

Organisational Policies and Structures Audit Tool

IMPORTANT

1. For each question in this audit, please circle either “YES” (=1) or “NO” (=0). If the answer is “YES” most of the time, circle 1, otherwise circle 0.

2. Please read and keep the following definitions in mind when completing this audit.

A palliative approach aims to improve quality of life for residents with life-limiting illnesses and their families by reducing their suffering through early identification, assessment and treatment of pain, physical, cultural, psychological, social and spiritual needs. Importantly, this form of palliative care is not restricted to the last days or weeks of a resident’s life.

Terminal care is appropriate when a resident is in the final days or weeks of life and care decisions may need to be reviewed more frequently. Goals are more sharply focused on a resident’s physical, emotional and spiritual comfort and support for the resident’s family.

1)	Workforce development	YES	NO
a.	Do you have a staff member(s) (e.g. palliative approach link nurse) responsible for promoting and facilitating a palliative approach in your facility?	1	0
b.	Do you have a palliative approach working party responsible for promoting and facilitating a palliative approach in your facility?	1	0
c.	Does ongoing in-service education for your nursing and care staff (RN/EN/AIN/careworker) include:		
	1. Basic knowledge of legal and other regulations pertaining to advance care planning/ advance directives?	1	0
	2. Communication skills for understanding and supporting dying residents and their families (e.g. conducting a palliative care case conference)?	1	0
	3. Pain assessment and management for residents requiring a palliative approach?	1	0
	4. Assessment of non-pain symptoms and complications for residents requiring a palliative approach (e.g. shortness of breath, delirium)?	1	0
	5. Issues related to nutrition and hydration for residents requiring a palliative approach (e.g. dysphagia, the benefits and risks of feeding tubes)?	1	0
	6. Issues related to oral care for residents requiring a palliative approach?	1	0
	7. Use of an end of life care pathway (e.g. the Residential Aged Care End of Life Care Pathway)?	1	0
	8. Cultural, religious and spiritual beliefs and preferences related to palliative and end of life care?	1	0
	9. Bereavement care for staff and families?	1	0

2)	Engaging stakeholders	YES	NO
a.	Are the following stakeholders engaged in planning and providing a palliative approach:		
	1. Specialist palliative care services?	1	0
	2. General practitioners?	1	0
	3. Residents and families?	1	0
	4. Pastoral care?	1	0
b.	Are there educational materials available for residents/families on decision-making and care for those requiring a palliative approach and/or terminal care?	1	0

3)	Policies and procedures	YES	NO
a.	Do you have a written statement of the facility's principles or policy regarding care of residents requiring a palliative approach?	1	0
b.	Is this written statement of the facility's policy/principles provided to:		
	1. Staff?	1	0
	2. Residents?	1	0
	3. Families/substitute decision makers?	1	0
	4. General practitioners?	1	0
c.	Does your care planning process include:		
	1. Establishing and documenting the goals of care for each resident, consistent with resident's personal preferences or values?	1	0
	2. Reviewing the residents' preferences with regard to future hospitalisation?	1	0
	3. Reviewing the residents' preferences with regard to life sustaining or prolonging treatments (e.g. Do Not Resuscitate order, artificial nutrition)?	1	0
d.	Do you have specific policies/guidelines or protocols for:		
	1. Identifying when a resident requires a palliative approach?	1	0
	2. Assessing and managing pain?	1	0
	3. Assessing and managing shortness of breath or dyspnoea?	1	0
	4. Assessing and managing delirium?	1	0
	5. Assessing and managing nutrition and hydration issues (e.g. dysphagia)?	1	0
	6. Assessing and managing oral health?	1	0
	7. Arranging for specialist palliative care when appropriate?	1	0
	8. Palliative care case conferences (a meeting held between a resident, their family and aged care team to identify clear goals of care including a review of advance care plans)?	1	0
	9. Terminal care (last weeks or days of life)?	1	0
	10. When to commence an end of life care pathway (e.g. the Residential Aged Care End of Life Care Pathway)?	1	0
	11. Assessing and managing the emotional, spiritual and cultural needs of residents?	1	0

4)	Evaluation and continuous improvement	YES	NO
a.	Have quality improvement mechanisms been established for:		
	1. Documenting completion and compliance with advance care plans and/or relevant advance directives?	1	0
	2. Monitoring delivery of palliative care, such as pain control, management of distressing symptoms (e.g. shortness of breath, anxiety)?	1	0
	3. Monitoring outcomes for palliative care case conferences?	1	0
	4. Monitoring outcomes related to the use of end of life care pathways?	1	0
	5. Transferring residents' advance care plan (e.g. Do Not Resuscitate order, enduring power of attorney) across settings from residential aged care facility to hospital?	1	0
b.	When residents are transferred to acute care, there is a routine review to assess the appropriateness of transfer?	1	0
c.	Are residents' deaths reviewed to assess quality of care at the end of life?	1	0

Note: Based on measure by Temkin-Greener et al. (2009)¹²