Part 3: Group Activity
The 10 Steps of Implementation

Focus Points:

- ‘Workplace Implementation Guide’ resource
- The 10 Steps of Implementation
- Ten Implementation Steps Workbook
Workplace Implementation Guide

• Targets RACF managers, Palliative Approach Link Nurses, and Palliative Approach Working Parties

• Sets out 10 steps for a facility-wide palliative approach

• Outlines key considerations when planning and undertaking each step

• Provides templates and tools to assist in completing each step
The 10 Steps of Implementation for the PA Toolkit

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Activity

• Working with your partner or alone, complete the Organisational Policies and Structures Audit Tool (pg 3 of workbook)

Group Discussion

1. What is the purpose of completing an audit?
2. What are some of the benefits?
Organisational Policies & Structures Audit Tool

- Measures structures, policies, processes, clinical care and services against evidence-based standards or explicit criteria
- Gaps are identified and where necessary changes can be implemented at an organisation, team or service level
- A re-audit should be used to confirm that improvements have been effective

Benefits
- Promotes and enables best practice
- Improves resident’s experience/care outcomes
- Evidence that demonstrates effective/efficient service provision
Ten Implementation Steps:

Step 1: Identify Key Staff in your Facility

Key considerations (Link Nurse):
• Selecting link nurse/s
• Preparation for the link nurse role
• Number of link nurses required
• On-going support for link nurse/s

Key considerations (Working Party):
• Purpose
• Members
• Meeting schedule
Step 2: Identify and Engage Stakeholders

Key considerations:

• Identifying your stakeholders

• Engaging your stakeholders
  - Staff
  - Residents and families
  - GPs
  - Specialist palliative care services
Step 3: Palliative Approach Policy and Procedures

Key considerations:

• Palliative care policy?
• Amendments/updates?
• Policy review timeframe and process
• Specific policy/procedure documents
Step 4: Policies and Procedures for Medications to Manage End of Life (Terminal) Symptoms

Key considerations:

- Quality pharmacological management of end of life (terminal) symptoms
- Roles and responsibilities of residential aged care staff
- A consensus-based list of end of life (terminal) medications
- Medication imprest system
- Staff education
Step 5: Clinical Assessment Tools and Procedural Forms

Key considerations:

• Review forms relating to key processes:
  – Advance care planning
  – Palliative care case conferences
  – End of life care pathway

• Review tools and forms related to clinical care:
  – Pain
  – Dyspnoea
  – Nutrition and hydration
  – Oral care
  – Delirium

• Training for staff
Step 6: Palliative Approach Key Processes

Key considerations:

- Advance care planning processes including review and accessibility
- Setting up and facilitating Palliative Care Case Conferences
  - Face-to-face, telehealth
- Choosing and introducing an end of life care pathway
Step 7: Use the Palliative Approach Trajectories Framework to Assist Key Process Selection

Key considerations:

- Determining a resident’s estimated prognosis
- Communicating to staff a resident’s estimated prognosis
- Review of resident’s prognosis
Step 8: Review Each Resident’s Clinical Care

Key considerations:

• Areas of residents’ clinical care requiring assessment and review

• Frequency of review
Step 9: Staff Education and Training in a Palliative Approach

Key considerations:

- Content
- Educational methods
- Evaluate outcomes
- Using PA Toolkit resources
Step 10: Conduct Audits as part of Continuous Improvement and Quality Control

Key considerations:

• Recommended audits
  – After death audit
  – Organisational policies and structures audit

• Timing of audits
Action Plan

Working with your partner or alone:

List 3 specific actions related to the 10 Implementation Steps that you will undertake at your workplace within the next month.
Key Messages

• The PA Toolkit supports the implementation and sustainability of best practice care in the RACF

• A *palliative approach* requires an *all-of-organisation* approach

• Commitment and engagement of all staffing levels required

• Developing a palliative approach is a process *not* a quick fix

• Consider *workforce development, stakeholder engagement, policies and procedures* and *evaluation and continuous improvement*
“Never doubt that a small group of thoughtful, committed, citizens can change the world. Indeed, it is the only thing that ever has.”

*Margaret Mead*

Thank you for participating in our workshop and wishing you success in implementing a palliative approach in your workplace.