongoing negotiation for access to Commonwealth Carer Respite services	1
8	Re-establish volunteer program	1
9	Strengthen communication processes with GPs and Divisions of General Practice	1
10	Involvement with benchmarking opportunities within Australia and internationally	1
11	Contribute to state wide planning activity	1
	Total	45

Theme 12 = Referral processes

Number of services who noted this in their action plan: 29 (42%)

	Sub-theme areas	Number of activities noted
1	Review of policy used for prioritising and responding to referrals	21
2	Audit of current referral processes	6
3	Dissemination of referral guidelines / flowcharts	5
4	Development of admission / discharge checklist	2
5	Meet with other providers to discuss referral pathways	2
6	Education provision for after hours staff	1
7	Development of strategies to promote service to ATSI communities	1
	Total	38

Theme 13 = Palliative Care for Culturally and Linguistically Diverse Communities (CALD)

Number of services who noted this in their action plan: 26 (38%)

	Sub-theme areas	Number of activities noted
1	Translation of resource materials	13
2	Development of strategies to promote culturally appropriate services for ATSI communities	5
3	Complete cultural awareness education	4
4	Improve in use of interpreters	3
5	Audit the communities accessing the service and staff knowledge about these cultures	3
6	Establish links with relevant organisations supporting minority groups	3
7	Identification of currently available translated resources	2
8	Review documentation identifying the need for interpreters	2
9	Review staff and volunteer education needs	2
10	Review population demographics	2
11	Obtain a copy of the multicultural palliative care guidelines	1
12	Review service provision to minority groups	1
	Total	41

Theme 14 = Sharing information

Number of services who noted this in their action plan: 25 (36%)

	Sub-theme areas	Number of activities noted
1	Development of documentation and procedures to support care planning, transfer of care and/or coordination of care	13
2	Development of resources for patients and families	7
3	Evaluate involvement of the MDT	5
4	Complete a documentation audit	3
5	Development of policies / procedures for family meetings	2
6	Development / modification of documentation of consent	1
7	Review resources provided for families	1
8	Development of terms of reference and agenda for interagency meetings	1
9	Development of a family meeting proforma	1
10	Provision of education for all team members regarding the role of the MDT in assessments and care planning	1
	Total	35

Theme 15 = Population needs assessment

Number of services who noted this in their action plan: 15 (22%)

	Sub-theme areas	Number of activities noted
1	Comparison of the data from service population with the regional population data	6
2	Examine unmet need for specific groups in accessing service	4
3	Improve access for people with non malignant diagnoses	3
4	Survey the community to ascertain unmet need	2
5	Development of access to palliative care services for geographically isolated patients	2
6	Development of strategies to promote service to ATSI communities	1
	Total	18

Theme 16 = Volunteers

Number of services who noted this in their action plan: 14 (20%)

	Sub-theme areas	Number of activities noted
1	Review management of volunteers (recruitment, education, support provided etc)	5
2	Education / training for volunteers	5
3	Establishment of a volunteer program	2
4	Survey volunteers	2
5	Commence regular communication (Eg newsletter) for volunteers	1
6	Establishment of supervision for volunteers	1
	Total	16

Theme 17 = Philosophy development

Number of services who noted this in their action plan: 13 (19%)

	Sub-theme areas	Number of activities noted
1	Development / updating of the service's philosophy and mission statement	11
2	Incorporate palliative care into broader organisational philosophy and objectives	1
	Total	12

Theme 18 = Community awareness

Number of services who noted this in their action plan: 12 (17%)

	Sub-theme areas	Number of activities noted
1	Coordination of local and national palliative care initiatives	4
2	Development of resources for the community	3
3	Plan regular community participation events	3
4	Development of displays for community areas (Library)	1
5	Development of a community liaison group	1
6	Survey community awareness	1
	Total	13

Theme 19 = Staffing

Number of services who noted this in their action plan: 11 (16%)

	Sub-theme areas	Number of activities noted
1	Secure funding for additional staff	12
2	Appoint / fill vacant posts	6
3	Development of an educational program to support rotational staffing arrangements	1
4	Provision of professional development opportunities	1
	Total	20

Theme 20 = Consent

Number of services who noted this in their action plan: 9 (13%)

	Sub-theme areas	Number of activities noted
1	Development / modification of forms to include signed consent	10
2	Improve communication with family members	1
	Total	11

Theme 21 = Environment

Number of services who noted this in their action plan: 8 (12%)

	Sub-theme areas	Number of activities noted
1	Work with management to address care setting difficulties – Eg allocation of beds / private rooms, consult space etc	5
2	Upgrading of care setting	2
3	Improvement of difficult to manage home settings	1
	Total	8

Theme 22 = Death certification

Number of services who noted this in their action plan: 7 (10%)

	Sub-theme areas	Number of activities noted
1	Development of a policy for death certification	3
2	Development of a procedure for after hours death certification	3
3	Development of a procedure for death certification when medical officer is not available	2
4	Clarification of processes when clients die at home	1
	Total	9

Theme 23 = Policies

Number of services who noted this in their action plan: 4 (6%)

	Sub-theme areas	Number of activities noted
1	Development of a policy / procedure for family meetings	2
2	Implementation of state policy	1
3	Relationship building with colleagues	1
4	Review of current policies	1
	Total	5

Theme 24 = Equipment

Number of services who noted this in their action plan: 1 (1%)

	Sub-theme areas	Number of activities noted
1	Creation of a database for equipment	1
	Total	1

